



MALNUTRITION QUALITY IMPROVEMENT INITIATIVE (MQii) FREQUENTLY ASKED QUESTIONS (FAQs)

What is the MQii?

The Malnutrition Quality Improvement Initiative (MQii) aims to advance evidence-based, high-quality malnutrition care for hospitalized older adults who are malnourished or at-risk for malnutrition. The MQii is a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided expert input through a collaborative partnership to advance malnutrition care across the nation.

The MQii offers a Toolkit which provides tools and resources to help your organization understand malnutrition care best practices, as well as tools to help your facility identify quality improvement opportunities and critical gaps. The Toolkit can guide your efforts to generate leadership support for a quality improvement project, build an interdisciplinary Project Team, and implement the changes needed to advance malnutrition care in your hospital. The MQii also offers a set of de novo malnutrition electronic clinical quality measures (eCQMs) to assess the current quality of care at your institution and monitor changes in the quality of care delivered. The Toolkit and eCQMs are intended to mutually support your facility as you implement a quality improvement project and assess the impact on your care delivery.

What are electronic clinical quality measures (eCQMs)?

Electronic clinical quality measures use data from electronic health records (EHRs) and/or health information technology systems to measure healthcare quality. The Centers for Medicare & Medicaid Services (CMS) use eCQMs in a variety of quality incentive programs and to publicly report data about quality. eCQMs assist in quantifying quality in the health care system. Measuring and reporting eCQMs helps to make sure that care is delivered safely, effectively, equitably, and timely.

What are the malnutrition electronic clinical quality measures (eCQMs)?

The four eCQMs are:

- MUC16-294 / NQF #3087: Completion of a Malnutrition Screening within 24 hours of Admission
- MUC16-296 / NQF #3088 : Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening
- MUC16-372 / NQF #3089: Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment
- MUC16-344 / NQF #3090: Appropriate Documentation of a Malnutrition Diagnosis

More information on these four eCQMs and access to their specifications is available [here](#).

What is the MQii Toolkit?

The [MQii Toolkit](#) is an evidence-based, patient-centered set of resources, tools, and information to help hospitals support malnutrition quality improvement (QI) and implement malnutrition care best practices. The Toolkit provides resources for all members of the care team (e.g., dietitians, nurses, physicians, and patients and caregivers) who engage in care for older adult patients who are malnourished or at risk of malnutrition. By using this Toolkit to support QI, hospitals may be able to:

- Reduce variation in clinical practice in malnutrition care across different care providers
- Improve clinicians' knowledge of the importance of malnutrition and best practices for optimal malnutrition care delivery
- Explore how optimal malnutrition care impacts cost of care proxies such as average length of stay and 30-day all-cause readmissions for patients who are malnourished or at risk for malnutrition



Will implementing a malnutrition QI project affect my site's clinical workflow? Do we need to tackle all aspects of the recommended workflow as outlined in the MQii Toolkit?

The MQii is based on the nutrition care process. To start, use the clinical workflow mapping process or answer the questions in the Malnutrition Care Assessment and Decision Tool to determine which aspect(s) of optimal malnutrition care your institution will focus on to support quality improvement. The workflow mapping helps your facility determine how your current workflow process compares to the recommended workflow, identify where gaps exist in your current process, and select the best areas in your workflow to target for improvement. The number of aspects of the recommended clinical workflow your organization tackles is up to your Project Team.

How can I determine if my site is ready to implement the malnutrition eCQMs?

You will need to work with your facility's IT staff to verify that the data elements required to calculate the MQii eCQMs currently exist in your EHR. For sites with Epic, Cerner, or AllScripts installations, most of these EHR versions can collect the necessary patient data to report on the eCQMs, and many organizations are already collecting much of the required data. Therefore, if your site employs a recent version of Cerner, Epic, or AllScripts EHR platforms, it is very likely that your existing system has some capability to collect on the measures' required data elements.

Should you choose to collect information on one or more of the eCQMs, you will need to involve your IT staff and/or EHR maintenance team to input the specifications into the facility's EHR platform. In the event that data elements exist but are not coded to the appropriate specifications, you will need to re-label the applicable data elements to the structured code sets outlined in the measure specifications.

The MQii also provides a data report template to enable your facility to assess your ability to collect necessary data elements, and a performance calculator to help you rapidly aggregate and analyze your data to determine your performance.

Who from my organization should participate in a malnutrition QI project?

The MQii resources are intended to be used by and support optimal malnutrition care for an interdisciplinary care team. As such, to support a malnutrition QI project, you are encouraged to identify an MQii Project Team. The recommended team should include a dietitian, a physician, a nurse, and an IT resource. You are also strongly recommended to engage a quality team member, and senior or executive leader with decision-making authority to facilitate the appropriate internal stakeholder engagement necessary for participation. Ideally, the Project Team members will be familiar with and have experience implementing quality improvement (e.g., using Lean, Six Sigma, Plan-Do-Study-Act models), but this is not a requirement. The IT resource will be expected to pull relevant data elements from the facility's EHR and ideally be able to manipulate the EHR system to program the specifications of the eCQMs, or make changes to accommodate new data elements (if necessary).

What is the expected time commitment for my participation?

The time commitment for your hospital and the Project Team will vary depending on the scope of changes and each individual's role in the project. It is likely you will need to commit more time as you begin your project, with the time commitment decreasing following the start of implementation. The time commitment will also vary as you move forward depending on the work you undertake. Additionally, the time commitment is based on your role. For instance, the project manager may spend a few hours per week training staff on best practices in malnutrition care, tracking and monitoring changes in clinical practice, and supporting the project and care teams. They will also spend time further on in the project reviewing feedback reports, assessing progress, and advising on what to do next. By contrast, the time commitment for a care team member (e.g., dietitian, nurse, physician) not in a leadership role on the team



will be minimal, as they will primarily be spending time receiving an initial training and familiarizing themselves with the best practices and how to implement them.

What data should we collect for our malnutrition QI project?

A central aspect of quality improvement is to collect data to identify your facility's baseline performance, assess changes over time, and inform aspects of care that might require further training or education for clinicians. You can use the four MQii eCQMs to collect data regarding malnutrition screening, assessment, care plan development, and diagnosis at your facility.

- This may be done through direct extraction of the data from the EHR using the eCQM technical specifications.
- Alternatively, sites may be able to collect the relevant variables to calculate each eCQM by extracting data from their EHR and transmitting appropriate data elements to calculate the quality measures (similar to a chart-abstracted measure).

How were the eCQMs tested?

The eCQMs were developed with significant multi-stakeholder input, including from advisors in malnutrition care and quality improvement and a Technical Expert Panel. After development, the measures were tested for feasibility, validity, and reliability throughout 2016 in accordance with testing processes recommended by the National Quality Forum (NQF). Feasibility testing took place in three health systems and three different EHR vendors. Subsequently, validity and reliability testing took place within two health systems.

The Centers for Medicare & Medicaid Services (CMS) included the eCQMs for public comment in the FY2018 Inpatient Prospective Payment System (IPPS) rule for consideration in the Inpatient Quality Reporting Program. CMS currently has the measures under review for their possible inclusion in future years of the program.

How was the MQii Toolkit tested?

The MQii Toolkit was tested over a three-month implementation period in 2016 through a multi-site Demonstration and Learning Collaborative. The Demonstration took place at a single hospital that received hands-on training and support for the project, and collected data to assess the impact of using the Toolkit. By contrast, a five-hospital Learning Collaborative 1.0 implemented use of the Toolkit and tracked results with limited support, in order to understand how the Toolkit is adopted and used under real-world circumstances.

The Toolkit's use demonstrated that the introduction of recommended malnutrition quality improvement actions helps hospitals achieve performance goals in nutrition care. Additionally, by helping hospitals attain malnutrition standards of care, the resources provided through this initiative support adoption of malnutrition electronic clinical quality measures (eCQMs) by public and private accountability programs in the future to ensure the highest quality of malnutrition care across US hospitals.

On what patient population are the eCQMs and MQii Toolkit focused?

Current evidence on malnutrition demonstrates a higher risk, prevalence, and burden of malnutrition in the older adult population (individuals aged 65 years and older). Accordingly, the tools and resources were developed with the 65+ population in mind. However, these tools are applicable to the entire adult population (aged 18 years and older). The eCQMs in particular can be modified to capture this broader patient population of hospitalized individuals aged 18+ to report performance on malnutrition care provided to all hospitalized adults.



What additional resources are available to support implementation of the MQii project?

Web links to useful [tools and resources](#) that may help your implementation efforts can be found throughout the [Toolkit](#). Resources addressing various aspects of malnutrition care — from education about malnutrition’s prevalence and economic impact, to daily quality improvement implementation, to clinical guidelines — can be accessed on the [Additional Resources](#) page of the online Toolkit. Resources include tools for different provider types (physicians, nurses, dietitians), and address the full spectrum of patient care from admission to discharge. Materials include handouts, presentations, and informational videos.

How do I get started?

It is very important to seek leadership support and approval in order to begin an MQii project. You can find a “How to Get Started Checklist” in this packet of electronic resources that outlines a high-level step-by-step guide to help you undertake a project at your facility. The Primer provides the business case for your leadership and will be a crucial part of gaining their support.

How do I get my organization to agree to let me participate?

Share the business case and the evidence with your leadership to showcase the benefits of participating in the MQii and addressing malnutrition care gaps. You can use the enclosed “Introduction to the MQii” Power Point presentation to help convey the burden of malnutrition to the hospital system and why implementing a QI project is an important first step for your organization. Schedule a meeting with your Quality and Executive teams and share the MQii presentation with them to make your business case. Give each of them a copy of the MQii Briefing on the Value of Malnutrition Care and tell them you want to start a malnutrition quality improvement project at your hospital.

How do I get IT to agree to work on this project?

Typically, if senior leadership approves the project then IT participation will be easy to facilitate. You should work with senior leadership to contact the director of IT or Clinical Informatics. Alternatively, if you already have a relationship with IT, you can reach out to them directly. You should inform them of the information you will need, and request an IT team member to serve as your point of contact. Some health systems also have a Performance Improvement (or Quality) Department that may be able to establish a performance data collection and analysis process for the eCQMs. This could serve as an alternate approach if it is difficult to gain assistance from IT to collect the eCQM performance data and assess your quality of care.

How long will it take to build the eCQM data report?

This varies based on the skill set and knowledge of the IT personnel and their familiarity with the nutrition templates and components in the EHR, but in most scenarios the report can be built and tested in about 24-36 hours of staff time. In some situations, you may uncover more testing and refinement that is needed, which could take up to a week’s worth of time.

What are the critical first tasks I must do to begin my malnutrition quality improvement project?

To successfully introduce a malnutrition QI project, you must first understand the malnutrition care process at your facility. It is recommended that you first bring together an interdisciplinary Project Team that includes, at a minimum, a dietitian, nurse, and physician champion. This will give you insight into the way malnutrition care is provided by different clinicians across the facility. The Project Team should then use the Clinical Workflow Mapping Tool and answer the questions in the Malnutrition Care Assessment and Decision Tool to determine which aspect(s) of optimal malnutrition care your institution will focus on to support quality improvement. These tools will help you understand how your current workflow process compares to the recommended workflow, identify where gaps exist in your current process, and select the



best areas in your workflow to target for improvement. The number of aspects of the recommended clinical workflow your organization tackles is up to you and your Project Team.

Why the MQii?

The MQii provides a framework for you to introduce a malnutrition QI project at your hospital and assess progress of the changes implemented. MQii tools offer guidance to inform your QI strategy and to begin taking action to address malnutrition care gaps using a timely, structured, efficient, and evidence-based approach. The resources and information generated from the tools will also help provide the information you will need to keep your team and your leadership engaged. The MQii provides you with the resources you need to improve the malnutrition care your patients receive, with the goal of improving patient outcomes and reducing burden to the system.

Can anyone do this?

Yes, anyone can undertake a malnutrition QI project—even with little or no experience in quality improvement efforts. Many facilities that have engaged in MQii projects to date have implemented changes with little experience and have done so in the midst of IT upgrades, leadership changes, and staffing shortages. It is critical to start with a small, manageable aspect of the project and build out from there.

Does it cost me anything? Or is there anything to buy at the end?

There are no fees associated with participating in the MQii to implement a malnutrition quality improvement, or to access the MQii tools and resources. All materials are online and are publicly accessible free of charge.