**MQii Learning Collaborative 2.0 Implementation Roadmap**

**OBJECTIVE**

The following Implementation Roadmap is a guide intended to support your participation in the MQii Learning Collaborative 2.0. Each of the three phases of this initiative are represented with the intention that this single document is designed to help direct your quality improvement efforts, from identifying your QI Focus Area to thinking about sustainability.

Please note that none of the included recommendations are mandatory. This document is intentionally open-ended in the hopes that, much like the MQii Toolkit, you will customize recommendations to suit the needs of your individual site and maximize your opportunity for a successful project.

**INTENDED USERS**

The Project Champion will be the primary user of the Implementation Roadmap. However, throughout the document there are numerous activities where it is suggested the Project Team, QI Department, or IT Department be consulted or play an active role. This will be dependent on availability of your team and should be customized as appropriate.

**DOCUMENT CONTENTS**

The Roadmap consists of the following Aims:

**Pre-Implementation**

* Select Your QI Focus
* Select Your QI Intervention
* Establish Monitoring Strategy

**Implementation**

* Implement Your Intervention

**Post-Implementation**

* Sustain your QI Progress

For each identified Aim, the following guidance is provided:

**SUPPORT DOCUMENTS**

QI Implementation Charter: Administrative planning document where you may capture all of the components of your intervention. The Implementation Roadmap aligns with the Charter and will help you think through each of the components. It is recommend that you document final decisions in the Charter as you work through the Roadmap.

Onboarding Checklist: Guidance document walking you through key administrative steps required to gain approval from your facility and to position you to execute this initiative.

|  |
| --- |
| **Pre-Implementation Recommended Activities****Select your Quality Improvement Focus, Intervention, and Quality Indicators**  |
| **Aim: Select your Quality Improvement Focus** |
| Your QI Focus is the area of the malnutrition workflow where you will focus your improvement. This may include improvements to any of the following: * Screening
* Assessment
* Diagnosis
* Care plan development
* Intervention implementation
* Discharge planning
 |
| **Recommended Action**1. Convene Project Team members
2. Create a workflow map of existing care practices to address malnutrition among older admitted adults
3. Compare your current workflow processes to recommended care practices to identify where improvement efforts would be most beneficial
4. If available, use your hospital data and any reports to inform what you select as your QI Focus
5. Review educational learning events from May 25th and June 8th
6. Select your QI Focus and add to your QI Implementation Project Charter document
 | **Expected Outcome**QI Focus is selected*Note: the level of detail for your QI Focus will be depend on your preference***Examples:** 1. Simplified QI Focus: Assessment
2. Detailed QI Focus: Improve the timeliness the recommended intervention reaches the patient to within 8 hours of assessment findings by September 29th *(greater detail)*
 | **Resources or Tools*** MQii QI Implementation and Project Charter Template

* [MQii Meeting Agenda Template](http://www.malnutrition.com/static/doc/mqii-sample-meeting-agenda.doc)
* Data you have available to identify gaps or areas you may want to improve
* [MQii Best Practices Workflow Template in Toolkit](http://www.malnutrition.com/static/ppt/appendix-3-mqii-sample-flowchart-for-recommended-malnutrition-care-and-flowchart-template.ppt)
* [MQii Care Assessment and Decision Tool](http://malnutrition.com/static/pdf/malnutrition-care-assessment-and-decision-tool.pdf)
* Recordings from [“Selecting Your QI Focus”](https://avalere.webex.com/avalere/lsr.php?RCID=3a6cde8a7411516c3d49e763f5320fad) and “[Data and Quality Improvement Implementation](https://youtu.be/IeuTMNlOijQ)” webinars
* Root Cause Analysis Template

* [MQii Toolkit Tools and Resources](http://malnutrition.com/static/pdf/mqii-tools-and-resources.pdf)
 | **Timing**This activity begins when appropriate for your site. For example, your IRB approval process may require your QI Focus be defined in order for project approval. Alternatively, you may work with your team to select the QI Focus following project approval. Ideally, this should begin no later than May 25th.  |

|  |
| --- |
| **Pre-Implementation Recommended Activities****Select your Quality Improvement Focus, Intervention, and Quality Indicators** |
| **Aim: Select your Quality Improvement Intervention**  |
|  Your QI Intervention is the strategy to bring about desired change |
| **Action**1. Reconvene Project Team to determine your QI intervention. Examples include, but are not limited to:
2. Modify your EHR (e.g., automate referral of patients at-risk of malnutrition to a dietitian)
3. Change a process (e.g., decrease time from screening to assessment)
4. Change documentation (e.g., utilize a standardized nutrition assessment template)
5. Implement education modules (e.g., educate staff on burden of malnutrition and the recommended clinical workflow)
6. Change facility policies (e.g., seek order writing privileges for dietitians, if state permits)
7. Modify patient hand-off and discharge procedures (e.g., add nutrition orders to discharge instructions)
8. Identify intervention start and end date
9. Determine internal actions and next steps for implementation
 | **Expected Outcome**QI intervention is selected and a plan is established for implementation, including consideration of necessary resources, rollout schedule, timing for necessary internal meetings, etc.   | **Resources and Tools*** Recording from “[Data and Quality Improvement](https://youtu.be/IeuTMNlOijQ)” webinar
* [MQii Toolkit Implementation Guide,](http://malnutrition.com/static/pdf/begin-implementation.pdf) including downloadable, customizable training presentations on page 56
* [MQii Tools and Resources](http://malnutrition.com/static/pdf/mqii-tools-and-resources.pdf)
 | **Timing*** Following the selection of your QI Focus, immediately begin to identify what your QI intervention will be and how you will accomplish your goals
* Schedule regular meetings with your MQii Project Team (weekly if possible) and determine your overarching intervention timeline, including start and end dates, as well as timing for potential milestones
* Your timeline will be dependent on your selected intervention.
 |

|  |
| --- |
| **Pre-Implementation Recommended Activities****Select your Quality Improvement Focus, Intervention, and Quality Indicators** |
| **Aim: Establish Monitoring Strategy** |
| Metrics are how your team will determine how your intervention is progressing and if you are accomplishing the desired changes. This may include data used to inform eCQM reporting, indicators either developed by your team (along with your QI department) or referenced from the MQii Toolkit, or non-patient level data.  |
| **Action**1. Reconvene Project Team
2. Engage your QI department to determine what should be measured to assess implementation progress and what data would be required
3. Determine whether data can be captured using existing tools or if data needs to be captured de novo
	1. Existing Tools may include administrative claims and/or EHR data
		1. If your QI Intervention aligns with data, you may consider using the data transmission report prepared for the MQii Team internally to assess your progress
	2. De novo data collection may be necessary for interventions requiring monitoring using non-patient level data and quality indicators not using eCQM data elements
4. Establish a timeline for review of identified metrics to assess progress
 | **Expected Outcome**An intervention monitoring strategy is established including identification of metrics of interest, necessary data, a data collection process, and a timeline for data review  | **Resources and Tools*** [MQii Quality Indicators p. 50](http://malnutrition.com/static/pdf/plan-for-data-collection.pdf)
* [MQii eCQMs and Quality Indicators Overview Presentation](http://www.malnutrition.com/static/ppt/mqii-emeasures-and-quality-indicators-overview-presentation.ppt)
* [MQii eCQMs Specifications Manual](http://www.eatrightpro.org/~/media/eatrightpro%20files/practice/quality%20management/quality%20improvement/malnutritionmeasuresspecificationmanual.ashx)
* Malnutrition eCQM Performance Calculator (MQii Collaboration Space under Data Collection Resources)
* Internally generated reports
* MQii Toolkit [Implementation Guide](http://malnutrition.com/static/pdf/begin-implementation.pdf), including downloadable, customizable training presentations
* [Run chart template](http://www.malnutrition.com/static/xls/mqii-data-management-guide.xls)
* [MQii Knowledge Attainment Test](http://www.malnutrition.com/static/pdf/mqii-malnutrition-knowledge-and-awareness-test.pdf)
* [MQii Toolkit Tools and Resources](http://malnutrition.com/static/pdf/mqii-tools-and-resources.pdf)
 | **Timing*** Following the selection of your QI intervention, you will begin determining your QI Indicators
	+ Optimal timing is at least two weeks prior to pre-established intervention start date
* QI is a continuous and iterative process. As a best practice, it is recommended Project Teams continuously assess improvement throughout implementation, as IT resources will allow
 |

|  |
| --- |
| **Implementation Recommended Activities****Launch your intervention** |
| **Aim: Implement Intervention**  |
| Begin implementing your intervention at the designated start date referring to the processes and details identified with your Project Team during pre-implementation |
| **Action**1. Educate your team regarding the components of the intervention
	1. Training materials should be developed and ready to use at the time of implementation
2. Launch your intervention in alignment with the previously identified intervention start date (roll out to floors, units, or departments in a way that makes sense for your hospital)
3. Track and monitor your process and your progress in alignment with the previously established monitoring plan
4. Make adjustments to your intervention, as necessary
 | **Expected Outcome**The desired intervention will be rolled out and the change will begin  | **Resources and Tools*** [PDSA cycle templates](http://www.malnutrition.com/static/doc/mqii-sample-plan-do-study-act-pdsa-templates.doc)
* Rapid Cycle Quality Improvement Framework
* [MQii Toolkit recommended clinical best practices](http://www.malnutrition.com/static/pdf/mqii-implementation-training-presentation.ppt)
* [MQii Toolkit Tools and Resources](http://malnutrition.com/static/pdf/mqii-tools-and-resources.pdf)
 | **Timing*** This is dependent upon your intervention and your organization’s needs, available resources, desires for change, and ability to make the desired improvements. Achieving the improvement across the entire organization will take time and steadfastness.
* Ideally implementation of your intervention will include a schedule for kickoff, monitoring of data and progress, and a date to have your improvement fully rolled out
 |

|  |
| --- |
| **Post-Implementation Recommended Activities****Consider sustainability and areas of refinement** |
| **Aim: Sustain your QI progress**  |
| Successful QI requires a plan to ensure gains continue to be realized and scalability is considered once initial implementation and testing of the initiative have concluded. Where QI is less successful, data can support the refinement of the intervention approach with the objective of realizing desired change.  |
| **Action** 1. Establish a Sustainability Team to champion your intervention beyond the implementation period and the original department/unit
	1. This may include members of your Project Team
	2. It is recommended this team include an individual from your QI Department or someone with experience sustaining QI efforts
2. At the previously identified end date, review progress made on metrics included in the monitoring strategy
3. Celebrate successes and “quick-wins” to maintain momentum across Project Team, garner interest from other staff, and support buy-in for the next improvement cycle
4. Develop a sustainability plan
5. Disseminate QI intervention across other units, departments, or hospitals, incorporated lessons learned from initial implementation and testing
6. Where there are still opportunities for improvement within your identified QI Focus Area, consider refinement to your intervention approach
	1. Identify feasible changes that can be implemented immediately versus those that should be incorporated into a future improvement cycle
7. Consider additional areas of the recommended clinical workflow to target for quality improvement based on baseline data result or areas not previously prioritized following initial workflow mapping
 | **Expected Outcome**A plan is established for continuing or refining your intervention moving forward beyond the established implementation testing period  | **Resources and Tools*** [PDSA cycle templates](http://www.malnutrition.com/static/doc/mqii-sample-plan-do-study-act-pdsa-templates.doc)
* Root Cause Analysis Template

* QI Prioritization Template

* Sustainability Plan Template

* [Force Field Analysis](https://www.mindtools.com/pages/article/newTED_06.htm)
* Lessons Learned Log

 | **Timing**It is recommended that a plan for sustainability or refinement is established prior to the conclusion of the implementation period so execution of the plan and sustaining of momentum can occur immediately. However, this will be dependent on your intervention, available resources, and facility culture  |