

# Plan Your Initiative

## Building Teams and Internal Support



MALNUTRITION QUALITY  
IMPROVEMENT INITIATIVE

These materials were developed by the Malnutrition Quality Improvement Initiative (MQii), a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided guidance and expertise through a collaborative partnership. Support provided by Abbott.

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# Table of Contents

- Foreward..... i
- About the MQii..... 01
- The MQii Toolkit..... 06
- Why Implement the MQii in Your Facility..... 09
- Plan Your Initiative ..... 14**
  - Assess Your Readiness to Implement MQii..... 16
  - Build Internal Support..... 16
  - Build Your Initiative Teams..... 17
- Select Your Quality Improvement Focus..... 23
- Plan for Data Collection..... 47
- Begin Implementation..... 53
- Keep it Going..... 63
- MQii Tools and Resources ..... 66
- Glossary of Terms..... 77
- Appendices..... 83
- References..... 96



## Section Take Aways

Following your completion of this section you will be ready to:

- Prepare to engage key individuals to build internal support for the project
- Build your Project Team
- Build your Care team

## Assess Your Readiness to Implement MQii

Before getting started, see how ready you are to begin or take on a QI initiative by taking this [MQii Readiness Questionnaire](#).

For individuals or teams with less familiarity with or direct experience implementing clinical quality improvement initiatives, please review the primer in Appendix 2 titled the [MQii Principles and Models of Quality Improvement](#). Additionally, it may be beneficial to review some of the online quality improvement resources listed below:

- [American Society for Quality \(ASQ\) Quality Tools A to Z](#) (Resources and templates for data collection, statistics, and reporting for quality improvement)<sup>9</sup>
- [HRSA Quality Improvement \(QI\) Resources](#) (Including the importance of QI, establishing an organizational foundation for QI, QI programs – the Improvement Journey, Supporting the QI Program – Keep the Momentum Going)<sup>10</sup>
- [Institute for Healthcare Improvement Flowchart Resources](#)<sup>11</sup>
- [Introduction to Lean and Six Sigma Approaches to Quality Improvement](#)<sup>12</sup>
- [CMS Toolkit for Making Written Material Clear and Effective](#) (Health literacy resource to ensure readable and usable materials)<sup>13</sup>

## Build Internal Support

Prior to implementing the MQii at your hospital, as with any quality improvement initiative, **be sure that there is institutional alignment with the goals, processes, and resource allocation necessary to properly implement the initiative.** Institutional support – from your executive staff, administrative staff, and clinician leaders – is essential for ensuring effective implementation and that resources are available to support the initiative.

Depending on the level of malnutrition awareness in your facility, you may want to review and circulate educational information from the following sources regarding the burden and impact of malnutrition and how addressing it can improve patient and hospital outcomes:

- [Alleviating Hospital-Based Malnutrition: A baseline progress report](#) (Alliance to Advance Patient Nutrition)<sup>33</sup>
- [Malnutrition: A Serious Concern for Hospitalized Patients](#)<sup>14</sup> (*Today's Dietitian* article)
- [Critical Nutrients for Surgical and Trauma Wounds](#)<sup>9</sup> (by Krishnan K. in *Support Line*, December 2015;37(6): 3-8.)
- [Nutrition Professionals Improve Clinical and Financial Outcomes in Patients Receiving Parenteral Nutrition](#)<sup>10</sup> (by Nishnick A. in *Support Line*, December 2015;37(6): 3-8.)

To help garner buy-in for implementing the MQii at your facility, you can also share this [MQii Overview Presentation](#) of the initiative to relevant hospital staff leadership. It highlights key facts of malnutrition highlighted here, as well as the initiative goals, and expectations of the care team leaders who would be responsible for implementing the related quality improvement activities.

If you plan to lead this effort in your hospital as the principal investigator or project manager, please **work with your project champion to identify the right individuals at the executive and administrative levels to ensure awareness of this initiative and the proper support to bring it to life.** This MQii Toolkit provides key talking points and sample letter templates that you can use to reach out to key leadership, administrative staff, and even patients and family caregivers informing them of this initiative and the role they can play to support it. Once your hospital leadership has been made aware, discuss the implications with them and request the appropriate support or resources.

Key management activities that need to occur prior to project implementation and ensure institutional alignment include:

- Identify a Project Champion (or champions)
- Secure support from senior executive leadership
- Identify Project Team members and define roles and responsibilities
- Identify the project focus (i.e., the clinical improvement activity to be implemented)
- Gain approval from executive leadership for resources need to support implementation

The following section outlines steps for building your various initiative teams.

## Build Your Initiative Teams

With a Project Champion (or sponsor) and executive commitment in place for the initiative, the next step is to establish a well-defined, multidisciplinary MQii Project Team and Care team.

The **MQii Project Team** is responsible for communicating the goals and objectives of the MQii to the Care team and overseeing general management for achieving those goals. A multidisciplinary team brings different perspectives to what is often a cross-functional problem and helps promote effective resource use. Such a diverse team will help ensure cohesive action and ongoing collaboration in support of the goals and objectives of the initiative. (See Table 1 for descriptions of different roles suggested for the Project Team.)

Your facility can employ a degree of customization with the roles and assigned individuals for the Project Team, as needs vary by organization depending on the existing organizational structure. Not only may your team decide that not all Project Team roles are necessary for implementation, but an individual may take on more than one role.

**Take the time to think of who should be on the Project Team and make a list of anyone you feel is a good candidate to consider. Identify which roles or specific individuals should be required to help make this a successful initiative.** Among the key individuals, it is strongly recommended that a physician champion be identified early on to help garner buy-in from hospital executives and other leadership staff. If available at your facility, you may also consider representation from a Patient Advisory Council to provide a patient perspective.

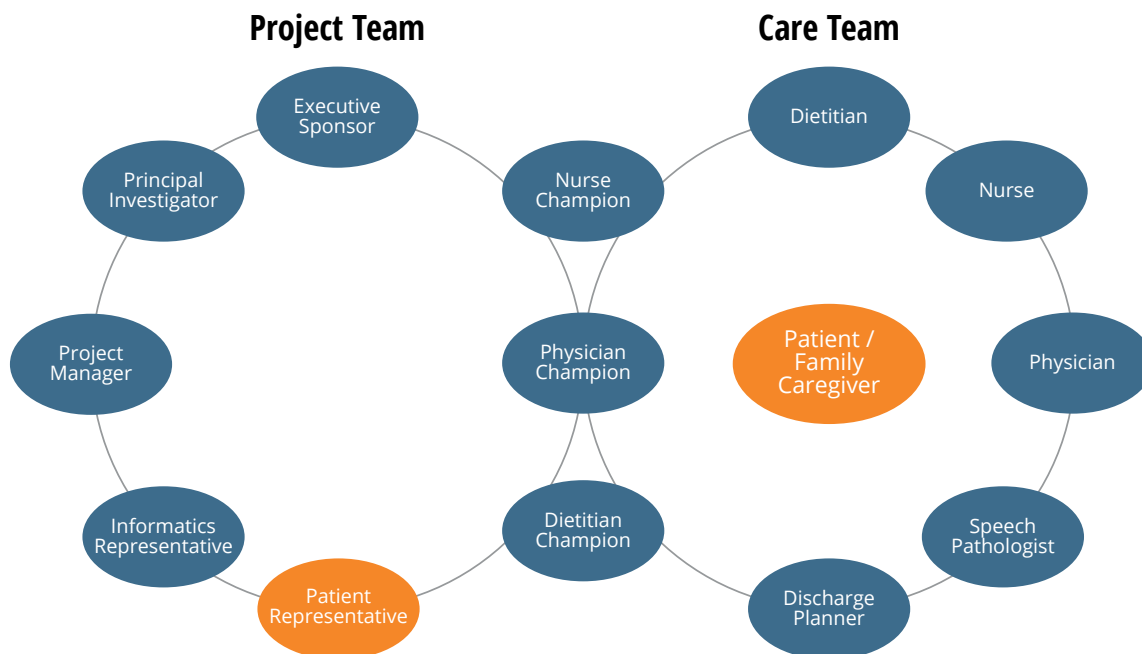
The **MQii Care team** consists of the providers who will be responsible for direct patient care within the units implementing the initiative. Care team members may not necessarily serve on the Project Team and its composition will differ between units. Care team members who will likely play a role on both the Care team and Project Team are the “champions” or care team leaders for each staff role on the team, e.g., the physician, nurse, or dietitian champions.

Nonetheless, the MQii Care teams should consist of multidisciplinary clinicians and include the patient and family caregivers. The patient and family caregivers are considered integral members of the Care team and there are ample opportunities for them to play a role in effectively implementing the clinical work flow. Therefore, it is strongly recommended that the MQii Care team, at a minimum, include an attending physician, a nurse, a dietitian, and a patient/family caregiver. Table 2 outlines the roles and responsibilities that should be applied to specific members of the MQii Care team, highlighting best practices identified in the literature. For organizations that do not employ the staff listed, the roles and responsibilities should be appropriately assigned to other staff on the Care team. Given the varying availability of hospital Care team resources, Care teams must be flexible in their team structure and approach.

**Just as you did for the Project Team, take the time to think of who should be on the Care team and make a list of anyone you feel is a good candidate to consider. Identify which specific individuals should be required to help make this a successful initiative.**

Figure 2 shows how the MQii Project Team and the Care team may interact with one another. As you reach out to staff to fill the roles of Project Champions and Care team Leaders (see Table 1 and Table 2 for descriptions of the different roles and responsibilities for each team), you may want to refer to the [Implementation Training Presentation](#). Those slides review the roles and responsibilities of these individuals on your different teams and sharing the outlined expectations with the identified team members will clarify their role on the teams and involvement in this initiative.

Additional descriptions of the Project and Care team roles are outlined in Table 1 and Table 2, highlighting how each role can support effective implementation of the MQii. These tables also provide suggestions for individuals to fill each role.



**Figure 2: Example of Project Team and Care Team Overlapping Relationship**

Note: This figure is illustrative only. Project and Care Teams may include more members, fewer members responsible for multiple roles, or have varying overlap among team roles.

● Hospital Staff  
● Non-Hospital Staff

Once the MQii Project Team and Care teams have been established, the Project Manager should convene the team kick-off meeting. This meeting will be used to:

1. Introduce the teams to each other
2. Review and explain the MQii
3. Describe each person's role and expectations for participation in the initiative
4. Establish ground rules to promote communication and collaboration among team members

In addition to clearly assigning and communicating the roles and responsibilities to all team members, project time lines should also be firmly established. To facilitate timely implementation and review of performance toward MQii goals, the Project Manager (or supporting team member) should schedule regular team meetings (bi-weekly, or monthly) for Project and select Care team members to attend. Creating agendas in advance of each meeting will help direct the topics for discussion and review. A sample meeting agenda is provided on the [mqii.today](http://mqii.today).

## Table 1: MQii Project Team Roles and Responsibilities

Project Team Role	Recommended Individual	Responsibilities
<b>Clinician Project “Champion”</b>	Physician, nurse, or dietitian leader  There may also be co-champions (e.g., dietitian and physician or dietitian and nurse)	<ul style="list-style-type: none"> <li>• Generate support and buy-in for the project by all relevant parties (senior level support and relevant staff)</li> <li>• Maintain enthusiasm about the project</li> <li>• Communicate progress made to Care teams and Executive Sponsor</li> <li>• Serve as informal senior leader(s) for the project within the hospital site</li> </ul>
<b>Executive Sponsor</b>	Senior executive hospital leader (e.g., Chief Medical Officer, Chief Quality Officer)	<ul style="list-style-type: none"> <li>• Generate leadership buy-in</li> <li>• Support the initiative</li> <li>• Help communicate developments and progress updates to hospital leadership</li> <li>• Address identified barriers as needed</li> <li>• Provide designated time to work on the project</li> <li>• Ensure all necessary clinical, information technology, and project management resources are available</li> </ul>
<b>Principal Investigator (PI)</b>	Clinician leader (ideally with research experience)  Can be same individual as the clinician “Champion”	<ul style="list-style-type: none"> <li>• Provide scientific and methodological leadership as needed</li> <li>• Navigate the hospital’s research-related requirements (e.g., obtaining relevant Institutional Review Board [IRB] waivers)</li> </ul>
<b>Project Manager</b>	Team leader (i.e., clinical leader or quality improvement director and different from the clinician “Champion”)	<ul style="list-style-type: none"> <li>• Help influence practice in alignment with the MQii Toolkit</li> <li>• Educate and respond to staff member questions</li> <li>• Organize and lead Project Team meetings</li> <li>• Monitor and track the initiative’s progress</li> <li>• Support Clinician Champion(s) in ensuring coordination across Care teams and communicating with administrative individuals, as needed</li> </ul>
<b>Care team Leaders</b>	Clinician unit leaders (including a physician, nurse, and dietitian)	<ul style="list-style-type: none"> <li>• Ensure coordination across professional disciplines of the Care team (e.g., physicians, nurses, dietitians, patients/family caregivers) and facility administrators</li> <li>• Communicate with and support the Project Manager from a function-specific perspective</li> <li>• Attend regular Project Team meetings</li> </ul>
<b>Reporting Analyst</b>	Data analytics representative	<ul style="list-style-type: none"> <li>• Assist with collecting, de-identifying, aggregating data throughout duration of initiative implementation</li> </ul>
<b>Informatics Representative</b>	Informatics team member	<ul style="list-style-type: none"> <li>• Design EHR modules or order sets necessary, prior to initiative launch, to implement MQii Toolkit as needed</li> </ul>
<b>Training Manager</b>	Staff member from Education, Human Resources or similar functional area, or assigned Project Team member	<ul style="list-style-type: none"> <li>• Facilitate training using organization’s existing infrastructure and assist with other engagement or support for individuals implementing the initiative</li> </ul>
<b>Patient Representative</b>	Individual from the hospital’s Patient and Family Advisory Council (if available)	<ul style="list-style-type: none"> <li>• Provide the patient/caregiver perspective on the initiative and its implementation</li> </ul>

Note: Your facility can tailor team roles and members, as needed. You may decide that not all team roles are necessary or that an individual can serve multiple roles.

## Table 2: MQii Care team Roles and Responsibilities

Care team Role	Roles & Responsibilities
<b>Physician<sup>15</sup></b>	<ul style="list-style-type: none"> <li>• Incorporate malnutrition care into systematic care processes</li> <li>• Check medical record for initial malnutrition screening of admitted patients</li> <li>• Support hospital procedures that provide an interim nutrition intervention in accordance with the patient's care plan for patients identified as malnourished or "at risk"</li> <li>• Ensure malnutrition diagnosis is included as a patient complication in coding</li> <li>• Ensure malnutrition care plan is documented or updated in patient's medical record</li> <li>• Include malnutrition care plan considerations in daily patient monitoring and status assessment</li> <li>• Ensure malnutrition follow-up care is included in discharge planning</li> <li>• Engage with patients/family caregivers around malnutrition status and goals</li> </ul>
<b>Dietitian<sup>16</sup></b>	<ul style="list-style-type: none"> <li>• Ensure hospital procedures that support an interim nutrition intervention in accordance with the patient's care plan in patients identified as malnourished or "at risk"</li> <li>• Conduct nutrition assessment, recommend diagnosis, and record recommended malnutrition diagnosis in the patient medical record</li> <li>• Develop and implement multidisciplinary malnutrition care plan (including nutrition intervention) to address malnutrition diagnosis</li> <li>• Document malnutrition care plan to address malnutrition diagnosis in the patient record</li> <li>• Update documentation of changes to the malnutrition care plan, as needed</li> <li>• Provide multidisciplinary Care team with direction around therapy options to support implementation of nutrition intervention</li> <li>• Help multidisciplinary Care team establish patient monitoring processes and track key patient outcome measures to evaluate effectiveness of the nutrition intervention</li> <li>• Contribute malnutrition expertise and engage other team members on progress made</li> <li>• Participate in multidisciplinary hospital rounds</li> <li>• Ensure patient/family caregiver understanding of malnutrition care and education plan during hospitalization and upon discharge, including consideration of follow-up appointments, use of community nutrition services, and communication with primary care provider</li> <li>• Document nutrition interventions' impact on patient outcomes for hospital Quality Committee</li> </ul>
<b>Nurse<sup>22</sup> (includes NP, CRNP, and other nurse-level professionals)</b>	<ul style="list-style-type: none"> <li>• Provide malnutrition screening of all patients age 65+ years within 24 hours of admittance</li> <li>• Communicate and document screening results in the paper or electronic medical record</li> <li>• Rescreen patients at high risk for malnutrition due to chronic conditions (e.g., stroke, COPD, diabetes, and certain cancers) every 72 hours and communicate changes in clinical status <ul style="list-style-type: none"> <li>• Malnutrition screening should be added to the protocols for select primary diagnoses if it does not already exist in current hospital procedures</li> </ul> </li> <li>• Implement the malnutrition care plan in collaboration with other Care team members</li> <li>• For patients determined to be at risk for malnutrition during screening, issue a nutrition intervention (such as dietitian consult and malnutrition-risk diet orders)</li> <li>• Monitor nutrition intervention implementation and communicate patient status to attending physician, dietitian, and other Care team members as necessary</li> <li>• Work with the Care team to develop a comprehensive discharge malnutrition care and education plan</li> <li>• Reinforce importance of malnutrition care and follow-up post discharge to patient/caregiver</li> </ul>
<b>Patient or Family Caregiver</b>	<ul style="list-style-type: none"> <li>• Engage with providers around causes for diagnosis</li> <li>• Ensure understanding of inpatient treatment and any treatment for the post-discharge setting</li> <li>• Obtain a completed discharge plan at time of discharge for any outpatient treatment</li> <li>• Be an active participant in communicating patient preferences and scheduling follow-up care</li> <li>• Offer suggestions and solutions to address root cause of malnutrition</li> <li>• Be an active participant in care, communication preferences around the malnutrition care plan and accounting for progress whenever possible</li> </ul>

In addition to the Care team members listed in Table 2, other healthcare professionals may play an important role on the team when patient needs require their services. The following list includes additional medical and non-medical staff members who can play a role on the Care team depending on the hospital's organizational structure and the patient's unique needs:

- Pharmacists
- Physician assistants
- Social workers
- Case managers
- Discharge planners
- Speech pathologists
- Wound care providers
- Hospital administrators
- Therapists

## Additional Resources

It may also help to familiarize all your team members with key aspects of malnutrition care that should be expected of individual Care team members. The online resources linked to below (from the Alliance to Advance Patient Nutrition) highlight this specific information:

- [Role of the Dietitian](#)<sup>18</sup>
- [Role of the Physician](#)<sup>17</sup>
- [Role of the Nurse](#)<sup>21</sup>
- [Role of the Hospital Administrator](#)<sup>17</sup>