

Academy of Nutrition and Dietetics Quality Measurement Team Malnutrition Care Score Implementation Action Plan Worksheet

Note: This is not meant to be a comprehensive and unique action plan for the implementation of MCS in a Hospital/Institution. Instead, it is meant to be a customizable guide as the implementer sees it necessary to fit the individual needs and size of a hospital/institution.

Completion Tracker

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Section I: Self-Assessment

Item*	Answer	Analysis
a. Total number of RD/RDNs on staff (not including PRN staff)		Percentage of RD/RDNs that have completed NFPE training=
b. Number of RD/RDNs that have completed NFPE training		$(b \div a) 100 = (_\div_) 100 = _____\%$
c. Number of RD/RDNs with an up-to-date yearly competency review including NFPE evaluation		Percentage of trained RD/RDNs up to date on competencies =
d. Number of RD/RDNs using AAIM to diagnose malnutrition		$(c \div b) 100 = (_\div_) 100 = _____\%$
e. Number of patients admitted in the last CY		Percentage of trained RD/RDNs that use AAIM criteria to diagnose malnutrition =
f. Number of patients with completed nutrition risk screening in the last CY		$(d \div a) 100 = (_\div_) 100 = _____\%$
g. Number of patients with an At-Risk nutrition risk screening result in the last CY		Percentage of patients admitted in last CY that have a nutrition risk screening documented =
h. Number of patients with a malnutrition medical diagnosis by a physician or eligible clinician		$(f \div e) 100 = (_\div_) 100 = _____\%$
i. Number of Nutrition Assessments with a Malnutrition Diagnosis in PES		Percentage of patients admitted in last CY that have an RD malnutrition diagnosis documented =
j. Number of Nutrition Assessments with a Malnutrition Diagnosis and a Nutrition Care Plan that directly addresses malnutrition		$(j \div e) 100 = (_\div_) 100 = _____\%$
k. If RD/RDN chart audits are regularly completed, what is the average score?		Percentage of patients admitted in last CY that have a medical malnutrition diagnosis documented =
		$(h \div e) 100 = (_\div_) 100 = _____\%$
		Use this space to explain how the score is calculated:
*Make sure you ask your IT/EHR staff for reports on the above data d-f and possibly g depending on how your EHR is built.		

RD/RDN – Registered Dietitian/Registered Dietitian Nutritionist | NFPE - Nutrition Focused Physical Exam | AAIM – The Academy/ASPEN Indicators to diagnose Malnutrition criteria | CY – Calendar Year | EHR – Electronic Health Record

What malnutrition risk screening tool does the hospital/institution use? _____

What tool does the RD/RDN team use to diagnose malnutrition? _____

Identify the 5W's:

W	Defined	Your W Answer
WHAT	What is happening currently compared to what should be happening already?	
WHERE	Where is this taking place? (Departments affected)	
WHEN	When does the process start and end?	
WHO	Who is affected? Be thorough. Are staff affected as well? How?	
WHY	Why is addressing malnutrition important to you? Why should it be important to the hospital staff and executives? Be honest.	

Section II: Define the Project

Item	Response
What is the Project's Goal/Aim? *	
Is the Goal/Aim...?	☐ Specific ☐ Measurable ☐ Actionable/Attainable ☐ Realistic ☐ Time Defined
When should the implementation process start?	
When is the desired implementation completion? (≥ 6 months)	
What data will be collected to evaluate if the goal/aim was achieved?	

** Use the data in Section I to develop the goal/aim. This Goal/Aim statement will need to be revised and approved by the Project Team once formed.*

Section III: Identify Stakeholders

When defining your stakeholders, keep the following in mind:

- **Project Team:** Those intricately involved in the process, can identify the current processes, and agree with the critical importance of malnutrition identification and diagnosis. They are responsible for data collection and ensure work is assigned and completed. They should be available to meet often and may require administrative approval(s). The team should be limited to 7-10 members, prioritizing those that are key and able to provide hands-on, active support.
- **Champion:** Break down barriers, promote education
- **Supporter:** Enthusiastic about nutrition, agreeable to measure implementation

Role	Name	Level of Support	Communication Method	Communication Completed (Date)	Accepted?
Project Lead		☒ Project Team ☐ Champion Team ☐ Other support	☐ Email ☐ Phone ☐ Presentation ☐ Elevator Pitch		☐ Yes ☐ No
Executive		☐ Project Team ☐ Champion Team ☐ Other support	☐ Email ☐ Phone ☐ Presentation ☐ Elevator Pitch		☐ Yes ☐ No
RD/RDN		☐ Project Team ☐ Champion Team ☐ Other support	☐ Email ☐ Phone ☐ Presentation ☐ Elevator Pitch		☐ Yes ☐ No
Nursing		☐ Project Team ☐ Champion Team ☐ Other support	☐ Email ☐ Phone ☐ Presentation ☐ Elevator Pitch		☐ Yes ☐ No

IT		☐ Project Team ☐ Champion Team ☐ Other support	☐ Email ☐ Phone ☐ Presentation ☐ Elevator Pitch		☐ Yes ☐ No
Physician		☐ Project Team ☐ Champion Team ☐ Other support	☐ Email ☐ Phone ☐ Presentation ☐ Elevator Pitch		☐ Yes ☐ No
EHR		☐ Project Team ☐ Champion Team ☐ Other support	☐ Email ☐ Phone ☐ Presentation ☐ Elevator Pitch		☐ Yes ☐ No
RD/RDN Supporters (1-3)		☐ Project Team ☐ Champion Team ☐ Other support	☐ Email ☐ Phone ☐ Presentation ☐ Elevator Pitch		☐ Yes ☐ No

*Assign a scribe from project team to take notes at all the meetings. This role can be assigned to different people throughout the project.

Project Scribe: _____

Alternative Project Scribe: _____

Meet with direct management and executive leadership to obtain support and be able to continue forward with the project

Section IV: Required Approvals

Name	Position	Order of Approval Needed	Communication Done
			☐
			☐
			☐
			☐
			☐

Finalize the Project Team members with the appropriate Managerial approval. Consider establishing a set meeting time, as frequently as the Team finds it needed. Send invites to ensure the time is bookmarked.

Section V: Current state (process steps) and goal state (ideal process steps)

With the team, list or map the current process steps that relate to the malnutrition diagnosis and care of the patient:

- Malnutrition risk screening
- Documentation of screening, assessment, diagnosis, and care plan
- Location of the documentation
- Communication method between healthcare disciplines

Once the current state (process steps) is completed, meet with your team to define the ideal goal state (ideal process steps).

Section VI: SWOT Analysis

- **Strengths:** An attribute or process of their Hospital/Institution that can positively impact the implementation process.
- **Weaknesses:** An attribute or process of the Hospital/Institution that can negatively impact the implementation process and needs to be addressed, if possible, for the project to be successful.
- **Opportunities:** At outcome of existing strengths and weaknesses, along with any external attributes that will support the project. These are also weaknesses for improvement or areas that were not identified in the first two phases of analysis.
- **Threats:** An external factor outside the span of control, which could negatively impact project success. These are typically acknowledged to provide a plan to overcome each one.

Strengths	Weaknesses

Opportunities	Threats

We encourage that each member of the Project Team gets a copy of the final Process Map (Section V) and the final SWOT analysis results. This can be posted in the meeting room or revisited whenever the team finds itself in need of finding solutions to barriers.

Next, evaluate the data from the SWOT analysis. This analysis will provide key information on items the team will need to consider when making decisions on items to break down barriers (you can use the space below to make note of these).

Section VII: Non-Value-Added Evaluation

Utilizing the results from Section V and Section VI, identify the processes that are non-value added. These are processes (including policies) that are wasteful, or create barriers, but are not needed for high-quality service to the patient or employee satisfaction.

Once identified, discuss further with the Champion Team and Supporters. If the final decision is to update or eliminate processes, seek the respective management support, and develop a plan to address them.

Section VIII: Identify the roadblocks and concerns.

Roadblock	Present
There is a need to raise awareness of malnutrition and its implications at the facility.	☐
There is a need to educate the Executive Team on the impact on malnutrition on the quality of care at the institution.	☐
There is expected resistance from staff RD/RDNs.	☐
There is expected difficulty in RD/RDNs performing NFPE.	☐
Staff RD/RDNs need NFPE training.	☐
Staff RD/RDNs need NCP training.	☐
There is a need to develop a policy to ensure RD/RDNs maintain competency in NFPE/NCP.	☐
There is a need to develop a policy/standard for chart audits.	☐
There is expected resistance from the Food and Nutrition Department.	☐
Financial limitations are present.	☐
The facility's EHR does not have an NCP template and/or discrete data fields for easy data extrapolation. (i.e., assessment, malnutrition diagnosis from RD/RDN and Provider, Care Plan)	☐
The facility's EHR build does not promote the appropriate assessment and intervention using NCP/NCPT.	☐
There is a need to improve RD/RDN EHR documentation to improve standardization and streamline physician/eligible clinician malnutrition diagnosis documentation.	☐
There are expected costs to modify the EHR and/or purchase outside software tools to facilitate process.	☐
There is a need to educate nursing and/or other staff on completion and/or importance of nutrition risk screening.	☐
There is expected resistance from nursing staff for timely completion of nutrition screening.	☐
There is a need to educate physicians and eligible clinicians regarding the process RD/RDNs follow for malnutrition diagnosis and/or how they can use your note for diagnosis.	☐
There is expected resistance from physicians and/or eligible clinicians to improve malnutrition diagnosis coding.	☐
There is a need to develop a process with physicians and/or eligible clinicians to alert the provider when there is a Malnutrition diagnosis by the RD/RDN	☐

There is a need to develop a process with physicians and/or eligible clinicians to allow for the malnutrition diagnosis to be added to the problem list and/or physician's note if they agree with the RD/RDN diagnosis.	☐
Policy development is needed to ensure the processes established are official.	☐

* Those with a PRESENT answer represent Roadblocks for the implementation of MCS.

Section IX: Action Items

When considering how the Action Item will be achieved, have the following in mind:

- PDSA (Plan, Do, Study, Act) Cycle:
 - o A shorthand for testing a change. Process develops a plan to test the change (Plan), carries out the test (Do), observes and learns from the consequences (Study), and determines what modifications should be made to the test (Act).
 - o See Appendix A for a suggested template of a PDSA Cycle.
- Just Do It (JDI):
 - When the solution is obvious to all team members, and it can be simply implemented.
 - Make sure all team members and affected staff agree with the solution being addressed as a JDI.

When considering solutions to barriers, review different ideas with the team. Weigh pros and cons and select the solution that better fits the need. When assessing solutions, consider the following:

- Does it address the root cause of the barrier or issue?
- Can it be implemented?
- Were the process owner and staff involved consulted?
- Of all the solutions evaluated, is this the one with the least effort and/or highest impact?

When communicating change, consider different tools:

- Face-to-face training
- Short videos for mandatory education
- Communication boards
- Handouts
- Posters or flyers

Next, select tasks related to the items answered as “Present” in Section V. Additional files/documents may be needed for action items below.

To Do	Item	Due Date	Assigned To	How?	Completed	Completion Date
☐	Meet with the Project Team to complete columns on this table. Develop a plan, meeting schedule, etc. to address all the items needed below.			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Finish identifying champions for the project team			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Meet with the Executive Leadership team or designee to explain the benefits of identifying, diagnosing, and treating malnutrition, as well as selecting MCS as an eCQM**			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Meet with RD/RDNs and review MCS, benefits, needed resources, their concerns*			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Develop a plan to address all the RD/RDNs concerns and motivate them. Implement the plan with their support*			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Develop a policy for malnutrition risk screening, assessment, and diagnosis including use of NFPE, AAIM criteria, and NCP*			☐ PDSA ☐ JDI ☐ Other	☐	
☐	NFPE Training			☐ PDSA ☐ JDI ☐ Other	☐	
☐	NCP Training			☐ PDSA ☐ JDI ☐ Other	☐	
☐	NFPE Competency Program			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Chart Audit Program/Policy			☐ PDSA ☐ JDI ☐ Other	☐	

To Do	Item	Due Date	Assigned To	How?	Completed	Completion Date
☐	Work with EHR/IT assigned staff to develop an NCP template where data elements are easy to be extrapolated			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Meet with the Nursing Champion, Director or staff. Investigate issues or concerns regarding the malnutrition risk screening process			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Educate Nursing staff on benefits of using the nutrition risk screening tool, and the proper way to complete it. Ask what the best way is to learn and follow their lead			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Meet with the Physician Champion, Lead or staff to investigate the issues or concerns regarding the malnutrition medical diagnosis			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Educate physicians and eligible clinicians on benefits of malnutrition diagnosis and treatment, emphasizing the RD/RDNs note inclusion of diagnosis justification and Care Plan. Ask what their preferred learning method is.			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Develop a process to alert the physician and/or eligible clinician of the malnutrition diagnosis by the RD/RDN.			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Develop a process where if physician and/or eligible clinician agrees with the RD/RDN's malnutrition diagnosis, it is automatically added to the problem list and/or physician note.			☐ PDSA ☐ JDI ☐ Other	☐	

To Do	Item	Due Date	Assigned To	How?	Completed	Completion Date
<i>The Below Items are Related to the Electronic Health Record Implementation</i>						
☐	Ask the Project Team to get familiarized with the MCS : data elements, measure logic, specifications manual, etc.			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Meet with EHR/IT Team and help them get familiarized with MCS and data elements needed			☐ PDSA ☐ JDI ☐ Other	☐	
☐	With EHR/IT support, evaluate the EHR system to determine if it supports eCQMs, such as data capture, calculation capabilities, and reporting capabilities required for eCQM implementation.			☐ PDSA ☐ JDI ☐ Other		
☐	Meet with the EHR/IT Team and develop a list of items needed and offer ways to address the barriers			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Determine data source availability: Identify the sources of data needed for eCQM calculation within the EHR			☐ PDSA ☐ JDI ☐ Other	☐	
☐	With the support of the RD/RDNs, develop NCP templates that support the data elements and documentation process to decrease burden			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Work with EHR/IT Team to implement the NCP template			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Work with EHR/IT Team to develop a plan and establish a due date for items. Reference Appendix B for information on EHR/IT needs			☐ PDSA ☐ JDI ☐ Other	☐	
☐	Test all the EHR templates and mapping for MCS data collection			☐ PDSA ☐ JDI ☐ Other	☐	

To Do	Item	Due Date	Assigned To	How?	Completed	Completion Date
☐	Provide training and education to users of the EHR system, including clinicians and support staff, on the eCQM implementation			☐ PDSA ☐ JDI ☐ Other	☐	

* These items are expected to be developed by you or your group as they vary based on the institution. CDR staff is available via quality@eatright.org to support with any questions or needs.

** Templates for these items are included in this package.

Utilize the table below for any additional items identified by your team that are not in the above table.

Item	Due Date	Assigned To	How?	Completed	Completion Date
			☐ PDSA ☐ JDI ☐ Other	☐	
			☐ PDSA ☐ JDI ☐ Other	☐	
			☐ PDSA ☐ JDI ☐ Other	☐	
			☐ PDSA ☐ JDI ☐ Other	☐	
			☐ PDSA ☐ JDI ☐ Other	☐	

See Appendix C for a Training Plan Template

Section X: Connecting NCP with the MCS terminology.

Relying on a Nutrition Care Process Quality Evaluation and Standardization Tool, evaluate MCS documentation for consistency with the nutrition care process.

Item*	Analysis
a. Number of nutrition assessments that provide appropriate nutrition assessment evidence that moderate or severe malnutrition is present	Percentage of nutrition assessments that provide appropriate nutrition assessment evidence that moderate or severe malnutrition is present = (those with evidence ÷ total assessments) 100 = (____ ÷ ____) 100 = _____%
b. Number of nutrition assessments that use standardized, reliable tool to identify moderate or severe malnutrition	Percentage of nutrition assessments use standardized, reliable tool to identify moderate or severe malnutrition = (those using tool ÷ total assessments) 100 = (____ ÷ ____) 100 = _____%
c. Number of nutrition assessments where moderate or severe malnutrition status is found and written as a PES (problem, etiology, signs/symptoms) statement	Percentage of nutrition assessments where moderate or severe malnutrition status is found and written as a PES statement = (those with PES statement ÷ total assessments) 100 = (____ ÷ ____) 100 = _____%
d. Number of malnutrition PES statements that use structured nutrition care process terminology (NCPT) for the problem	Percentage of malnutrition PES statements that use structured nutrition care process terminology for the problem = (those with PES statement using NCPT ÷ total PES statements) 100 = (____ ÷ ____) 100 = _____%
e. Number of malnutrition PES statements with evidence of moderate or severe malnutrition that include moderate or severe malnutrition severity in the PES	Percentage of malnutrition PES statements with evidence of moderate or severe malnutrition that include moderate or severe malnutrition severity in the PES = (PES statements with moderate or severe in PES ÷ total PES statements with moderate or severe evidence) 100 = (____ ÷ ____) 100 = _____%
f. Number of PES statements where the root cause (i.e., etiology) of moderate or severe malnutrition can be resolved or signs and/or symptoms can be mitigated	Percentage of PES statements where the root cause (i.e., etiology) of moderate or severe malnutrition can be resolved or signs and/or symptoms can be mitigated = (etiologies that have a root cause that a nutrition provider can resolve or mitigate signs and/or symptoms ÷ total etiologies in PES statements) 100 = (____ ÷ ____) 100 = _____%

Item*	Analysis
g. Number of moderate or severe malnutrition PES statements that are communicated to MDs/eligible clinicians	Percentage of moderate or severe malnutrition PES statements that are communicated to MDs/eligible clinicians = (moderate or severe malnutrition PES statements communicated to MDs/eligible clinicians ÷ total moderate or severe malnutrition PES statements) 100 = (____ ÷ ____) 100 = ____%
h. Number of nutrition care plans (i.e., nutrition intervention) developed for patients with moderate or severe malnutrition	Percentage of nutrition care plans (i.e., nutrition intervention) developed for patients with moderate or severe malnutrition = (care plans developed for patients with moderate or severe malnutrition ÷ total patients with moderate or severe malnutrition) 100 = (____ ÷ ____) 100 = ____%
i. Number of nutrition care plans where the intervention is directed to resolve the etiology and/or improve the signs and/or symptoms	Percentage of nutrition care plans where the intervention is directed to resolve the etiology and/or improve the signs and/or symptoms = (care plans where intervention will address etiology ÷ total patients with care plans) 100 = (____ ÷ ____) 100 = ____%
j. Number of care plans that document a specific reassessment plan (i.e., specific data to be collected to show effectiveness of intervention) and timeline for follow-up	Percentage of nutrition care plans that document a specific reassessment plan and timeline for follow-up = (care plans where reassessment plan is documented with a follow-up timeline ÷ total patients with care plans) 100 = (____ ÷ ____) 100 = ____%

*Consider requesting reports from IT/EHR to support data collection of items chosen.

Lewis SL, Miranda LS, Kurtz J, Larison LM, Brewer WJ, Papoutsakis C. Nutrition Care Process Quality Evaluation and Standardization Tool: The Next Frontier in Quality Evaluation of Documentation. J Acad Nutr Diet. Mar 2022;122(3):650-660.
doi:10.1016/j.jand.2021.07.004

A free [list of common structured terms](#) are available to help meet the needs for the Malnutrition Composite Score

Section XI: Results

Collect the following data before and after the implementation project to effectively communicate results of the changes to leadership and/or stakeholders

Item*	Answer	Analysis
a. Total number of RD/RDNs on staff		Percentage of RD/RDNs trained in NFPE = $(b \div a) 100 = (_\div_) 100 = _____\%$
b. RD/RDNs trained in NFPE		Percentage of trained RD/RDNs that are up to date on competencies = $(c \div b) 100 = (_\div_) 100 = _____\%$
c. Number of RD/RDNs with an up-to-date yearly NFPE competency review		
d. Number of RD/RDNs using ASPEN/AND to diagnose malnutrition		Percentage of trained RD/RDNs that use ASPEN/AND criteria to diagnose malnutrition = $(d \div a) 100 = (_\div_) 100 = _____\%$
e. Number of patients admitted in the last CY		Percentage of patients admitted in last CY that have a nutrition risk screening documented = $(f \div e) 100 = (_\div_) 100 = _____\%$
f. Number of patients with a nutrition risk screening done in the last CY		
g. Number of patients with an At-Risk nutrition risk screening result in the last CY		Percentage of patients admitted in last CY that have a malnutrition diagnosis documented = $(h \div e) 100 = (_\div_) 100 = _____\%$
h. Number of patients with a malnutrition medical diagnosis by a physician or eligible clinician		
i. Number of Nutrition Assessments with a Malnutrition Diagnosis and PES that sustains		
j. Number of Nutrition Assessments with a Malnutrition Diagnosis and a Nutrition Care Plan that directly addresses the malnutrition causes.		
k. If you conduct chart audit of the RD/RDNs, what is the average score?		Use this space to explain how the score is calculated:

*Make sure you ask your IT/EHR staff for reports on the above data d-f and possibly g depending on how your EHR is built.

RD/RDN – Registered Dietitian/Registered Dietitian Nutritionist | NFPE - Nutrition Focused Physical Exam | CY – Calendar Year | EHR – Electronic Health Record

Section XII: Insights Analysis (Optional)

An insight analysis is a summary of the insights gained from the project. Answer the following questions and discuss the responses amongst the team.

What went well?

What did not go well?

What were the lessons learned?

What items were not addressed in this project that you would like to consider for a future project?
(Parking Lot of Ideas)

Congratulations, you have completed the action plan for implementation of MCS!

Appendix A – PDSA Cycle Template

This method provides a guide through steps that will test a solution for a problem, issue, or barrier. Consider that the test may require more than one PDSA cycle development. It is possible that, after your first PDSA cycle, there are other changes that could be implemented to improve the solution to the problem. This will need to be tested again with the use of a second PDSA cycle. Due to the nature of this project, consider PDSA cycles of short duration.

What is the Aim of this PDSA cycle?

Plan:

I plan to (concise statement of what you plan to do, include the end-user population, timeline, and how you expect to measure success):

I hope this produces (measurement or outcome that you hope to achieve):

Steps to execute (write the steps or process change that you are going to test in this cycle, including

Do:

Step	Description	Assigned To	Target Completion Date

What did you observe? (write down observations you have, and measurements taken, during the implementation)

Study:

What did you learn?

Did you meet your measurement goal?

Act:

What did you conclude from this cycle?

Did the aim get accomplished?

If the aim is accomplished, is it able to be maintained? If not, what will you do in the next PDSA cycle that includes maintenance?

If the aim did not get accomplished, is there anything else or different that could be tested in a next PDSA cycle?

Appendix B – Important Steps to Implementing eCQMs (electronic Clinical Quality Measures) in an Electronic Health Record

Step #1. Understand the eCQM requirements. Familiarize the team with the specific eCQMs desired for implementation. Review the measure specifications, which outline the logic and data elements required for each measure.

Step #2. Assess EHR capabilities: Evaluate your EHR system to determine if it supports eCQMs. Check if the EHR has the necessary functionalities, such as data capture, calculation capabilities, and reporting capabilities required for eCQM implementation.

Step #3. Determine data source availability: Identify the sources of data needed for eCQM calculation within your EHR system. This may include structured data fields, such as coded problem lists.

Step #4. Map data elements to eCQM requirements. Map the data elements available in your EHR system to the specific data elements required for each eCQM. This step involves ensuring that the necessary data is captured and stored in the appropriate format. Mapping data elements involves establishing a relationship between the data elements available in your EHR system and the specific data elements required for a particular eCQM. Here are the steps to map data elements:

- a. Review eCQM measure specifications. Start by thoroughly reviewing the measure specifications for the eCQM you are implementing. The measure specifications will outline the required data elements and their corresponding definitions.
- b. Identify data elements in your EHR system. Assess the EHR system to identify the available data elements that could potentially be used for eCQM calculation. This may include structured data fields, such as diagnosis codes and patient demographics.
- c. Compare data elements. Compare the data elements in the EHR system with the required data elements for the eCQM. Look for similarities in data definitions, codes, and formats. Pay attention to semantic differences that may exist between the eCQM specifications and your EHR system's data.
- d. Determine compatibility. Determine if the available data elements in your EHR system align with the required data elements for the eCQM. Evaluate if the available data captures the necessary clinical information needed to calculate the measure accurately.
- e. Resolve semantic differences. If there are semantic differences between the eCQM specifications and your EHR system's data, you may need to perform data mapping and transformation. This involves identifying equivalent or closely related data elements in your EHR system that can be used as substitutes.
- f. Create a mapping document. Document the mapping between the required eCQM data elements and the corresponding data elements in your EHR system. This

mapping document should clearly define the relationship between the data elements, including any transformations or conversions required.

- g. **Validate the mapping:** Validate the mapping by comparing the mapped data elements against a sample set of patient data. Ensure that the mapping accurately captures the intended clinical information and aligns with the eCQM requirements.
- h. **Update and maintain the mapping:** As your EHR system evolves or eCQMs are updated regularly review and update the mapping document. Maintain clear documentation of the mappings to ensure consistency and facilitate future audits or reviews.

Data element mapping is an iterative process that requires collaboration between clinicians, EHR system administrators, and IT professionals. It ensures that the required data elements for eCQM calculation are properly identified and linked to the corresponding data elements within your EHR system.

Step #5. Develop data capture and calculation workflows. Design workflows within your EHR system to capture the required data elements for eCQM calculation. This may involve modifying existing templates or creating new data entry forms. Additionally, develop algorithms or rules within the EHR system to perform the necessary calculations for each eCQM.

Step #6. Perform testing and validation. Test the implemented eCQMs within the EHR to ensure accurate calculation and reporting. Validate the results by comparing them to manual calculations or known benchmarks. Address any discrepancies or issues that arise during testing.

Step #7. Enable eCQM reporting. Configure the reporting functionality within the EHR to generate eCQM reports. These reports should provide the necessary information on the performance of each eCQM, allowing clinicians and administrators to assess quality measures and make informed decisions for quality improvement.

- a. **Configure reporting parameters.** Within the EHR system, configure the reporting parameters for eCQMs. This includes specifying the period for reporting (e.g., quarterly, annually), selecting the eCQMs to include in the report, and defining any additional filters or criteria (e.g., specific patient populations, care settings) for the report.
- b. **Extract relevant data.** Extract the necessary data from your EHR system to populate the eCQM reports. This involves retrieving the required clinical data elements based on the reporting parameters defined in the previous step. Ensure the data extraction process captures the correct data elements and adheres to any data privacy and security considerations.

- c. Perform eCQM calculations. Use the extracted data to perform the necessary calculations for each eCQM. Apply the measure logic specified in the eCQM measure specifications to generate the performance results.
- d. Generate eCQM reports. Utilize the reporting capabilities of your EHR system to generate eCQM reports. Configure the report layout, including tables, charts, and summaries, to present the eCQM performance results in a clear and understandable format.
- e. Validate report accuracy: Validate the accuracy of the eCQM reports by comparing the results with manual calculations or known benchmarks. Ensure that the reports align with the measure specifications and accurately reflect the performance of each eCQM.

Step #8. Train and educate users. Provide training and education to users of the EHR system, including clinicians and support staff, on the eCQM implementation. Ensure they understand how to accurately capture the required data and interpret the eCQM reports generated by the system.

Step #9. Monitor and optimize performance. Continuously monitor the performance of eCQMs within your EHR system. Regularly review the reports and identify areas for improvement. Address any data quality issues, workflow inefficiencies, or system limitations to optimize the implementation of eCQMs.

It's important to note that the specific implementation process may vary depending on the EHR system and the eCQM requirements. Working closely with your EHR vendor or IT team can help streamline the implementation process and ensure successful integration of eCQMs into your EHR system.

Resources:

<https://digital.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit>

<https://ecqi.healthit.gov/sites/default/files/eCQM-Annual-Update-Implementation-User-Guide.pdf>

Appendix C – Training Plan Template for all Project Training

[illegible]