Data Integration and Process Outcomes

Increasing Malnutrition Identification and Coding Through Process Improvement

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**Purpose:** To identify opportunities for process improvement surrounding the identification, diagnosis, and coding of malnutrition in Medicare patients through data collection, analysis, and outcome measures.

**Relevance:** Proper identification, documentation, and diagnosis of malnutrition are all necessary to deliver better quality of care, reduce length of stay and readmissions, and provide adequate payment to the hospital. This supports the malnutrition electronic clinical quality measure Appropriate Documentation of Malnutrition Diagnosis.

**Background:** Limited data can hinder the ability to recognize opportunities in the process of identifying and coding malnutrition by the interdisciplinary team. Malnutrition data tracking is a new practice being implemented within clinical nutrition programs to track improvement surrounding identification and payment associated with malnutrition diagnoses in Medicare patients.

**Methods:** Nutrition management obtained a detailed report of all Medicare malnutrition discharges from the hospitals financial database. The report includes all the International Classification of Diseases codes and the Diagnosis Related Group (DRG) assigned to each patient coded with malnutrition at discharge. Baseline data was collected to evaluate malnutrition coding. A trackable documentation process in the electronic health record (EHR) for registered dietitian nutritionist (RDN) documentation of malnutrition was established. A process using the EHR to alert the clinical documentation specialists of malnutrition identification by the RDN was implemented. Training programs for RDNs to improve competency in identifying malnutrition were completed. Physicians were educated on the processes developed. Outcome measures were tracked to include RDN identification, malnutrition coding, and malnutrition diagnosis impact on DRG and payment received.

**Results / Outcomes:** Malnutrition identification by an RDN increased by 613 cases, or 228%, from 2017 to 2018. Payment associated with the change in DRG due to the diagnosis of malnutrition in Medicare patients increased by 231%, from $356,326 to $825,883 from 2017 to 2018. Payment tracked does not include penalties or incentives associated with value based purchasing.

**Conclusions:** The development of a quality improvement process to track and analyze documentation of malnutrition can have positive influence on improving malnutrition identification and coding for hospitalized patients. As the process developed, additional tracking identified opportunities surrounding readmission rates and length of stay for this population. Rates of increased identification of malnutrition may lead to improved hospital outcomes. In addition, tracking payment related to coding of malnutrition adds value to the profession. In return, this data may support increased RDN staffing. Additional RDNs may allow for a more thorough patient assessment and earlier malnutrition identification and treatment.

**Implications for Policy or Practice:** Establishing an effective process for tracking opportunities surrounding RDN identification and physician diagnosis and coding is instrumental to improving malnutrition coding on discharge.

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Malnutrition Quality Improvement Initiative Supports Delivery of Evidence-Based Care and Drives Improved Outcomes

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**Purpose:** Bring together health delivery organizations to further test and generate evidence on malnutrition care best practices.

Implement Malnutrition Quality Improvement Initiative (MQii) tools under real-world circumstances to support acceleration and dissemination of optimal malnutrition care practices.

**Relevance:** Malnutrition affects 20%-50% of admitted hospital patients but is only diagnosed in 7% of hospital stays. The low rate of diagnosis can result in adverse health and functional outcomes and is a challenge across all care settings.

**Background:** Quality malnutrition care aligns with Centers for Medicare & Medicaid Services (CMS) goals and the U.S. Department of Health and Human Services (HHS) National Quality Strategy. However to date, malnutrition care has not been included in public or private quality incentive programs.

**Methods:** The MQii was established as an innovative, multi-stakeholder national effort to raise awareness and develop tools for hospital-based care teams to improve malnutrition quality standards. A Learning Collaborative generated evidence on best practices and use of de novo electronic clinical quality measures and a novel on-line toolkit to improve malnutrition care. Over a 6-month study period, a cohort of 11 hospitals at the forefront of care used the tools to implement QI projects focused on improving malnutrition risk identification and risk reduction workflows.

**Results / Outcomes:** The results provided some of the first real-world evidence of a demonstrated/quantifiable gap in care; screening, assessment, diagnosis and care which previous research has been linked to poorer clinical outcomes for patients and higher cost for healthcare systems.

**Conclusions:** The results further underscore that data-driven QI supports delivery of evidence-based care and can successfully impact meaningful process measures and outcomes improvements.

**Implications for Policy or Practice:** The Learning Collaborative is a breakthrough opportunity for registered dietitian nutritionists within interdisciplinary teams to advance transitions of care planning.

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