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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