**Malnutrition Identification & Documentation of the Hospitalized Patient**

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### Introduction and Project Selection

- Increased focus on high-quality affordable care necessitated the need to address the ongoing issue of malnutrition in hospitalized patients.
- 30% of hospitalized patients are malnourished and 17% are likely to readmit within 30 days.
- Malnourished patients are twice as likely to develop pressure ulcers and have three times the risk for surgical site infections. Almost half of all patients who fall are malnourished.\(^\text{1}\)
- The estimated annual income burden of disease-associated malnutrition is $156.7 billion.\(^\text{1}\)
- With NHRMC’s mission statement of “Leading Our Community to Outstanding Health”, having more defined criteria for diagnosing and documenting malnutrition allows the interdisciplinary care team to identify concrete, objective characteristics when assessing patients for malnutrition. By doing this in a more uniform and concise fashion, our goal is the prevention of compromise to the short and long-term nutritional status of our patients.

### Objectives

- Develop a multidisciplinary team approach to problem solve malnutrition issues utilizing the LEAN methodology.
- Adopt facility wide standard evidence-based criteria for the diagnosis of malnutrition. Adopting the evidence-based malnutrition guidelines supported by The Academy of Nutrition and Dietetics (AND) and the American Society for Parental and Enteral Nutrition (ASPEN) to standardize the criteria for adult malnutrition was an important step in standardization and consistency.
- Educate clinical and coding staff on malnutrition and documentation requirements.
- Educate dietitian staff on nutrition focused physical assessments to identify malnutrition diagnoses.
- Improve provider documentation of malnutrition diagnoses.
- Realize additional reimbursement due to documentation of malnutrition diagnoses.
- Improve Mortality Index Observed/Expected due to additional capture of malnutrition diagnoses. Malnutrition diagnosis capture is an increase in the patient’s severity of illness and risk of mortality ratings.

### Improvement Process

- Multidisciplinary team approach to identify improvement process with malnutrition.
  - Clinical Nutrition Manager
  - 3 Registered Dietitians
  - Director Food & Nutrition Services
  - Clinical Documentation Improvement (CDI) Manager
  - Clinical Documentation Improvement Specialist
  - NHRMC Hospitalist Physician
  - Coding Manager and Coordinator
  - Clinical Nutrition Team
    - Value Stream manager
    - Developed the Nutrition Focused Physical Exam (NFPE) flow sheets & Nutrition Navigator in the EMR (EPIC)
    - Received webinar education and skills lab checkoff on diagnosing malnutrition utilizing NFPE
    - Provided education to CDI and Coding teams

### Nursing & Provider Education

- Physician Champions:
  - Shared malnutrition initiative with provider teams
  - Received ASPEN criteria Pocket Guide-distributed to all providers

### Mortality Index Observed/Expected Acute Inpatient

#### Results/Outcomes

- **% Acute Adult Inpatient Discharges**
  
  ![Graph](image)

- **Malnutrition w/Financial Impact**
  
  ![Graph](image)

#### Summary

This initiative has demonstrated that through development of standardized definitions of malnutrition, focused education and assessment of clinical staff, and a consistent approach to nutrition screening, there has been a significant increase in the number of nutrition consults and patients identified and treated with the diagnosis of malnutrition. In addition, increased reimbursement has been captured, along with lowering of mortality index. This process has become Standard Work at New Hanover Regional Medical Center. Future expansion includes exploring a malnutrition initiative in the pediatric population and exploring post discharge opportunities to provide continued nourishment of identified patients. Finally, we plan to evaluate how the malnutrition program impacts readmission rates.

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**NOTES**

1. The Joint Commission Journal on Quality and Patient Safety, October 2015, Volume 41 Number 10, page 469-473

2. Data is specific to inpatient adult dietitians and does not include nutrition support services (TPN), Rounding & other responsibilities carried out by the RD.