Malnutrition Identification and Diagnosis at a University Hospital: Trials & Tribulations

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BACKGROUND

- Disease-related malnutrition is estimated to be present in 30-50% of hospitalized patients.
- As of 2012, RDNs have been encouraged to conduct nutrition-focused physical examinations (NFPEs) for the timely identification and treatment of malnutrition, so as to reduce associated complications.

OBJECTIVES

The purpose of this quality improvement project is to determine, over time, the trend in agreement and documentation between RDN identification and MD diagnosis of malnutrition, as well as the impact of various communication strategies.

METHODS & RESULTS

Repeated annual retrospective chart review; charts selected from lists of patients identified by RDNs as malnourished each year.

METHODS & RESULTS, *continued*

Phase 1: 2015

- 2013-2015 1) RDNs trained to perform NFPEs, 2) assessment note template modified, and 3) specific electronic message template created for RDNs and coding team to send to MDs
- 115 charts reviewed
- 88% agreement between RDNs identification and MD diagnosis for both severe and non-severe malnutrition

Phase 2: 2016

- RDNs sent direct emails and messages to MDs; coders not involved
- 85 charts reviewed
- 54% and 58% agreement between RDN identification and MD diagnosis for severe malnutrition and non-severe malnutrition, respectively

Phase 3: 2017

- Presentations made to hospitalists & medicine residents and message revised
- 205 charts reviewed
- 78% and 50% agreement for severe malnutrition and non-severe malnutrition, respectively
- Neither use of NFPEs, weight loss or calorie intake as justification for malnutrition is significantly related to MDs' documented agreement (x^2=0.61, p=0.44; x^2=1.35, p=0.24; x^2=0.12, p=0.73).

	Method Of MD Documentation									
	Sign Message		Add to Problem List		Sign RD Chart Note		MD Adds to Own Chart Note		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
MD Documents Agreement*	90	60.0	41	27.3	35	23.3	23	15.3	**150**	**73.2**
RD Identifies - Severe PCM (n=173)	82	61.2	39	29.1	29	21.6	23	17.2	134	77.5
RD Identifies - Non-Severe PCM (n=32)	8	50.0	2	12.5	6	37.5	0	0.0	16	50.0
MD Does NOT Document Agreement**	115		164		170		182		**55**	**26.8**
**MDs may document in more than one way*										
** MDs do not document in multiple ways										

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CONCLUSION

RDN implementation of NFPE does not increase likelihood of MD diagnosis/documentation of malnutrition. Additional communication methods to engage MDs in diagnosis of malnutrition are needed, however, involvement of coding team appears important.