



WRHA Strategic Directions: Clinical Documentation / Integration of Nutrition Care Process in Practice

Quality Issue: Diagnosis of Malnutrition

Baseline Date – Malnutrition WRHA Acute Care Sites

WHAT IS BEING MEASURED?

- To determine what percentage of malnourished patients followed by a Registered Dietitian are diagnosed with malnutrition by RD or MD
- To determine the NCPT diagnosis used by RDs
- To determine the rate of audited patients assessed by RDs that are malnourished in RD caseload

Audits were completed at VGH and HSC in March 2015 in both medicine and surgery units. In April 2015, Seven Oaks General Hospital, Grace General Hospital, and Concordia Hospital were also audited.

Chart audits completed at sites (5/5).

WHY IS THIS IMPORTANT?

To determine the benchmark data of malnutrition diagnosis rate in WRHA acute care sites.

WHAT IS THE TARGET?

Baseline Data: To complete 30 charts/site.

Future audit: 70% malnutrition diagnosis rate (as per to Singapore) 80% of RD caseload are patients with malnutrition.

Definition:

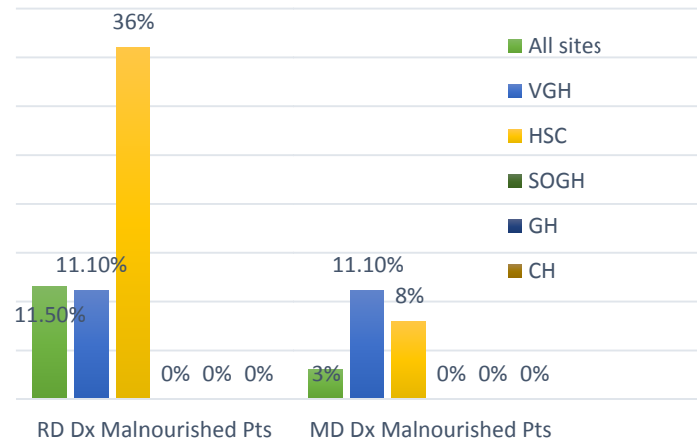
$\frac{\text{Number of patients diagnosed with malnutrition by RD}}{\text{Total number of malnourished patients}} \times 100$

$\frac{\text{Number of patients diagnosed with Malnutrition by MD}}{\text{Total number of malnourished patients}} \times 100$

$\frac{\text{Number of patients with ICD-10 Malnutrition Codes}}{\text{Total number of admitted patients}} \times 100$

$\frac{\text{Number of patients with malnutrition}}{\text{Total number of patients audited}} \times 100$

Malnutrition Diagnosis Rate



Codes used for Medical Record Malnutrition Diagnosis Audit

Malnutrition ICD-10 Codes	
E40	Kwashiorkor
E41	Nutritional marasmus
E42	Marasmic kwashiorkor
E43	Unspecified sever protein-calorie malnutrition
E44	Protein-calorie malnutrition of moderate & mild degree
E45	Unspecified protein-calorie malnutrition

MD Diagnostic Rate of Malnutrition from medical Records

Region	# of Patients Admitted	Malnutrition Diagnosis
	28188	0.32% (n=91)

Interpretation:

A total of 161 charts were audited at all WRHA Acute Care sites. 54% (n=87) of the patients audited were found to be malnourished.

Of the patients who were malnourished, the RD diagnosed 11.5% (n=10) with malnutrition. 100% (n=10) patients who were diagnosed with malnutrition by the RD were deemed to be malnourished with the audit tool.

Of the patients who were malnourished, the MD diagnosed 3% (n=3) with malnutrition. 100% (n=3) of these patients were deemed to be malnourished by the audit tool.

Thus, the MD and RD diagnosed a total of 15% (n=13) of malnourished patients as malnourished, leaving 85% (n=74) of malnourished patients undiagnosed.

WHAT ACTIONS ARE WE TAKING?

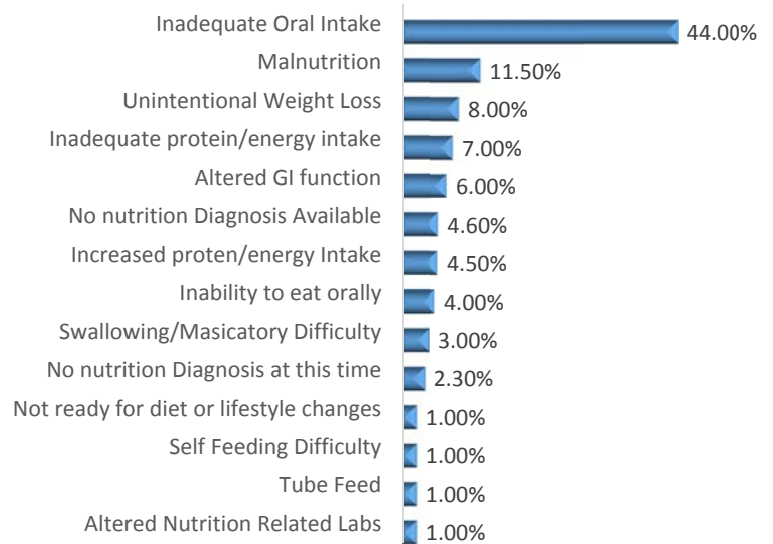
Other actions will be to propose such changes as:

- Define malnutrition
- Standardize methods for assessing and diagnosing malnutrition.
- Provide education in the diagnosis of malnutrition to RDs, MDs, and other health care professionals that are part of an interdisciplinary team.
- Implement SGA skills training for RDs
- Complete inventory sample statements using the nutritional diagnostic term "malnutrition" (Linking the 4 Steps document)
- Revise the Nutrition Assessment form to facilitate malnutrition diagnosis and include elements of SGA.
- Initiate a Crosswalk between SGA an A.S.P.E.N.'s six characteristics of malnutrition.
- Track malnutrition diagnosis with ICD-10 codes from medical records.

HOW DO WE COMPARE?

These results are baseline data for the region as we strive to achieve a 70% malnutrition dx rate and 80% of RD caseload are malnourished patients. Currently, we are diagnosing malnutrition at 11.5% and 54% of RD caseload are malnourished patients.

Of Patient's Determined to be Malnourished, NCPT used by RD's by the Region



HOW ARE WE DOING?

Malnourished Pts in RD caseload by the Region

