From Readiness to Results

Practical Strategies to Implementing the Malnutrition Care Score

Moderator and Presenters

Angela Lago
MS, RD, LDN, FAND
Senior Director, Quality Management and Practice Competence
Academy of Nutrition and Dietetics

Natali Jouzi,
MSHM, RDN, LDN
Advanced Inpatient Dietitian
Mayo Clinic

Stacy Pelekhaty,
MS, RDN, LDN, CNSC,
FAND, FASPEN
Senior Clinical Nutrition Specialist
R Adams Cowley Shock Trauma Center
UM Medical Center

Carrina Burke, MS,
RD, CDN, CNSC
Client Executive, Clinical Services
Sodexo, NYC Health + Hospitals

Disclosures

Angela Lago

- Member of the CMS986 Measure Developer and Measure Steward team

Stacy Pelekhaty

- Chair, ASPEN Malnutrition Committee and ASPEN Dietetics Pr
- Leadership Council Member, ASPEN Critical Care Practice Sect
- Chair, Writing Mentorship Program, Dietitians in Nutrition Sup
- Expert Panel Member, Evidence Analysis Library, Critical Care
- ASPEN representative, Global Leadership Initiative on Nutritio
- Associate Editor Nutrition in Clinical Practice
- Editorial Board, Journal of Parenteral and Enteral Nutrition

No additional disclosures

Objectives

1. Describe organizational readiness factors that support successful malnutrition care improvement implementation in acute care settings.
2. Identify key stages of implementation and practical strategies to support adoption and sustainability.
3. Apply lessons learned from case studies to inform quality improvement efforts and outcomes.

Communication Needs

Technical Issues → Please use the **Chat** option

Issues with Links, Handouts → Please email quality@eatright.org

Questions to Presenters → Please use the **Q&A** option

Basics of Electronic Clinical Quality Measures

(eCQMs)

Microsoft Stock Image

Quality Measure Basics

A quality measure is a way to measure how well something is being done, using data to show whether the result meets a desired standard.

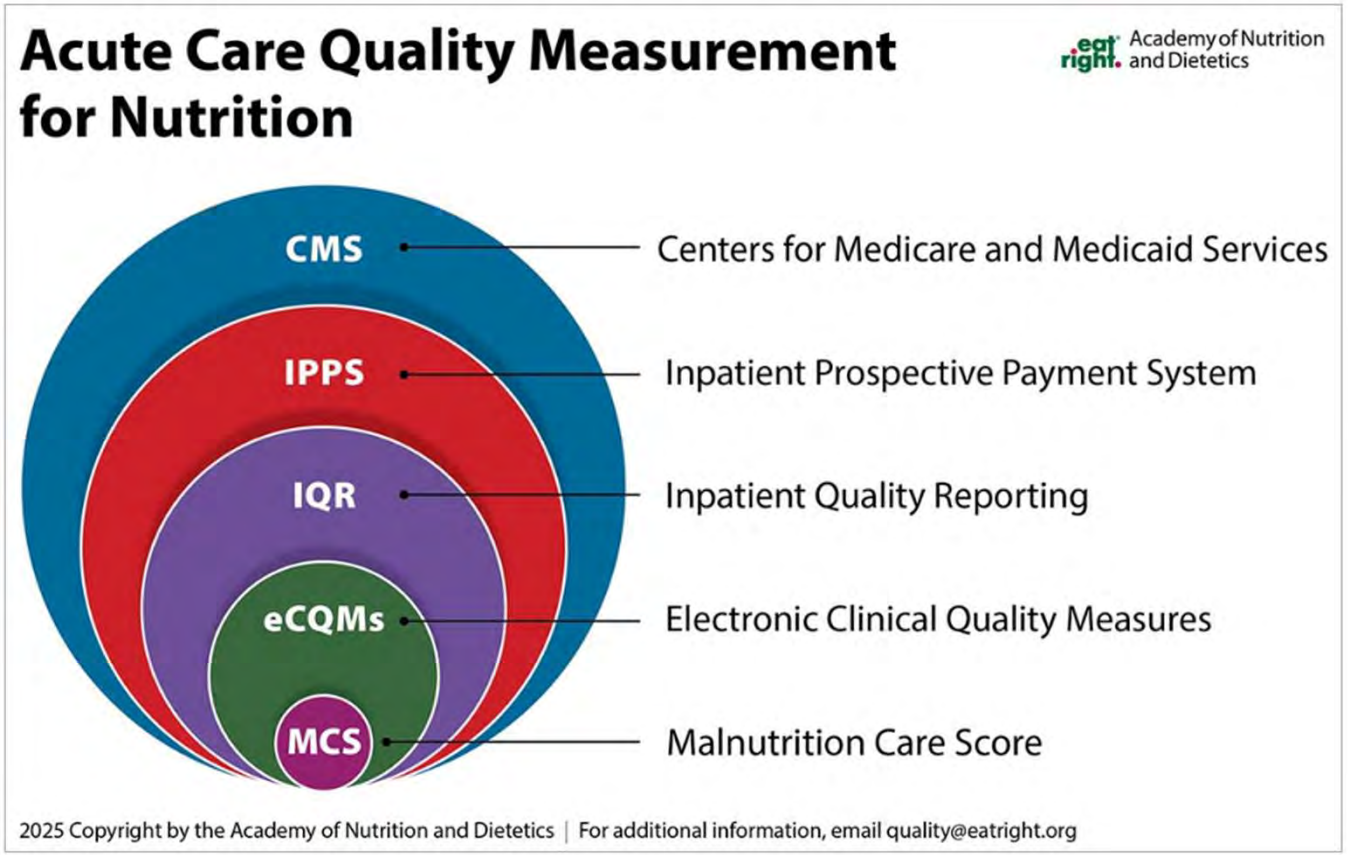
Care Compare: Find Healthcare Providers: Compare Care Near You | Medicare

What are we trying to do?
(Goal)

How do we know if we are doing it well?
(Quality Measure)

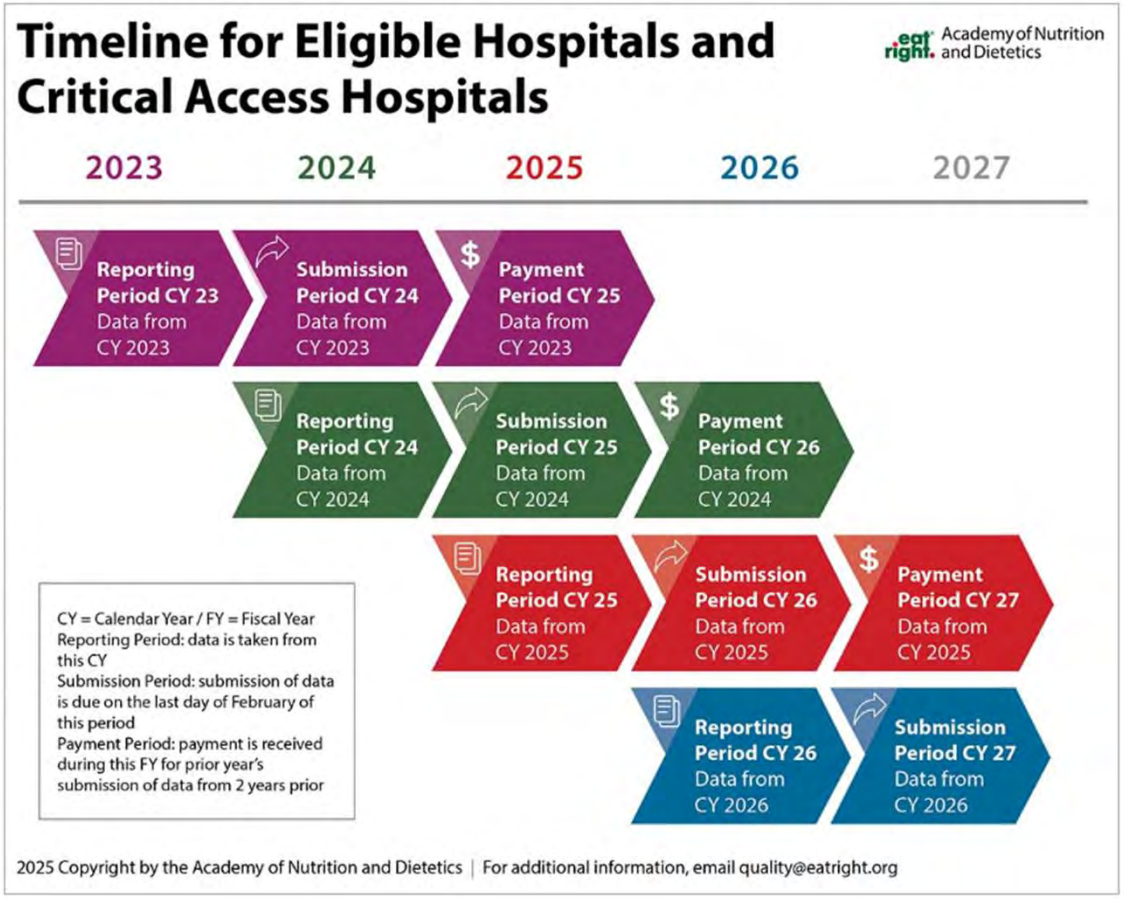
What can we improve based on the results?
(Using Measure Data)

CMS Quality Measurement



www.eatrightpro.org/practice/quality-care/malnutrition-care-score/quality-measures

CMS Quality Measurement

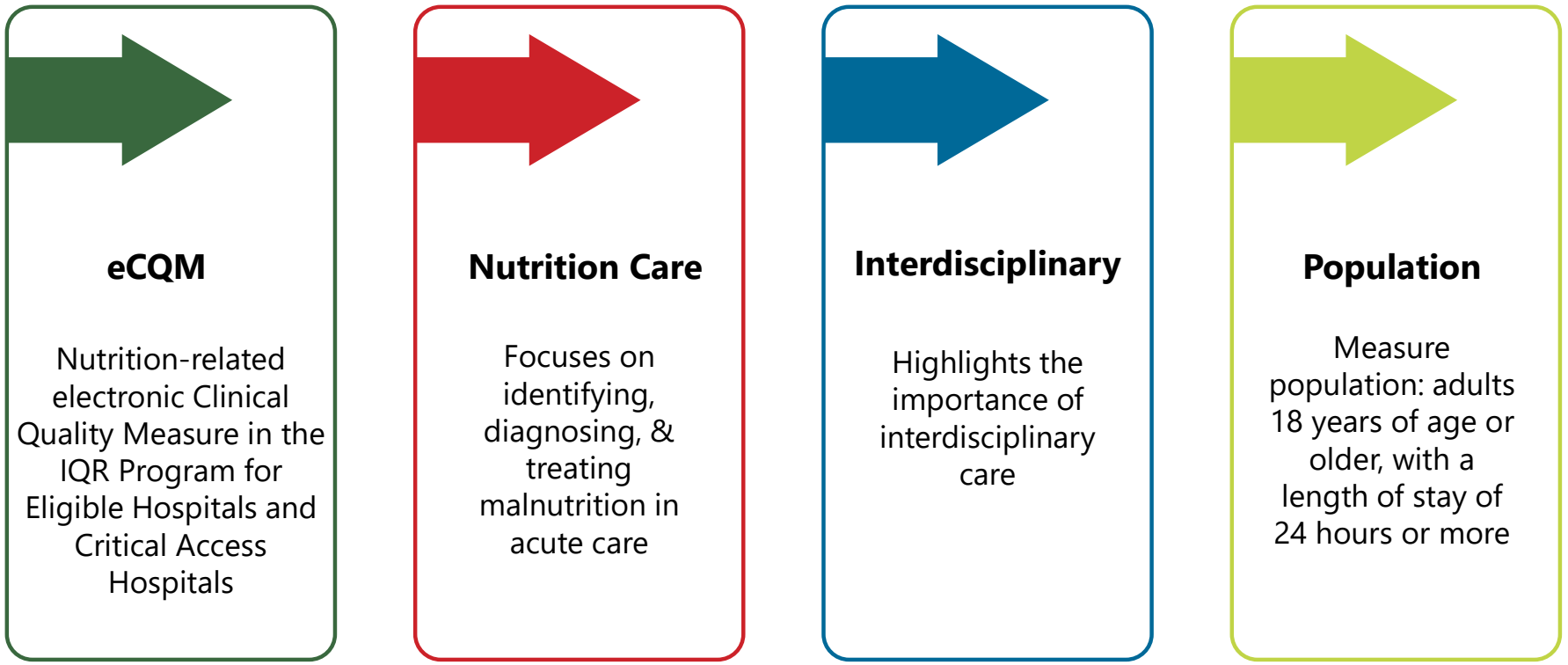


Electronic Clinical Quality Measures (eCQM) Resources

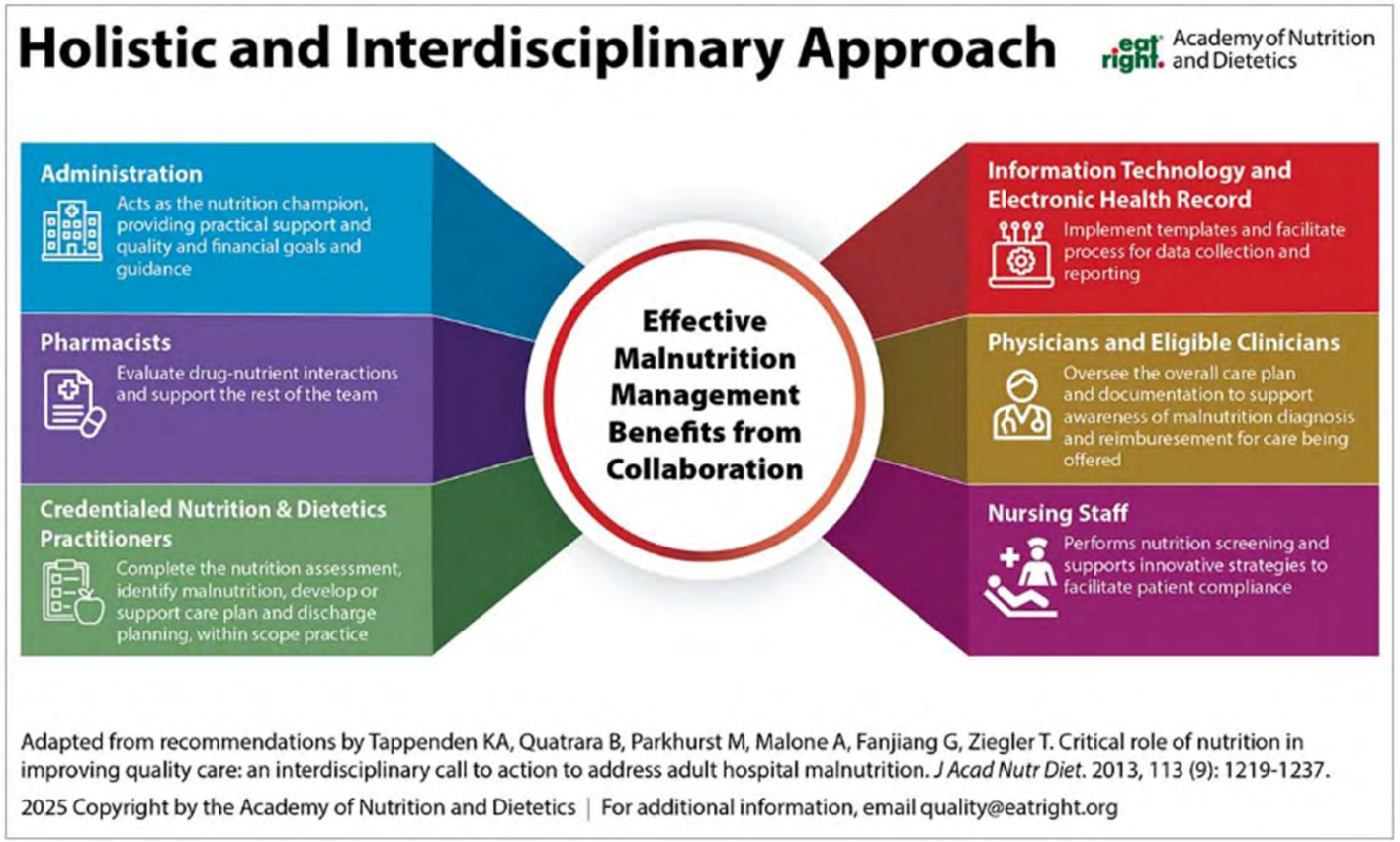
www.eatrightpro.org/practice/quality-care/malnutrition-care-score/quality-measures

Basics of the Malnutrition Care Score (MCS)

Malnutrition Care Score (MCS)



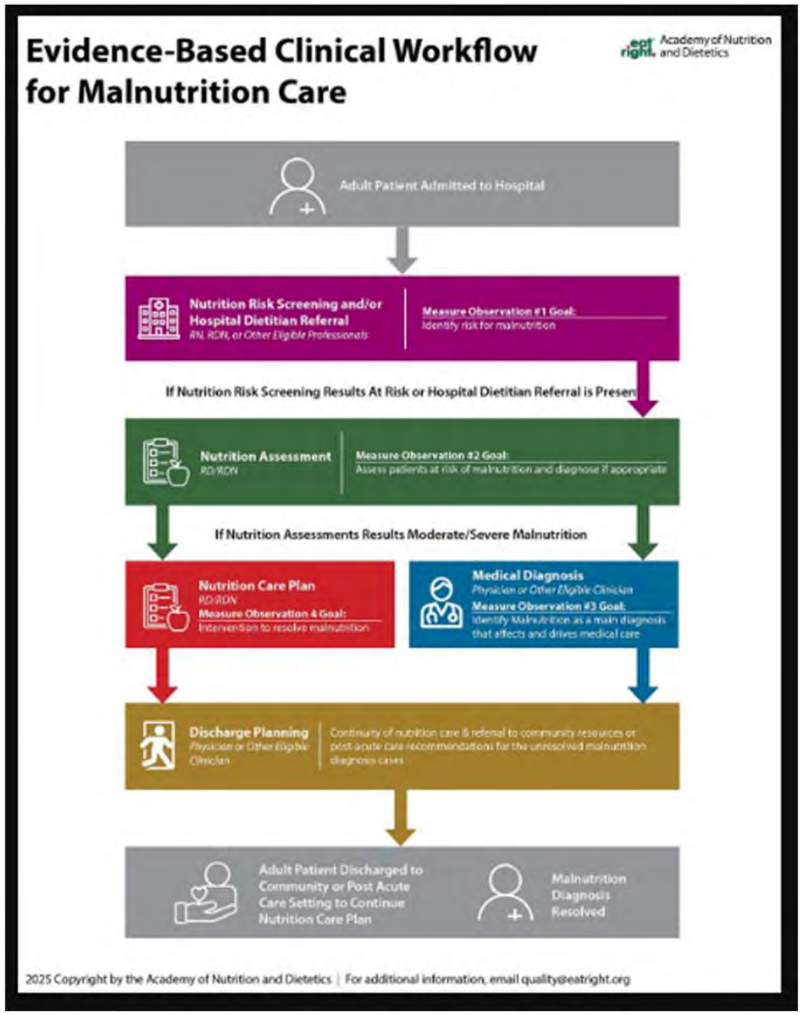
Malnutrition Care Score (MCS)



www.eatrightpro.org/practice/quality-care/malnutrition-care-score/quality-measures

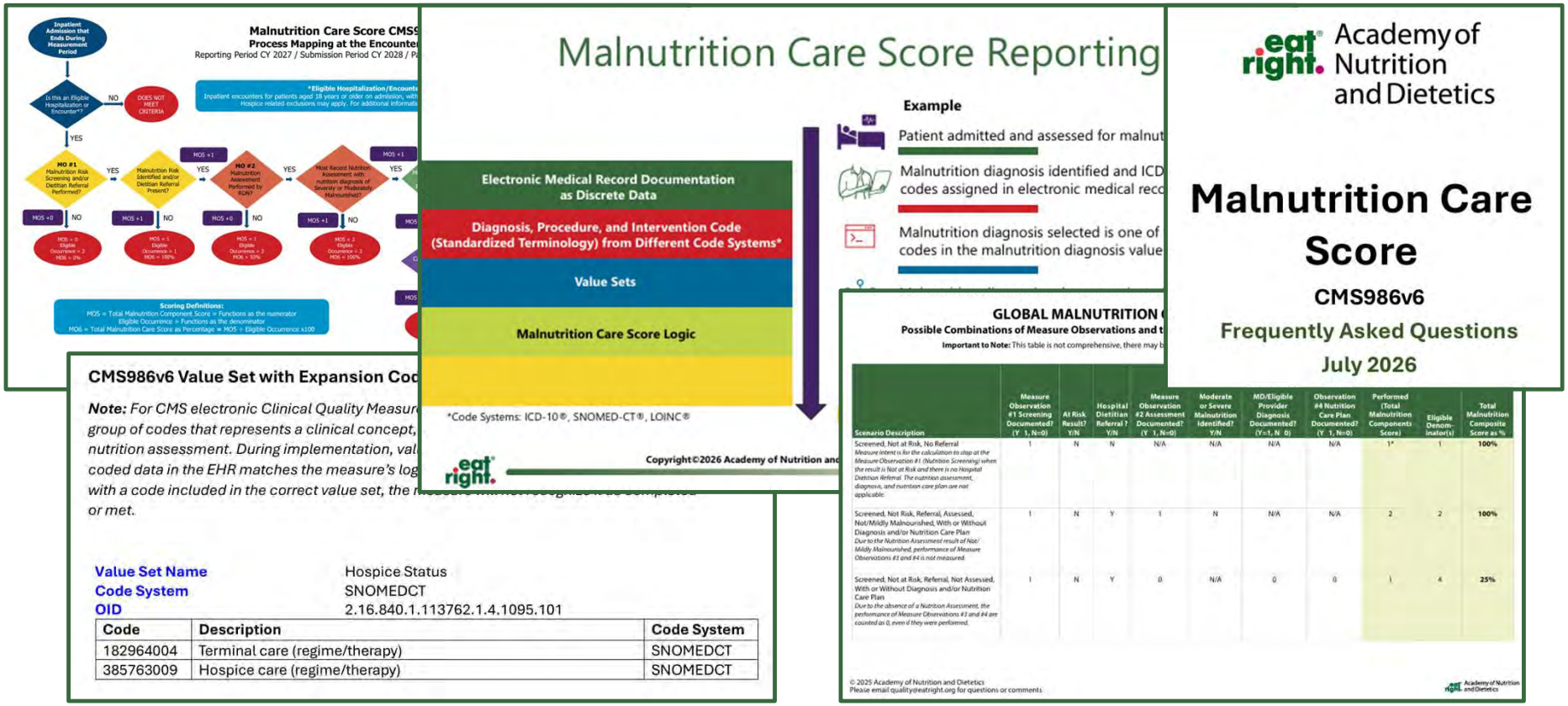
Malnutrition Care Score (MCS)

- ✓ Reflects adherence to evidence-based guidelines
- ✓ Identifies gaps in care
- ✓ Encourages interdisciplinary collaboration
- ✓ Supports ongoing quality improvement.



www.eatrightpro.org/practice/quality-care/malnutrition-care-score/quality-measures

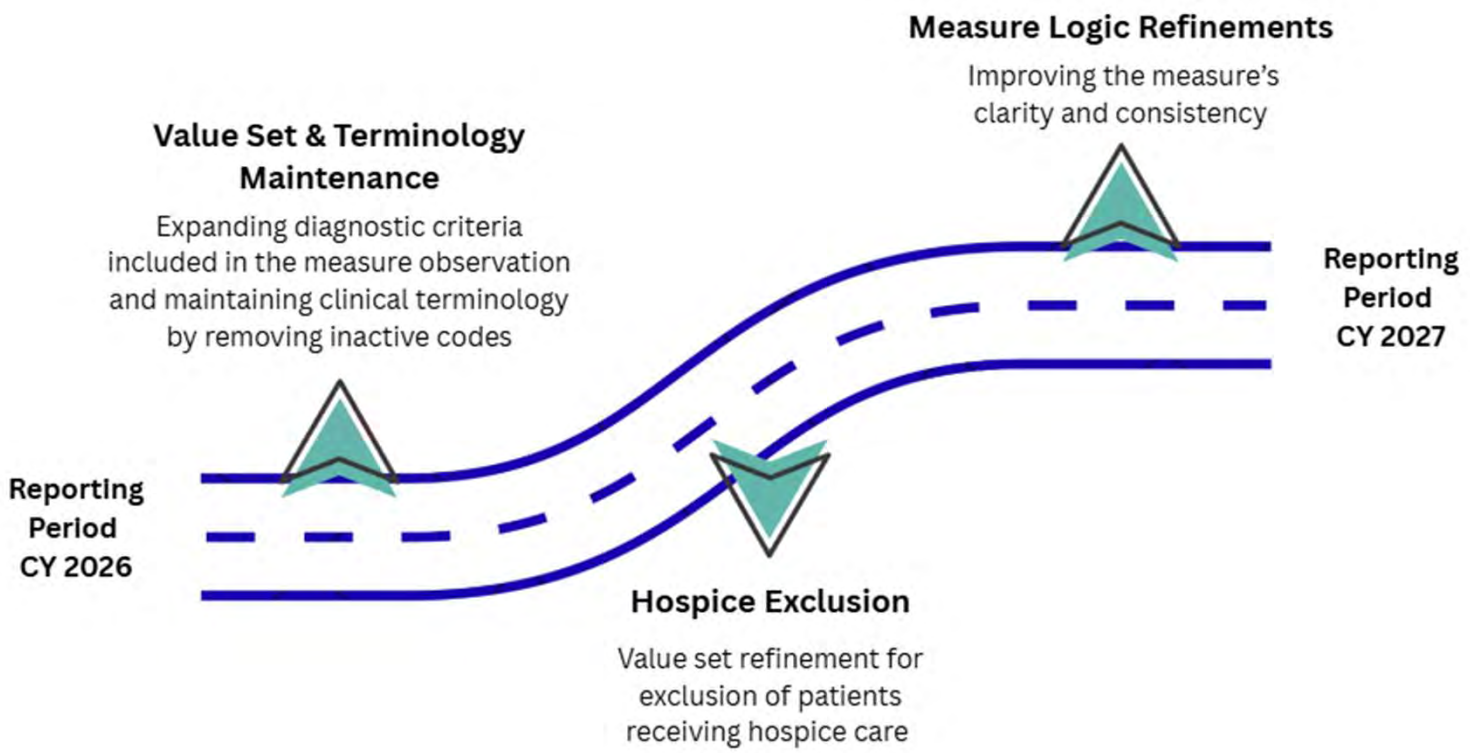
MCS Resources



https://www.eatrightpro.org/practice/quality-care/malnutrition-care-score/mcs-implementation-resources

Updates to the MCS for Reporting Year 2027

Measure Updates for Reporting Period 2027



RY27 Value Set & Terminology Updates

- Expanding the diagnostic criteria included in the measure observation
- Maintaining clinical terminology by removing inactive codes

Value set (OID)	Code system	Revision	Code	Concept description
Malnutrition Diagnosis (2.16.840.1.113762.1.4.1095.54)	ICD-10-CM	Code added	E88.A	Wasting disease
Nutrition Care Plan (2.16.840.1.113762.1.4.1095.93)	SNOMED CT	Code removed	413315001	Nutrition/feeding management (regime/therapy)
Hospice Care Referral or Admission (2.16.840.1.113762.1.4.1116.365)	SNOMED CT	Value set removed	N/A	Replaced by the two discharge-disposition value sets below
Discharged to Home for Hospice Care (2.16.840.1.113883.3.117.1.7.1.209)	SNOMED CT	Value set added	428361000124107	Discharge to home for hospice care (procedure)
Discharged to Health Care Facility for Hospice Care (2.16.840.1.113883.3.117.1.7.1.207)	SNOMED CT	Value set added	428371000124100	Discharge to healthcare facility for hospice care (procedure)

RY27 Hospice Exclusion

- No change in the intent of the hospice exclusion
- Discharge disposition value sets shifting from 9 SNOMED CT codes to 2.
  - Value sets correspond more directly to the discharge disposition data element
  - Revised codes provide a closer semantic match to the discharge data element without changing the exclusion's intent.

Hospice Care Referral or Admission (2.16.840.1.113762.1.4.1116.365)	SNOMED CT	Value set removed	N/A	Replaced by the two discharge-disposition value sets below
Discharged to Home for Hospice Care (2.16.840.1.113883.3.117.1.7.1.209)	SNOMED CT	Value set added	428361000124107	Discharge to home for hospice care (procedure)
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RY27 Measure Logic Refinements

Standard logic refinements occurred to improve the measure's clarity and consistency

MCS Implementation Stages to Consider

Steps to Consider When Implementing the MCS

Consideration	Example
Where are you now?	Assess baseline status
Who needs to be at the table?	Leadership support, project team, champions
Training and education needs	RDNs/NDTRs, Providers, Coding and CDI
Communication plan	How will this information be disseminated to staff, organization leaders, providers
Documentation requirements	What does the MCS require versus organization requirements?
Data capture	How will you show impact, progress? MCS requirements
Reaching your goal	Next steps, alternate plan. Full implementation versus several smaller steps to reach implementation
Sustainability	What is required to sustain your program/processes

Case Study: Improving Malnutrition Screening and Nutrition Diagnosis

Improving Malnutrition Screening and Nutrition Diagnosis

01 PLAN

- Assess screening and diagnosis performance
- Identify process failures that prevent patients from being screened and diagnosed

Tools: Baseline data collection, chart audits, gap analysis, workflow mapping, root cause analysis, fishbone diagrams

02 DO

- Implement targeted process improvement
- Standardize screening, assessment, and documentation practices

Tools: Staff education, EHR modifications, screening workflow changes, documentation templates, automated RD consults

03 STUDY

- Monitor key metrics to evaluate success and sustain improvement

Tools: Dashboards, KPI scorecards, pre/post intervention comparisons, chart reviews, performance reports e.g. MCS scores

04 ACT

- Sustain successful interventions and drive continuous improvement

Tools: Policy updates, standardized workflows, ongoing audits, competency validation, leadership review, continuous monitoring

Malnutrition Quality Improvement Initiative. (n.d.). *MQii PDSA templates* [PDF]. Malnutrition Quality Improvement Initiative. https://malnutritionquality.org/wp-content/uploads/MQii-PDSA-templates.pdf

Where Organizations Commonly Struggle

Nutrition Screening

- Screening not completed within 24 hours
- Variable nursing compliance
- Missing heights and weights

Nutrition Assessment

- Delayed RD assessment
- Positive screens not reaching dietitians
- Staffing and weekend coverage challenges

Nutrition Diagnosis

- Incomplete NFPE
- Inconsistent use of ASPEN criteria
- Variable provider documentation

You Can't Diagnose What You Don't Identify

Strategy #1: Building a Consistent Screening Process

Screening Tool	**Standardize use of a single validated screening tool across the organization** • Example: Malnutrition Screening Tool
Workflow	**Embed screening into admission workflows with clear accountability** • Example: Nursing completes screening before admission documentation can be finalized
EHR Tools	**Use EHR alerts, dashboards and real-time monitoring to identify missed screens** • Example: BPA* alert triggered when screening remains incomplete after 12–24 hours
Generate data reports	**Review nutrition screening performance by unit, service line and facility** • Example: Monthly compliance reports shared with leadership and frontline staff
Collaborate	**Partner with nursing champions to reinforce workflow adherence and education** • Example: Unit-based champions provide peer coaching and reinforce best practices
Escalation Pathway	**Establish escalation processes for incomplete or overdue screenings** • Example: Missed screenings routed to charge nurse or leader for follow-up

*BPA = Best Practice Advisory

Success Metric: ≥95% of patients screened within 24 hours

Technology Can't Replace Clinical Judgment, But It Can Prevent Missed Opportunities

Strategy #2: Optimizing EHR Workflows

Automate Referrals	**Automate RD consults for positive nutrition screen** Example: MST ≥2 automatically generates nutrition consult
BPA Alerts	**Use BPA alerts for incomplete or overdue screenings** Example: Alert triggered when screening remains incomplete after 24 hours
RD Consult Queue	**Improve visibility of patients requiring nutrition assessment** Example: New malnutrition consults automatically populate RD worklist
Overdue Assessment Alerts	**Support timely completion of nutrition assessments** Example: Patients awaiting assessment >48 hours flagged for follow-up
Performance Dashboards	**Increase transparency with dashboards** Example: Screening, referral, and assessment compliance displayed by unit
Documentation Templates	**Standardize nutrition assessment and diagnosis documentation** Example: Standardized malnutrition assessment and diagnosis note templates

Tappenden KA, Quatrara B, Parkhurst ML, Malone AM, Fanjiang G, Ziegler TR. Critical role of nutrition in improving quality of care: an interdisciplinary call to action to address adult hospital malnutrition. *J Acad Nutr Diet*. 2013;113(9):1219-1237. doi:10.1016/j.jand.2013.05.015

Consistent Documentation Supports Consistent Diagnoses

Strategy #3: Standardize Nutrition Diagnosis (1)

Source of Variation	Standardization Strategy	Expected Benefit
Key nutrition assessment findings are not consistently documented	Standardized assessment templates	More complete documentation to support nutrition diagnoses
Incomplete documentation of physical findings	Guidance on documenting malnutrition-supporting NFPE findings	Improved diagnostic support and documentation quality
Patients meeting malnutrition criteria are not consistently documented with a malnutrition PES statement	Standardized expectations for malnutrition diagnosis documentation	Improved diagnostic clarity and malnutrition capture

Consistent Documentation Supports Consistent Diagnoses
Strategy #3: Standardize Nutrition Diagnosis (2)

Source of Variation	Standardization Strategy	Expected Benefit
Incomplete documentation of malnutrition diagnostic characteristics	ASPEN documentation prompts and standardized documentation guidance	Stronger support for malnutrition diagnoses
Differences in documentation style and interpretation	Peer review and chart audits	Greater consistency across clinicians
Variability in experience and training	Competency validation and ongoing education	Increased confidence and diagnostic consistency

Measuring Success: Metrics that Matter

Strategy Area	Measure	Example % Target
Screening reliability	Screening within 24 hrs	≥95%
Referral Process	Positive screens referred to RD	100%
Timeliness of Assessment	RD assessment completed within 48 hrs (or *At-risk patients assessed within 48 hrs?*)	≥90%
Diagnosis Quality	Complete NFPE documentation	≥95%
Diagnosis Quality	Complete ASPEN criteria documentation	≥95%
Diagnosis Quality	Malnutrition PES statement documented	≥95%
Documentation Success	Provider documentation of RD-identified malnutrition	≥90%

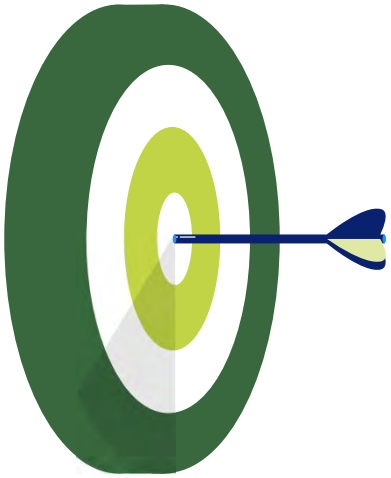
Dietitians can directly influence these metrics.

What's Standing Between Strategy and Success?

Challenge	Impact
Competing organizational priorities	Malnutrition initiatives lose momentum
Staffing and workload constraints	Delays in screening, assessment, and follow-up
Manual workflows and EHR limitations	Missed referrals and inconsistent processes
Variation in documentation practices	Reduced diagnostic consistency
Limited performance monitoring	Improvement opportunities go unidentified
Lack of interdisciplinary engagement	Gaps in communication and provider adoption

Paulsen MM, Varsi C, Paur I, Tangvik RJ, Andersen LF. Barriers and Facilitators for Implementing a Decision Support System to Prevent and Treat Disease-Related Malnutrition in a Hospital Setting: Qualitative Study. *JMIR Form Res*. 2019;3(2):e11890. Published 2019 May 9. doi:10.2196/11890

Beyond the Initial Wins
Creating a Sustainable Malnutrition Care Process



Make Performance Visible

- Review screening, assessment and diagnosis metrics
- Use data to identify gaps, trends and opportunities - *If you don't measure it, you can't improve it*

Develop and Support Staff

- Reinforce best practices through onboarding, competencies and continuing education

Monitor & Standardize Documentation

- Conduct routine chart audits
- Use templates and documentation standards to reduce variation

Create Shared Accountability

- Engage nursing, providers, CDI, informatics and leadership
- Make malnutrition care a team responsibility

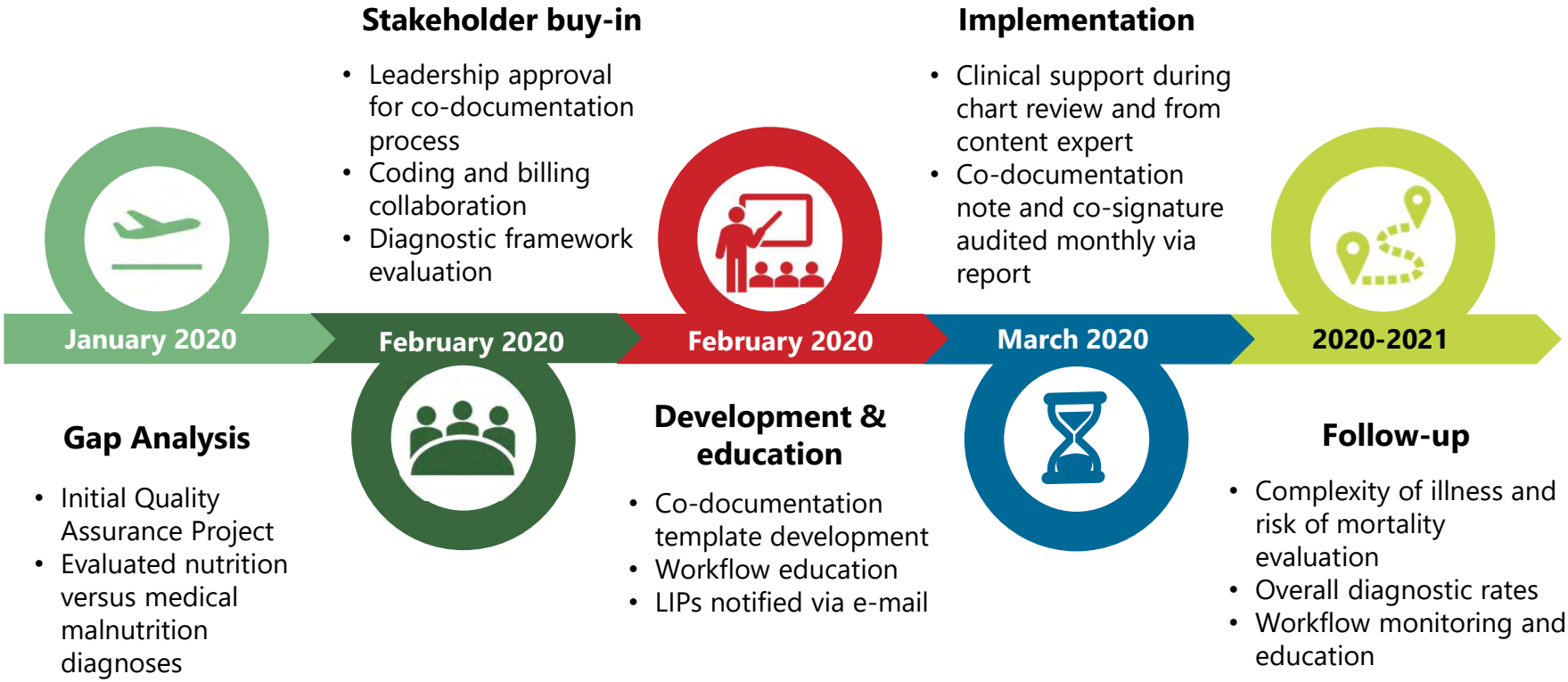
Case Study: Improving Malnutrition Medical Diagnosis

University of Maryland Medical Center

https://elm.umaryland.edu/announcements/Announcements-Content/UMMC-South-Entrance-Closing-from-March-24-to-Aug-20.php

- Academically affiliated tertiary care facility
- Serves diverse and complex populations
  - R Adams Cowley Shock Trauma Center
  - Neonatal Intensive Care
  - UM Children's hospital
  - Transplant
  - Extracorporeal Membrane Oxygenation
  - Comprehensive Cancer Center

Improving Malnutrition Medical Diagnosis Timeline

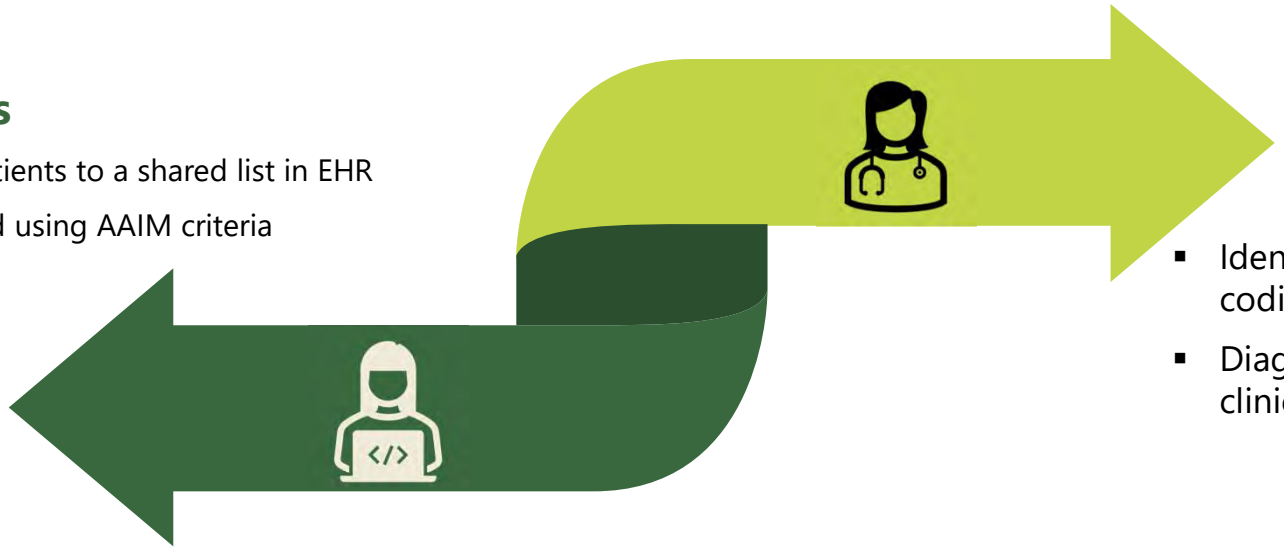


Pelekhaty S, Winter-Lai A. Implementing the Global Leadership Initiative on Malnutrition framework for diagnosing malnutrition by registered dietitians: A quality improvement project. *Nutr Clin Pract.* 2026;41(3):952-959. doi:10.1002/ncp.70129

Malnutrition Diagnosis Gap Analysis

Dietitians

- Added patients to a shared list in EHR
- Diagnosed using AAIM criteria



LIP

- Identified from coding report
- Diagnosed per clinical judgement

AAIM: Academy/ASPEN Indicators of Malnutrition
EHR: Electronic Health Record
LIP: Licensed Independent Providers

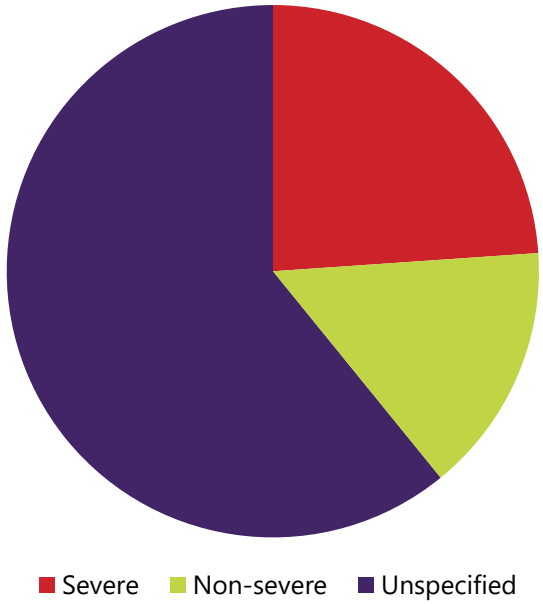
Anewalt BA-MT, Minotti M, Reavis M, et al. Malnutrition diagnoses by registered dietitians and providers in acutely ill adults at a single center. *Poster presentation at: Maryland Academy of Nutrition and Dietetics Annual Meeting*. May 13 2020.

Malnutrition Diagnosis Gap

Severity of Malnutrition Diagnosed by RDN

Anewalt BA-MT, Minotti M, Reavis M, et al. Malnutrition diagnoses by registered dietitians and providers in acutely ill adults at a single center. *Poster presentation at: Maryland Academy of Nutrition and Dietetics Annual Meeting.* May 13 2020.

Severity of Malnutrition Diagnosed by LIPs



LIPs: Licensed Independent Providers
RDNs: Registered Dietitian Nutritionists

Impact of Diagnostic Gap

- Vizient Database – Compared to like organizations
  - Malnutrition coding and billing at the 1st quartile
- Malnutrition impacts
  - Complexity of Illness
  - Infectious complication and length of stay
  - Risk of mortality
- Downstream quality metrics
  - Case-mix index
  - Case-mix adjusted length of stay
  - Observed over predicted mortality rate
  - Readmission risk score

Pratt KJ, Hernandez B, Blancato R, Blankenship J, Mitchell K. Impact of an interdisciplinary malnutrition quality improvement project at a large metropolitan hospital. BMJ Open Qual. 2020;9(1):e000735. doi:10.1136/bmjoq-2019-000735

Addressing the Gap

Stakeholder buy-in

Vice President of Quality and Safety champion
Quality data analyst

Coding team analysis

Documentation needs for medical diagnosis
Confirmed framework specified institutionally

LIPs notified

E-mail blast
RDN at unit QI meeting
Limited LIP education options

Co-documentation note

To include all requirements per coding team
Utilizes co-signature functionality

Framework analysis

Compared AAIM to GLIM
To streamline RDN workflows and optimize diagnosis with new process

Education

RDNs educated at staff meeting
Quick start guide for GLIM framework
Print material with screenshots

AAIM: Academy ASPEN Indicators of Malnutrition | GLIM: Global Leadership on Malnutrition
LIPs: Licensed Independent Providers | RDNs: Registered Dietitian Nutritionists

Pelekhaty S, Winter-Lai A. Implementing the Global Leadership Initiative on Malnutrition framework for diagnosing malnutrition by registered dietitians: A quality improvement project. *Nutr Clin Pract.* 2026;41(3):952-959. doi:10.1002/ncp.70129

Implementation Process

- Clinical Support
  - Senior RDNs for questions on workflow and diagnosis
    - Communication with teams
      - Physician Champion available for provide re-orientation as indicated
    - Steps required
- Auditing
  - Monthly reports
    - Co-documentation notes
    - Co-signature rates
  - Chart review
    - Co-documentation notes
    - Care plans

Implementing the Global Leadership Initiative on Malnutrition framework for diagnosing malnutrition by registered dietitians: A quality improvement project

MALNUTRITION DOCUMENTATION PROGRESS NOTE

Nutrition Diagnosis
Severe protein-calorie malnutrition [E43] related to reduced food and nutrition intake >2 weeks in the setting of food insecurity as evidenced by 5 kg (10%) weight loss over 3 months.

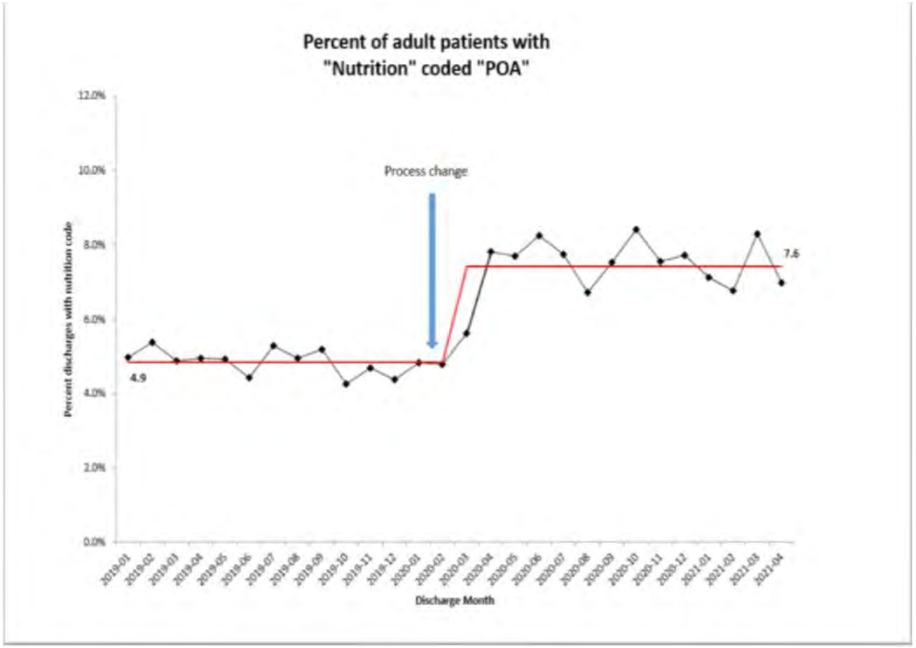
Plan
1. Continue regular diet as tolerated, add double portions 2. Add high protein, high calorie oral nutrition supplement TID with meals 3. Add Multivitamin/multimineral daily 4. If wound healing does not progress as expected post-operatively with above interventions, considering severe malnutrition supplement 500 mg vitamin C daily and 220 mg zinc daily x10 days, 10,000 international units vitamin A every other day x10 days 5. Clinical Nutrition to follow while patient remains hospitalized to monitor and optimize nutrition care Monitoring: oral intake, GI function, weekly weights, wound healing

Name, RDN, LDN
Date, Time

Co-signature: ICU attending

Source: Pelekhaty S, Winter-Lai A. Implementing the Global Leadership Initiative on Malnutrition framework for diagnosing malnutrition by registered dietitians: A quality improvement project. *Nutr Clin Pract*. 2026;41(3):952-959. doi:10.1002/ncp.70129

Post-implementation Analysis



Used with permission of University of Maryland Medical Center

- Vizient database, compared to like organization
  - Improved to median
- Coding capture
  - January 2020: 4.8% of admissions
  - January 2021: 7.1% of admissions
  - July 2021: 10% of admissions
- Clinical impacts of malnutrition code
  - Increased complexity of illness in 90% of cases
  - Impacted risk of mortality in 50% of cases

Pelekhaty S, Winter-Lai A. Implementing the Global Leadership Initiative on Malnutrition framework for diagnosing malnutrition by registered dietitians: A quality improvement project. *Nutr Clin Pract*. 2026;41(3):952-959. doi:10.1002/ncp.70129

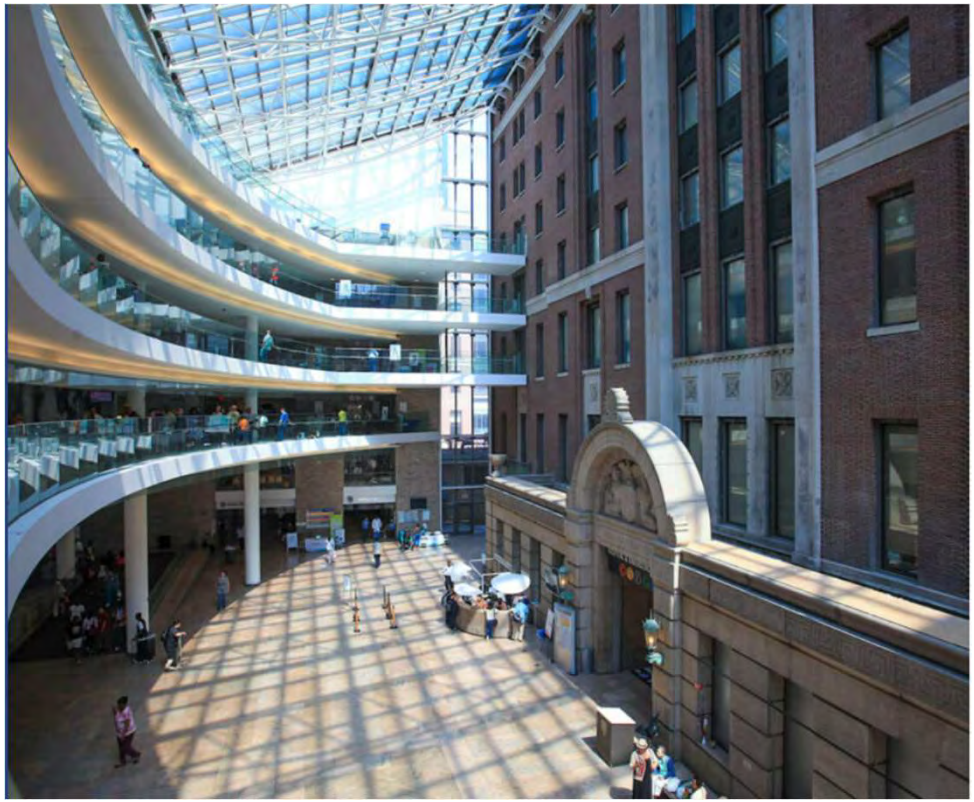
Lessons Learned

- Identify project team members in advance
  - Coding and billing leadership
  - Data analysts
  - Champion
- Education strategies
  - Comprehensive information sharing with LIPs in advance
  - Clear expectations for nutrition team
- Plan for impact assessment, not just feasibility and compliance
  - Reports needed
  - Data analyst availability
  - Financial assessments or estimates

Case Study: Preparing the EHR for Reporting

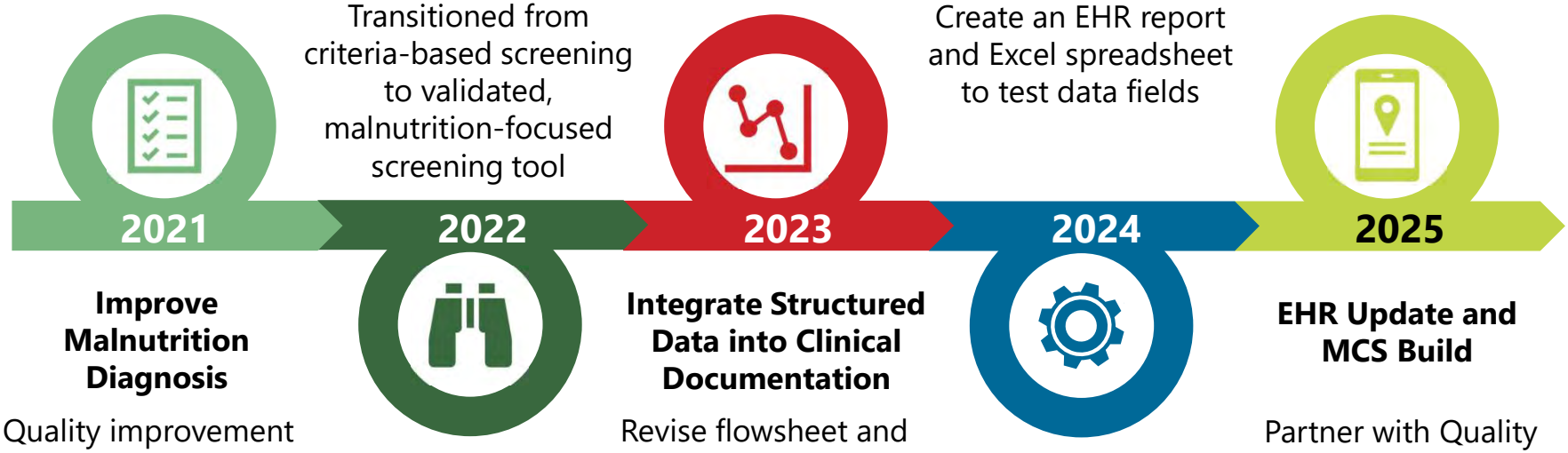
New York City Health + Hospitals

- Largest municipal healthcare organization in the U.S
  - 11 Acute Care Hospitals across 4 of the 5 boroughs
    - 15 Directors of Clinical Nutrition
      - ~150 clinical dietitians
- Patient Demographics
  - Over 1 million patients served annually
  - Safety Net System
  - Social Drivers of Health affect a large amount of our patient population



Picture courtesy of NYC Health + Hospitals

Roadmap to MCS



Pre-Implementation Data Collection

Monthly Performance Improvement:

- Assessment Timeliness
- Malnutrition Identification
- MD Provider Acceptance of RD Recommendations
- Nursing Screen Accuracy

Reported to local Quality department quarterly

- Satisfied regulatory compliance, but not much else

Barriers and Opportunities

Structured Data

- Revised the Nutrition Flowsheet
  - More drop-down lists and radio buttons
- Reduced number of fields while maintaining the NCP
- Standardized AAIM terminology across all facilities

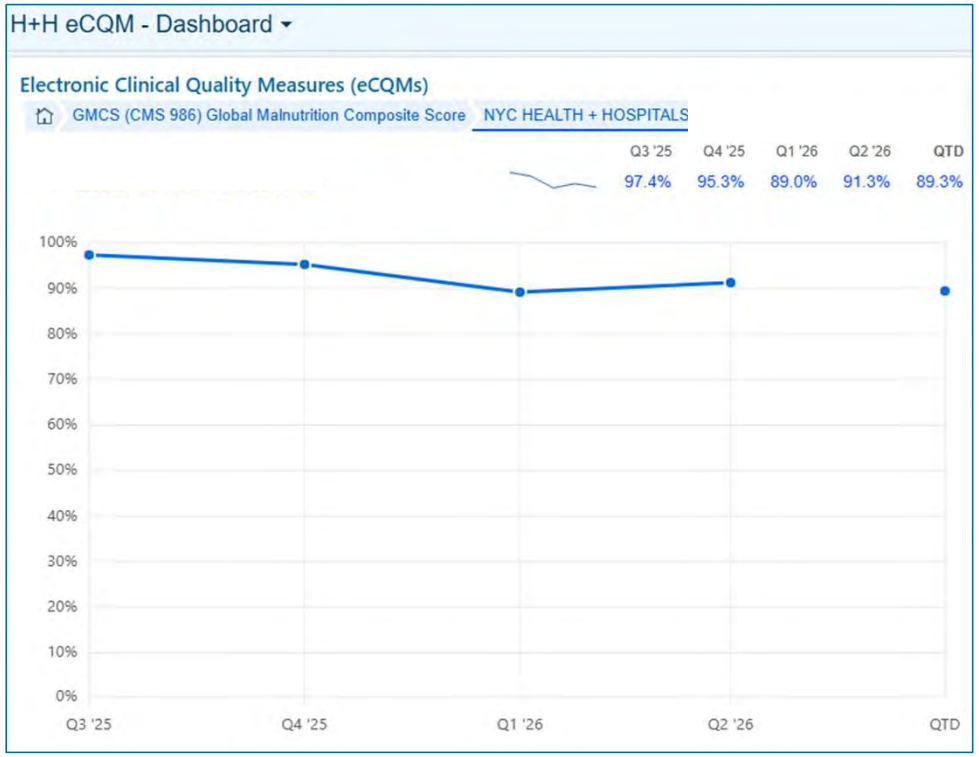
MD Documentation

- Increased frequency of nutrition in-services
- Added module to annual new resident orientation
- Improved efficiency of malnutrition documentation in EHR

Home-grown Reporting

- Built monthly report in EHR to capture components of MCS
- Exported to Excel worksheet equipped with formulas to determine a score
- Very labor intensive
- Helped identify gaps in data

The MCS Today

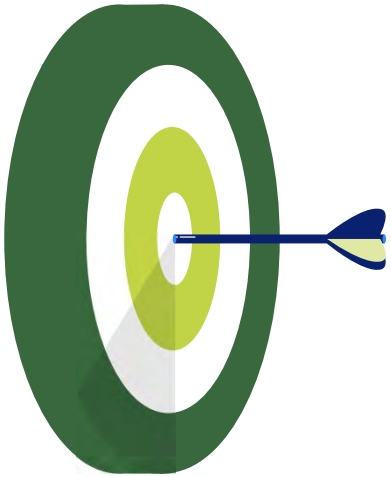


Used with permission of NYC Health + Hospitals

MCS Pop	MCS Obs 1	Admission Nutrition Risk Score	MCS Obs 2	Does the patient have malnutrition?	Type of Malnutrition	MCS Obs 3	MCS Obs 4	MCS Score
✓	✓	0	✗			✗	✗	100
✓	✓	0	✗			✗	✗	100
✓	✓	0	✓	Yes	Severe Malnutrition (Chronic Illness)	✓	✓	100
✓	✓	0	✗	At Risk for		✗	✗	100

- The MCS is reported quarterly to interdisciplinary councils at each facility
- Key demographic data and 30-day readmission rates are also reported

Lessons Learned



Establish a Baseline

Identify fallouts and opportunities

The More Structure the Better

Structured data is critical to consistent, trackable outcomes

Know the Where, Not the How

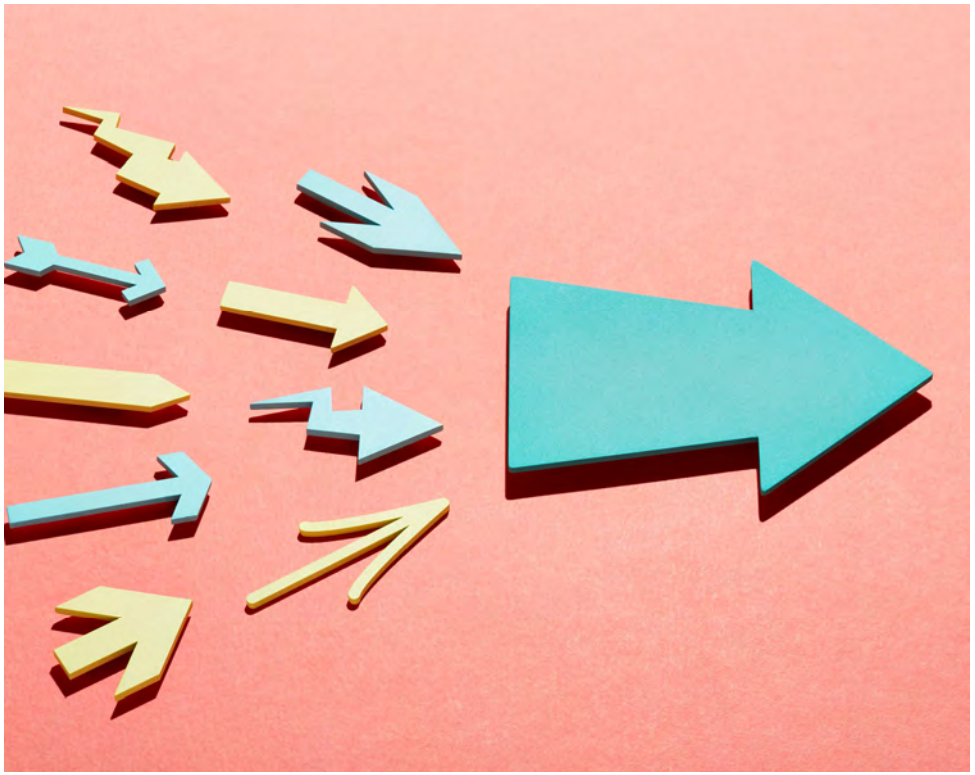
You do not need to know how to code or build the report, but you do need to know where the data lives

Make it Valuable

Use the MCS as an opportunity to show the value of nutrition and educate stakeholders

Q&A

Next Steps



- You will receive an email within 2 days with a link to the CPEU certificate and our survey
- You will have 15 days to complete the survey
- The webinar recording will be posted on www.eatrightpro.org/quality within 2 weeks

Thank You!

Questions or Comments can be sent to
Quality@eatright.org