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00:00:00,391 --> 00:00:02,195

Hi, my name is Emily Pacetti.

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00:00:02,195 --> 00:00:09,010

I'm a registered dietitian and past chair of the Academy of Nutrition and Dietetics Quality Management Committee.

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00:00:09,411 --> 00:00:16,626

We are excited to share this brief presentation on improving provider documentation of malnutrition with you.

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Malnutrition quality improvement presents a meaningful opportunity to strengthen patient care.

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Today, we'll focus on practical ways to improve provider documentation of malnutrition.

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helping care teams communicate clearly and deliver more consistent malnutrition across the organization.

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An accurate medical diagnosis of malnutrition must be documented by medical providers, including physicians, physician assistants, nurse practitioners, and any other medical providers that have medical diagnoses within their scope of practice.

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If documentation in the medical provider's and dietitian's notes do not provide supporting evidence for the diagnosis of malnutrition, then related denials for payment can be issued by health insurance organizations.

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Organizations may have clinical documentation improvement specialists, also known as CDI teams, who routinely review the medical provider's documentation to make sure documentation supports all diagnosis codes within the patient's medical record.

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This is a routine process within many healthcare organizations.

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00:01:33,755 --> 00:01:51,152

that to help ensure all appropriate diagnoses are captured and documented appropriately to accurately reflect the level of care the patient received during their hospitalization, which will also affect what the hospital will collect in reimbursement.

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00:01:51,794 --> 00:02:01,014

Providers will receive queries from the coding documentation specialist to clarify their documentation on diagnoses included in their note.

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00:02:01,495 --> 00:02:18,653

For example, if the provider is documenting that the patient has sepsis but is missing documentation of any required criteria, the CDI specialist will send a query to the provider for clarification on which criteria the patient meets for sepsis.

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00:02:18,973 --> 00:02:22,381

This process is similar when it comes to malnutrition coding.

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00:02:23,864 --> 00:02:38,937

CDI teams review documentation of patients throughout the hospital admission to ensure documentation by providers match and support the documented diagnoses to ensure those diagnoses will be covered by insurance.

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00:02:39,538 --> 00:02:48,799

In other words, helping to ensure the hospital will receive correct payment from insurance companies for the level of care they are providing to the patients.

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The CDI team can be a valuable resource to help identify when providers are not documenting the presence of malnutrition, when the dietitian has identified malnutrition as present, or communicating to the clinical nutrition team when a provider documents the presence of malnutrition.

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00:03:08,562 --> 00:03:15,497

and that dietitians are either not addressing malnutrition in their note or if the patient is not on their caseload.

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00:03:15,818 --> 00:03:25,759

In addition, the CDI team can be helpful in identifying patients who may be at nutrition risk or not on our radar.

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00:03:27,443 --> 00:03:31,853

A gap in service is one of the reasons why process improvement exists.

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00:03:32,253 --> 00:03:38,507

Shown here is the general structure of the process improvement pathway we will reference for this video.

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00:03:38,828 --> 00:03:44,680

We encourage the use of a structured methodology for any quality improvement journey.

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00:03:46,284 --> 00:03:54,703

For today's process improvement discussion, we will begin here in the step we call define your team

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00:03:55,224 --> 00:03:57,910

and finalize project definition.

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00:03:59,353 --> 00:04:08,092

Before you get to this point, we strongly encourage defining the problem and gathering data as well as getting leadership to support the project.

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A guide and suggested steps on how to do this can be found in the webpage shown here under Process Improvement Action Plan.

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00:04:19,637 --> 00:04:24,648

Ideally, to address this as an organization, a project team should be formed.

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00:04:24,768 --> 00:04:27,975

Typically, members of the project team are shown here.

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00:04:28,617 --> 00:04:42,968

The project team should engage in conversations about how malnutrition assessment, diagnosis, and care planning is communicated amongst the care team, as well as how coding will be handled by the appropriate discipline or department.

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00:04:44,411 --> 00:04:45,453

Ideally, to

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00:04:47,057 --> 00:04:56,999

Once the malnutrition diagnosis documentation team is created, these are the next steps to consider taking in your process improvement project.

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00:04:58,602 --> 00:05:07,421

First, evaluate the data collected and see where the strengths, weaknesses, opportunities, and threats for the process include.

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00:05:07,582 --> 00:05:17,604

This analysis will provide key information on items the team will need to consider when making decisions on the next steps will be and how to break down barriers.

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00:05:18,245 --> 00:05:25,140

The following steps include creating a list or mapping the current process steps that relate to this project.

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00:05:25,701 --> 00:05:41,736

This means the team will need to thoroughly think about all the steps, large or small, that are affected by the project, then develop a process map that describe the goal processes that the team would like to see happen.

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00:05:41,977 --> 00:05:44,542

Think in a perfect world case scenario.

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00:05:45,665 --> 00:05:56,569

Using the SWOT analysis results from step one and the current and goal process maps, the team can then work to define barriers and gaps in the process.

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00:05:56,970 --> 00:06:09,477

This means the team is looking to identify the processes that are gaps in service or process needs, barriers that affect directly or indirectly the services being provided.

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00:06:09,998 --> 00:06:13,566

What are those roadblocks that the team can work on improving?

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00:06:13,806 --> 00:06:17,414

Also, identify the non-value-added steps.

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00:06:17,494 --> 00:06:28,639

These are processes, including policies, that are wasteful or create barriers but are not needed for high-quality service to the patient or employee satisfaction.

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00:06:29,200 --> 00:06:34,572

Team members, champions, and leaders should be included in all relevant discussions.

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00:06:35,053 --> 00:06:46,237

They can help develop strategies to remove barriers, bring others on board, and if needed, remind leadership and affected staff of the benefits of the process improvement project.

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00:06:46,919 --> 00:06:51,328

And find out what their concerns are and address them directly.

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00:06:52,691 --> 00:07:01,831

Next, conducting a root cause analysis will help to break down a problem to its most fundamental cause.

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00:07:02,312 --> 00:07:10,650

This way, when solutions are identified, you are addressing a problem that can then trickle down into solving multiple problems downstream.

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00:07:11,011 --> 00:07:17,105

Think of the root cause as an actionable problem, one that can be addressed and hopefully solved.

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00:07:18,427 --> 00:07:24,681

Examples of root causes to improving malnutrition diagnosis and documentation are shown here.

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00:07:25,082 --> 00:07:30,454

As you can see, a root cause is the fundamental and simplest reason for the problem.

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00:07:30,935 --> 00:07:34,943

If removed or corrected, the problem does not occur.

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00:07:35,825 --> 00:07:40,556

Knowing the root cause is a starting point to establish possible solutions.

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00:07:40,957 --> 00:07:48,092

Here are some potential areas within organizations that can be looked at to improve malnutrition documentation and coding.

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00:07:48,493 --> 00:07:51,259

We will discuss them further next.

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00:07:52,742 --> 00:07:56,030

With the malnutrition documentation improvement team,

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00:07:56,430 --> 00:08:01,000

Review what key education items are needed within the organization.

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00:08:01,161 --> 00:08:10,220

One question the task force team can ask is, What are the barriers we are facing in having the providers accurately document malnutrition?

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00:08:10,822 --> 00:08:22,487

Depending on your organization's challenges, you may need to explain and emphasize the importance for patient outcomes and for the organization to identify and address malnutrition.

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00:08:22,968 --> 00:08:32,509

as well as the need for consistency in the malnutrition assessment and diagnosis tool used, always emphasizing the why this is important.

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00:08:33,311 --> 00:08:45,658

Another key area to consider is educating the medical providers on where to find the RD's notes, and then within those notes where they can find the malnutrition documentation and care plan.

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00:08:46,379 --> 00:09:04,499

Furthermore, you may find it beneficial to expand the education to care team members on the impact that malnutrition can have on their patients' ability to recover from their illness, tolerance to medical interventions, readmission rates, and cost to the healthcare system overall.

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00:09:06,423 --> 00:09:12,597

Reviewing providers' documentation templates may be helpful to see what standard verbiage may exist.

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00:09:12,917 --> 00:09:19,492

At times, certain fields are pre-filled, and the provider removes what characteristics are not applicable.

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00:09:19,812 --> 00:09:24,783

Often, the verbiage is general and vague, such as well-nourished or obese.

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00:09:25,024 --> 00:09:32,159

These keywords provide conflicting documentation when a malnutrition diagnosis is being documented.

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00:09:32,841 --> 00:09:45,589

An example of how this can create a barrier is when insurance companies utilize the word obese to support that malnutrition is not present, even though we all know that malnutrition can occur regardless of body weight.

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00:09:46,511 --> 00:09:59,098

The CDI team can be critical in helping to improve providers' documentation and ensure that documentation properly supports a malnutrition diagnosis when malnutrition is present.

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00:10:00,141 --> 00:10:07,356

Malnutrition documentation amongst the registered dietitian nutritionist should also be consistent.

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00:10:07,837 --> 00:10:22,670

All clinical dietitians should document in the same place in the medical record as well as utilize the same malnutrition assessment and diagnosis criteria and documentation format for their NFPE finding.

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00:10:23,311 --> 00:10:29,244

There should be standard verbiage used when documenting which malnutrition criteria the patient meets.

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00:10:29,725 --> 00:10:44,076

The creation of smart phrases can help with this or department standard phrases created and utilized amongst all practitioners to help avoid confusion and avoid possible ambiguity in the chart.

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00:10:45,600 --> 00:10:58,668

In the steps to improve communication, it is helpful to utilize electronic medical record to its full capacity to help standardize documentation in efforts to provide consistent documentation.

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00:10:58,989 --> 00:11:01,434

This avoids ambiguous language that

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00:11:01,555 --> 00:11:06,525

could potentially create confusion or conflict with data elsewhere in the chart.

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00:11:06,926 --> 00:11:13,661

With this in mind, the team should look to ask providers how they would like the information presented.

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00:11:13,982 --> 00:11:21,759

Some examples are smart phrases or alerts, but there could be other ways based on your organizational resources.

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00:11:22,400 --> 00:11:39,317

Also, utilizing discrete data fields with predetermined options as well as developing templates for each profession involved can help create reports to assess if the work you are doing is having the intended impact and improve communication.

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00:11:40,600 --> 00:11:43,967

The communication should be two ways.

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00:11:43,967 --> 00:11:50,702

In other words, the RDN should communicate with the provider when they identify the presence of malnutrition

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00:11:51,263 --> 00:11:57,597

And if the provider suspects malnutrition, they should place a nutrition consult for a nutrition assessment.

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00:11:58,078 --> 00:12:11,948

Also, it may be helpful to have CDI reach out to the RDs to ask the RDs to assess if a patient meets criteria for malnutrition based on documentation in the chart or from previous admissions.

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00:12:12,870 --> 00:12:17,480

What should be discussed amongst the departments is how they prefer to communicate.

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00:12:17,961 --> 00:12:24,055

Some possible options include e-mail alerts, secure chat paging, et cetera.

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00:12:24,456 --> 00:12:30,709

Lastly, all parties involved should accept that communicating the presence of malnutrition is expected.

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00:12:31,351 --> 00:12:35,199

Sometimes certain providers may prefer other methods of communication.

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00:12:35,680 --> 00:12:46,664

Though it is easiest to have a single message platform, there are different providers involved in the care of the patient with their own preferences, and the team may need to adapt to those preferences.

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00:12:46,985 --> 00:12:48,508

request within reason.

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00:12:50,112 --> 00:12:58,450

The next piece of the puzzle is to establish standards and expectations and respect all roles involved in the care of a patient with malnutrition.

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00:12:58,931 --> 00:13:12,641

This step is critical to help ensure that all roles involved are aware and support the documentation of a medical malnutrition diagnosis as a patient's active problem.

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00:13:13,122 --> 00:13:22,583

they agree that malnutrition is present, the team should advocate to develop a policy, protocol, or workflow that establishes the expectation.

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00:13:23,064 --> 00:13:39,259

It is also important to take the time to explain your role in malnutrition assessment and diagnosis and how it can help the organization as well as establish that each profession has a role in identifying, assessing, and diagnosing malnutrition.

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00:13:40,221 --> 00:14:09,245

Here is an example of a typical workflow in identifying malnutrition, documentation of malnutrition, and how the flow of communication can occur between clinical nutrition, the medical provider, and CDI to help ensure malnutrition is being captured and documented appropriately to help ensure proper coding is occurring that accurately reflects the level of acuity of patients that the hospital treats.

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00:14:10,487 --> 00:14:11,970

Thank you for your attention.

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00:14:11,970 --> 00:14:20,950

For more information about quality improvement initiatives across the malnutrition care process, please visit the link below.