

Understanding the Malnutrition Care Score

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When we think about malnutrition, we know how important it is to identify it early and provide the right nutrition care.

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But historically, one of the challenges that we've had as a profession is being able to clearly demonstrate the impact of that care across the healthcare system.

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That's where the Malnutrition Care Score or the MCS comes in.

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The MCS gives us a way to measure whether patients are receiving appropriate evidence based malnutrition care.

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The MCS is particularly significant because it is the first and only nutrition focused electronic clinical quality measure in the Centers for Medicare & Medicaid Services' Hospital Inpatient Quality Reporting Program.

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This electronic clinical quality measure will become mandatory for hospitals participating in the IQR program and Perspective Payment System Exempt Cancer Hospital Reporting Program in 2028.

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At its core, the MCS looks at whether patients who are malnourished are getting the appropriate care.

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It connects several important pieces.

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Using evidence based workflows, it first identifies patients who are at risk.

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Then it completes a nutrition assessment on those patients who are at risk and appropriately diagnosis malnutrition when moderate or severe malnutrition is present in these patients.

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And then it develops a nutrition care plan to address that malnutrition.

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So really it follows the patient through the nutrition care process from identification to assessment, diagnosis and then intervention.

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The measure applies to adults 18 years of age and older, which then also makes it relevant across a broad patient population.

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This is a very exciting opportunity for registered dietitian nutritionists and nutrition dietetics technicians, registered.

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Why?

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The MCS validates the expertise, specifically recognizing the RDN's role in nutrition assessment and care planning.

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It also makes nutrition care measurable.

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So what RDNs and NDTRs do every day can now be reflected in an organizational quality measure.

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The MCS gives nutrition and dietetics professionals a stronger seat at the quality table, rather than just talking about the importance of nutrition care only in terms of individual patient stories.

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Now our RDNs and NDTRs can bring objective performance data to the conversation with quality, medical staff, nursing informatics and hospital leadership.

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It creates opportunities for improvement where a lower score isn't just a grade.

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It can help identify where the workflow is breaking down.

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Is it screening?

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Is it the referral, the assessment, the diagnosis?

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Is it a documentation issue?

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And once that's figured out, data is captured, it allows nutrition better, its professionals the opportunity to fix it.

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And finally, it adds a pathway to elevate the visibility of the skills RDNs and NDTRs can bring to the quality reporting table.

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The significance of the MCS goes beyond one hospital or one clinical nutrition department.

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It helps establish nutrition and dietetics as an integral part of healthcare quality and patient safety.

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It demonstrates that the nutrition care process can translate into standardized, measurable, interoperable healthcare data.

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It gives the profession a common language for communicating the impact of nutrition care with healthcare leaders.

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And it creates an opportunity for credential nutrition and dietetics practitioners to become leaders in healthcare quality informatics, data analytics, workflow design, and interdisciplinary care.

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So when I think about the Malnutrition Care Score, I don't think of it as just another metric.

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It's an opportunity for RDNs and NDTRs to demonstrate what we do, how consistently we do it, and why it matters.

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By understanding the MCS, optimizing our documentation and workflows, and partnering with our interdisciplinary teams, we can improve malnutrition care while also elevating the visibility and value of our profession.

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To find out more about the Malnutrition Care Score and implementation resources, please visit eatrightPRO.org/MCS.