

USWR 27: Assessment of Nutritionally At-Risk Patients for Malnutrition and Development of Nutrition Recommendations/Interventions by a Registered Dietitian Nutritionist

MEASURE STEWARD: Academy of Nutrition and Dietetics is the measure developer for this measure.

The Academy of Nutrition and Dietetics and Avalere partnered with the US Wound Registry to be the QCDR for this measure.

Description: Percentage of patients age 18 years and older who are nutritionally at-risk that have documented nutrition intervention recommendations by a registered dietitian nutritionist or clinical qualified nutrition professional if identified with moderate or severe malnutrition as part of a nutrition assessment.

National Quality Strategy Domain: Effective Clinical Care

Measure Type: Process

Meaningful Measure Area: Promote Effective Communication & Coordination of Care

Improvement Noted As: An increase in rate

High Priority: No

Inverse Measure: No

Traditional Measure: Yes

Proportional Measure: Yes

Risk Adjusted: No

of PERFORMANCE RATES: 1

Measure Level: Clinician Measure (Registered Dietitian)

Numerator: Patients in the denominator with a completed nutrition assessment by registered dietitian nutritionist or clinically qualified nutrition professional who have findings of moderate or severe malnutrition AND recommendations for nutrition intervention(s) OR a nutrition care plan documented in the medical record. Nutrition interventions are categorized by those outlined by the Academy of Nutrition and Dietetics' nutrition intervention terminology:

1. Food and Nutrient Delivery
2. Nutrition Education
3. Nutrition Counseling
4. Coordination of Nutrition Care

Recommended nutrition assessment tools include:

- Nutrition-Focused Physical Exam (White, 2012)
- Subjective Global Assessment (Detsky, 1987),
- Patient Generated Subjective Global Assessment (Bauer, 2002)

American Society for Parenteral and Enteral Nutrition and Academy of Nutrition and Dietetics: *Revised 2014 Standards of Practice and Standards of Professional Performance for Registered Dietitian*

Nutritionists (Competent, Proficient, and Expert) in Nutrition Support, December 2014 Volume 114 Number 12.

Detsky AS, McLaughlin JR, Baker JP, et al. What is subjective global assessment of nutritional status? JPEN J Parenter Enteral Nutr. 1987;11(1):8-13.

Bauer J, Capra S, Ferguson M. Use of the scored Patient-Generated Subjective Global Assessment (PG-SGA) as a nutrition assessment tool in patients with cancer. Eur J Clin Nutr. 2002;56(8):779-85.

Included Populations: Patients with a completed nutrition assessment (as defined by value set OID: 2.16.840.1.113762.1.4.1095.29), who are identified with severe or moderate malnutrition and have a documented nutrition care plan or nutrition intervention recommendations.

Excluded Populations: None

Data Elements:

- *Completed Nutrition Assessment*
- *Nutrition Care Plan*
- *Nutrition Recommendation Grouping*
- *Nutritional Status Severely Malnourished*
- *Nutritional Status Moderately Malnourished*

Denominator: All patients age 18 years and older who were identified to be at-risk for malnutrition based on a malnutrition screening, OR that were referred to a registered dietitian nutritionist or clinically qualified nutrition professional.

Included Populations: Patients with a malnutrition screening result of “at risk” (as defined by value set OID: 2.16.840.1.113762.1.4.1095.38) OR who have a referral to a registered dietitian or nutrition professional.

Excluded Populations: None

Denominator Exceptions: Documented patient reason for not participating in nutrition assessment or with advanced care directives.

Data Elements:

- *Birthdate*
- *Encounter Type*
- *Encounter Date Time*
- *Coordination of Care by a Nutrition Professional*
- *Malnutrition Screening At-Risk*
- *Advanced Directives*
- *Patient Reason*

Clinical Recommendation Statement: This measure is supported by multiple clinical guidelines that recommend nutrition assessment for patients at-risk of malnutrition. By completing a nutrition assessment for patients at-risk of malnutrition (typically first identified by screening for risk or via referral from a physician), a dietitian can subsequently recommend a nutrition care plan that includes appropriate interventions to address the patient’s malnutrition. The early and rapid identification of malnutrition allows for early treatment of malnutrition which is associated with reduced risk of hospitalization or 30-day readmission rate, and overall healthcare costs.

The Academy of Nutrition and Dietetics in their 2017 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists in Oncology Nutrition recommend the completion of nutrition assessments to assess for malnutrition and degree of severity when patients are referred to dietitians with malnutrition risk.

Charuhas macris P, Schilling K, Palko R. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Oncology Nutrition. *J Acad Nutr Diet.* 2018;118(4):736-748.e42

The American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) recommends the following: Nutrition assessment is suggested for all patients who are identified to be at nutrition risk by nutrition screening (Evidence Grade E)

Mueller C, Compher C & Druyan ME and the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) Board of Directors. A.S.P.E.N. Clinical Guidelines: Nutrition Screening, Assessment, and Intervention in Adults. *J Parenter Enteral Nutr.* 2011;35: 16-24.

The British Association for Parenteral and Enteral Nutrition recommends the maintenance of documentation for all individuals including results of nutritional screening and assessments (which include malnutrition findings), along with consequent action plans and treatment goals. If the patient is transferred to another care setting, this information should be readily available to all new caregivers to ensure continuity of care.

British Association for Parenteral and Enteral Nutrition. Malnutrition Matters, A Toolkit for Clinical Commissioning Groups and providers in England. Published 2012. Retrieved from: http://www.bapen.org.uk/pdfs/bapen_pubs/bapen-toolkit-for-commissioners-and-providers.pdf.

A consensus statement from the Academy of Nutrition and Dietetics states that the registered dietitians (RD's) assessment of critically ill adults should include, but not be limited to, the following: Food and Nutrition-Related History, Anthropometric Measurements, Biochemical Data, Medical Tests and Procedures, Nutrition-Focused Physical Findings, Client History. Assessment of the above factors is needed to correctly diagnose nutrition problems and plan nutrition interventions. Inability to achieve optimal nutrient intake may contribute to poor outcomes.

Academy of Nutrition & Dietetics. CI: Nutrition Assessment of Critically Ill Adults 2012. Academy of Nutrition & Dietetics Evidence Analysis Library. Published 2012. Retrieved from: <http://www.andeal.org/topic.cfm?menu=4800>.

Rationale: Recent evidence finds that older adult patients' prevalence of malnutrition ranging from 5.8 - 30% in the community (Snider, 2014) and more specifically, risk of malnutrition is more prevalent in communities facing health disparities (Sheean, 2019). Patients who are malnourished have been associated with important adverse patient safety outcomes such as increased risk of complications, hospitalization, and readmissions (Hudson, 2018, Streicher, 2018, Abizanda, 2016, Choi, 2016, Lim, 2012). Patients who experience these increased risks are also associated with a significant increase in costs (Snider, 2014).

Findings from a nutrition assessment provide the primary source of information for other clinicians (e.g., physicians, nurses, pharmacists) regarding the patient's nutritional status, clinical indicators of malnutrition to inform diagnoses, and recommendations regarding interventions and follow-on care to address the patient's malnutrition (or malnutrition risk) and prevent further nutritional decline (U.S. CRS, 2017, Khalatbari-soltani, 2016, Tappenden, 2013). The identification of these malnutrition findings are independently associated with adverse patient outcomes. In a study of 409 patients with a median age of 68, researchers were able to demonstrate that declining nutritional status as assessed by the subjective

global assessment (SGA), a validated assessment tool, was significantly associated with prolonged length of stay (Allard, 2016).

Gap in Care: Referral rates for dietetic assessment and treatment of malnourished patients have proven to be suboptimal, thereby increasing the likelihood of developing such complications (Corkins, 2014, Barker, 2011, Amaral, 2007, Kruizenga, 2005). Although a review of nationally-representative data on cost and utilization indicated that in 2016, 8% of patients had a diagnosis of malnutrition (Barrett, 2018), this may be a severely underreported figure identified in other research studies which have estimated that 4-19 million cases are left undiagnosed and untreated. A study by Sherry et. al (2017) demonstrated that only 65% of patients who screened positive for malnutrition risk received any referral to a nutrition professional or an order for nutritional support. Furthermore, the study demonstrated that those using a validated tool had slightly more patients screened as at risk (31.10%) compared with those using a non-validated tool (27.07%). Those using a non-validated tool had more consultations for RDNs (67.85% compared with 56.37%) and more orders for oral nutrition supplements (73.34% compared with 58.75%) (Figure 3B). The rate of malnutrition diagnosis of patients screened as at risk with a validated tool was 3 times higher than for those screened with a non-validated tool (23.16% compared with 7.28%)

Patel et al. (2014) conducted a national survey of hospital-based professionals in the United States focused on nutrition screening and assessment practices and associated gaps in knowledge of nutrition care. Out of 1,777 unique respondents, only 23.1% reported using a validated assessment tool to help identify clinical characteristics for a malnutrition diagnosis. Nutrition assessments conducted for at-risk patients identified by malnutrition screening using a validated screening tool was associated with key patient outcomes including less weight loss, reduced length of stay, improved muscle function, better nutritional intake, and fewer readmissions (Mueller, 2011).

Risk Adjustment: No

Sampling: None

Data Reported As: Aggregated rate generated from count data reported as a proportion (numerator/denominator)

References:

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