



## Study Finds Only 3.2% of Hospital Patients Coded with Malnutrition

Despite findings that malnutrition is present in between 33% - 50%<sup>1-3</sup> hospitalized patients, a recent study reported in the *Journal of Parenteral and Enteral Nutrition* documents the extent of inadequate diagnosis and coding of malnutrition in hospitalized patients today.

Analyzing data from the U.S. Department of Health & Human Services sponsored Healthcare Cost and Utilization Project (HCUP), the study found only 3.2 percent of patients were coded with a diagnosis of malnutrition in 2010. Putting this finding into context, hospitalist Dr. Karim Godamunne estimated in the *Hospital Leader* -- the official blog of the Society for Hospital Medicine -- that one in 30 patients has a documented diagnosis of malnutrition, meaning a 10-fold malnutrition gap exists in U.S. hospitals.

[Read more about the study findings.](#)

## EXPERT SPOTLIGHT



**Melissa Parkhurst, MD, FHM, of the Society for Hospital Medicine (SHM)** is in our Expert Spotlight this month. [Read her thoughts](#) regarding the hospitalist's involvement in battling malnutrition.

## NEW ALLIANCE DEVELOPMENTS



[Learn more](#) about several ways in which the Alliance and its partner organizations are focusing on malnutrition in patients.



## NUTRITION IN THE NEWS

### Treating Hunger as a Health Issue, *U.S. News & World Report*

ProMedica, a 12-hospital system based in Toledo, Ohio, is taking on malnutrition at the community level through its "Come to the Table" initiative, which provides 10.5 million meals to local residents who are food insecure. [Read more](#)

### Feeding Tube Use in Advanced Dementia Patients Depends on Provider, Despite Guidelines, *Modern Healthcare*

Previously, the use of feeding tubes to improve nutritional status in patients with advanced dementia was believed to be beneficial. . The American Geriatrics Society has recently revised its recommendations and stated that hand-feeding is preferable over tube feeding. [Read more](#)

## FEATURE STORY



### Study Finds Only 3.2% of Hospital Patients Coded with Malnutrition

Although numerous studies find that malnutrition is present in between 33% - 50% hospitalized patients, recent research published in the *Journal of Parenteral and Enteral Nutrition* finds only 3.2 percent of all U.S. hospital patients were coded with a diagnosis of malnutrition in 2010.

The study, sponsored by the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) and involving researchers from a number of academic and non-profit institutions, analyzed 2010 data from the U.S. Department of Health & Human Services sponsored Healthcare Cost and Utilization Project (HCUP). The study utilizes representative data for all U.S. hospitalizations, including up to 25 ICD-9 diagnosis codes for each discharged patient. Using the reported ICD-9 codes to identify how many patients were given a diagnosis of malnutrition, the study reported a much smaller number of malnourished patients than were identified through previous studies using specialized assessment instruments.

Although this study reported a three-fold increase in patients coded with a malnutrition diagnosis since 1993 (when just over 1 percent of patients were diagnosed), the findings represent a call-to-action for policymakers and clinicians to better address standards, diagnostic codes, and best practice protocols for patient malnutrition in the hospital setting. Putting this need into context, a blog post on [the Hospital Leader](#), the official blog of the [Society for Hospital Medicine \(SHM\)](#), estimates one in 30 patients has a documented diagnosis of malnutrition, meaning a 10-fold malnutrition gap exists in U.S. hospitals.

In addition to documenting the scope of the problem, the study identified a number of characteristics associated with patients who receive a diagnosis of malnutrition. The study found these patients are:

- Significantly older (64.8 years old versus 47.8)
- Non-Hispanic whites (69.8% versus 65%)
- Typically men (57.8% versus 53.1%)
- Fall below the 50th percentile of income (57.9% versus 55%)
- Stay longer in the hospital (12.6 days versus 4.4 days)

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## FEATURE STORY

- Cost more (\$26,944 versus \$9,485)
- Admitted emergently or urgently (80% versus 60%)
- Have a discharge of death (5 times more likely)

[Read more about the results of this study.](#)

With this new information as the foundation, Karim Godamunne, MD, MBA, SFHM, who authored the blog post on the study's findings for the Hospital Leader, urged hospitalists to "to remember to use our clinical skills to assess the patient nutritionally, looking for signs of starvation, ongoing chronic and/or acute inflammation." Specifically, Dr. Godamunne called on hospitalists to document malnutrition as a diagnosis and also take these specific steps to identify and treat malnourished patients quickly:

1. Take a good history and conduct a thorough physical, and other functional and subjective parameters;
2. Intervene promptly with the malnourished patient – don't wait 72 hours to begin treatment; and
3. Work collaboratively with other members of the health care team (nurses and dietitians) to improve processes, develop systems of care, promote the use of standardized screening tools and utilize educational opportunities to promote nutrition.

[Learn more about Dr. Godamunne's perspective.](#)

<sup>1</sup> [Health Affairs.org](#). "Will The Readmission Rate Penalties Drive Hospital Behavior Changes?" Feb. 14, 2013

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## EXPERT SPOTLIGHT



**Melissa Parkhurst, MD, FHM**, associate professor in the Department of Internal Medicine at the University of Kansas Medical Center and medical director of the hospitalist section at the University of Kansas Hospital states: “One of the most critical aspects to comprehensively identify and treat malnutrition is to drive interdisciplinary collaboration among dietitians, nurses, hospitalists, and other physicians. That’s why my hospital formed a multidisciplinary, nutrition support team in 2001, including a nurse, pharmacists, dietitians and my role – a physician medical director.”

The Alliance’s [Nutrition Care Model](#) details six practical principles to aid hospitals in promptly identifying and treating patients with malnutrition. One of those principles is to create an institutional culture where all stakeholders value nutrition. The University of Kansas Hospital has used a multidisciplinary approach to incorporating the practice of screening 100 percent of patients within 24 hours of admission and this has enabled the hospital to ensure that it is identifying patients at risk and treating with timely and appropriate nutrition intervention.

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## NEW ALLIANCE DEVELOPMENTS



On April 22, the Academy of Nutrition and Dietetics (AND) hosted a webinar entitled “Addressing Patient Malnutrition to Improve Outcomes and Reduce Hospital Costs.” The presenter, Kelly Tappenden, PhD, RD, FASPEN, is a Kraft Foods Human Nutrition Endowed Professor, a University Distinguished Teacher-Scholar at the University of Illinois at Urbana

Champaign, and editor-in-chief of the Journal of Parenteral and Enteral Nutrition. Dr. Tappenden is also a steering committee member of the Alliance to Advance Patient Nutrition. In the webinar, Dr. Tappenden discussed the growing body of research on hospital malnutrition and the critical role of the registered dietitian nutritionist in driving interdisciplinary collaboration among the health care team. Learn more from the [Alliance Consensus Paper](#).

Coming up on September 13, during the Academy of Medical-Surgical Nurses (AMSN) Annual Convention in Orlando, Florida, Beth Quatrara, DNP, RN, ACNS-BC, clinical nurse specialist at the University of Virginia (UVA) Health System and Andie Melendez, MSN RN HTCP CHTP, clinical nurse specialist at Baltimore Washington Medical Center, will facilitate a town hall meeting to gather best practices regarding malnutrition identification and nutritional intervention protocols. This event will be streamed live online and recorded for those unable to attend in person. [Learn more about this town hall and other programs at the AMSN Annual Convention.](#)

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## NUTRITION IN THE NEWS

### [Treating Hunger As a Health Issue.](#) *U.S. News & World Report*

One could call Toledo, Ohio-based ProMedica hospital system a good neighbor. The non-profit is a driving force in building a new \$1.5 million fresh produce-filled grocery store in one of the city's so-called food deserts. Last year, ProMedica reclaimed tens of thousands of pounds of unserved food from a local casino; its 12 hospitals in northwest Ohio and southeast Michigan repacked it into some 50,000 meals for hungry individuals. Last fall, the system began screening for food insecurity at some of its hospitals, signing up at-risk patients for food stamps or sending them home with emergency stashes of groceries upon discharge.

### [Feeding Tube Use in Advanced Dementia Patients Depends on Provider, Despite Guidelines.](#)

#### *Modern Healthcare*

Although several guidelines now recommend against the use of feeding tubes in patients with advanced dementia, the type of physician attending those patients may determine whether current recommendations are followed. Feeding tubes are more likely to be used by subspecialists than by hospitalists, according to a new study published in Health Affairs.

The American Geriatrics Society recommends careful hand-feeding instead. Similarly, the Alzheimer's Association notes feeding tubes do not usually improve nutritional status and that the disadvantages, compared to oral feeding, may outweigh the advantages in long-term use.

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1 Coats KG et al. J Am Diet Assoc 1993; 93: 27-33

2 Giner M et al. Nutrition 1996; 12: 23-29.

3 Thomas DR et al. Am J Clin Nutr 2002; 75: 308-313.