



Disclosure

Kelsey Jones, MPA

- Avalere Health, an Inovalon Company, is a Washington, DC-based strategic advisory company whose core purpose is to create innovative solutions to complex healthcare problems.
- The Malnutrition Quality Improvement Initiative (MQii) is a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided guidance and expertise through a collaborative partnership. Support provided by Abbott.

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Learning Outcomes

- Discuss how addressing malnutrition impacts older adult patient outcomes and healthcare costs and aligns with Centers for Medicare & Medicaid Services (CMS) and healthcare institution quality priorities
- Describe how to access and use new electronic Clinical Quality Measures (eQMs) for malnutrition developed by the Academy and a new evidence-based Malnutrition Quality Improvement Initiative (MQii) Toolkit to implement malnutrition care quality improvement in your own hospital
- Identify best practices for leading malnutrition quality improvement and navigating healthcare institutional challenges and barriers

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Current Healthcare Landscape

INSTITUTIONS ARE BEING HELD ACCOUNTABLE TO THE QUALITY OF CARE THEY PROVIDE IN ORDER TO ACHIEVE HIGH VALUE

Current Fragmented System

- Misaligned payments
- Rising Costs
- Lack of Information
- Variable Treatment

System Driven by Quality

- Affordable Care
- Efficient Incentives
- Optimal Treatment
- Transparent Information

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National Quality Strategy Priorities

- Making care **safer**
- Ensuring person and family **engagement**
- Promoting communication and **coordination of care**
- Using best practices for **population health**
- Making quality care more **affordable**

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National Efforts to Advance Quality of Care

To incentivize improved quality of care, the Centers for Medicare & Medicaid Services (CMS) and others (e.g., private payers) are paying bonuses and/or penalizing hospitals and providers for care and outcomes related to:

Readmissions	Hospital-Acquired Conditions	Inpatient Quality of Care
Care Coordination and Transitions	Chronic Disease-Related Care	Long-Term and Skilled Nursing Facility Care

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Hospitals Are a Key CMS Focus to Improve Care and Lower Costs

Financial Impact

129 Hospitals avoided the 2015 readmissions penalties after being fined in 2014²

Amount available for hospital value-based incentive payments is **\$1.4 billion³** for 2016

Hospital Readmissions Reduction Program

Estimates suggest that the 2,610 hospitals penalized under HRRP will face up to **\$428 million** in penalties²

Hospital Value-Based Purchasing

Up to **1.25% reduction** in payment to hospitals through Hospital VBP in FY 2015³

HRRP: Hospital Readmissions Reduction Program; VBP: Value-based Purchasing.

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Malnutrition Impacts Hospital Outcomes and Costs

1 in 3 hospitalized patients is malnourished

4-19 million cases are left undiagnosed and untreated each year

Malnutrition increases hospital costs up to **300%**

Malnutrition increases the incidence of pressure ulcers, infection rates, fall risk, and slows wound healing

Patients with malnutrition have greater mortality rates, clinical complications, and length of stay

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What is the MQii?

The Malnutrition Quality Improvement Initiative (MQii) is a project of the **Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders** who provided expert input through a collaborative partnership.

This initiative aims to advance evidence-based, high-quality and patient-driven care for hospitalized older adults who are malnourished or at-risk for malnutrition.

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MQii Objectives

- Improve effectiveness and timeliness of malnutrition care through a toolkit for use by an interdisciplinary team
- Advance adoption of malnutrition electronic clinical quality measures (eCQMs) “that matter” – to help improve outcomes that are important to patients and clinicians
- Expand availability of tools that can be integrated into electronic health record (EHR) systems to improve care quality while minimizing administrative burden

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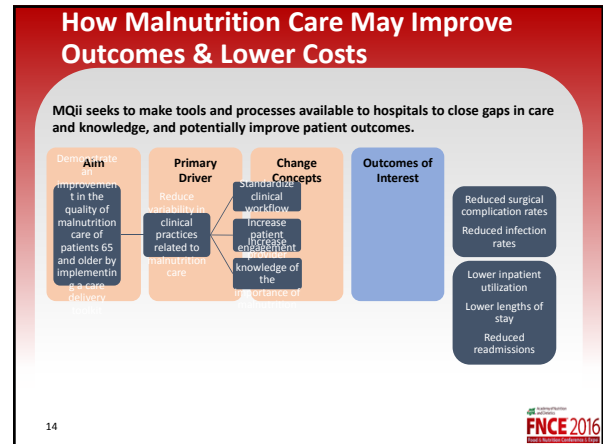
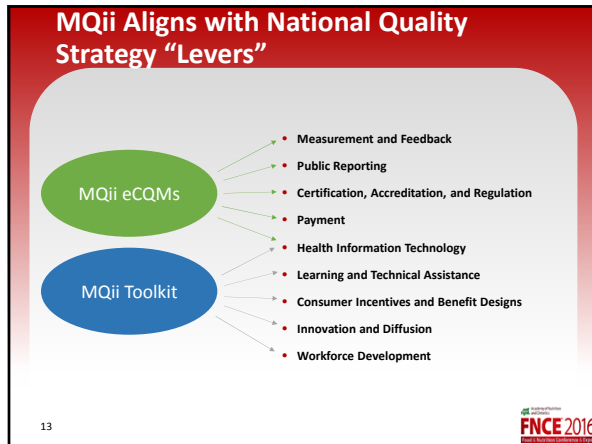
How Does it Support Timely and Coordinated Malnutrition Care?

MQii Toolkit provides practical tools and resources to enable hospitals to achieve optimal malnutrition standards of care in their care delivery

GOAL: Achieve Malnutrition Standards of Care

Data reported from MQii electronic clinical quality measures (eCQMs) help hospitals demonstrate if and by how much they are successful in meeting the standards of care

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MQii eQMs

The MQii electronic clinical quality measures (eQMs) are the first Academy measures and first malnutrition measures to:

- Evaluate whether your hospital is currently providing optimal malnutrition care
- Support more consistent, evidence-based care through data-driven information
- Demonstrate when your hospital has achieved desired improvements in malnutrition care

Malnutrition eQMs

- NQF #3087: Completion of a Malnutrition Screening within 24 hours of Admission
- NQF #3088: Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening
- NQF #3089: Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment
- NQF #3090: Appropriate Documentation of a Malnutrition Diagnosis

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MQii Toolkit

Interdisciplinary Care Teams can use the MQii Toolkit to identify opportunities for malnutrition quality improvement (QI) and support improved care in their hospital

- The Importance of Malnutrition Care
- Assess Your Readiness
- Identify Malnutrition QI Opportunities
- Access the Toolkit
 - Training Materials
 - Clinical Workflow
 - Best Practice Recommendations
 - Data Collection Tools
- Appendix: Principles and Models of Quality Improvement

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Determine if You Are Ready to Undertake Malnutrition QI

MQii Readiness Questionnaire

Are you ready to end malnutrition in your hospital?
Do you have the needed resources to do this?
Is your culture one of improvement?

	Strongly Disagree (1 point)	Disagree (2 points)	Neutral (3 points)	Agree (4 points)	Strongly Agree (5 points)
Ability to Support Quality Improvement Efforts:					
1. This hospital likes to do new and different things to improve care for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Change in the hospital is managed well and sustained (based on experiences in the past three years).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Select Your Malnutrition QI Intervention

Answer the questions below regarding malnutrition risk screening practices at your hospital:

	Yes	No
1. Does a member of your care team (e.g., nurse or diet tech) perform a malnutrition risk screening for all patients ages 65+ admitted to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
a. Does a member of your care team (e.g., nurse or diet tech) perform a malnutrition risk screening for all patients ages 65+ within 24 hours of admission?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the malnutrition risk screening tool in use at your facility a validated screening tool?	<input type="checkbox"/>	<input type="checkbox"/>
i. If no, does your current tool produce reliable results (i.e. if administered by different clinicians, does it produce the same result)?	<input type="checkbox"/>	<input type="checkbox"/>
ii. If no, does your current tool produce valid results (i.e., do subsequent nutrition assessments typically confirm the malnutrition risk screening results)?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If you answered "no" to any of the questions above, this may represent an opportunity or area for malnutrition quality improvement in your hospital.

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Adopt Best Practices Across the Malnutrition Care Continuum

Both the Toolkit and the measures span the malnutrition clinical workflow:

Screening	Assessment	Diagnosis	Care Plan Development	Intervention Implementation	Monitoring/ Evaluation & Discharge Planning
Nutrition screening using a validated tool for all patients with a hospital admission	Nutrition assessment using a standardized tool for all patients identified as at-risk for malnutrition	Documentation of nutrition diagnosis for all patients identified as malnourished	Establishment of a nutrition care plan for all patients identified as malnourished or at-risk for malnutrition	Implementation of a nutrition care plan including treatment for all patients identified as malnourished or at-risk for malnutrition	Implementation of processes, including discharge planning, that provide ongoing monitoring and support the care of patients identified as malnourished or at-risk for malnutrition

The MQii is rooted in patient-driven nutrition efforts that incorporate patient preferences and risk factors

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Assess Impact Over Time

Use suggested eQMs or quality indicators to evaluate change in your hospital over time

Time Point	% of At-Risk Patients Who Received A Nutrition Assessment	% of At-Risk Patients Who Received A Nutrition Assessment Within 24 Hrs
Baseline	20%	20%
Month 1	45%	45%
Month 2	50%	60%
Month 3	55%	75%
Month 4	60%	90%

Sample Bar Chart to Track Initiative Data

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Call to Action: Expand The MQii Learning Collaborative

2015: eQMs, Malnutrition eQMs

2016: Learning Collaborative, Malnutrition Toolkit

2017: MQii Collaborative, Malnutrition eQMs, Malnutrition Toolkit

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Special Thanks to the MQii Testing Sites

MQii Demonstration Site
Heidi J. Silver, PhD, RDN, and staff at Vanderbilt University Medical Center

MQii eCQM Testing Sites
Kenneth Nepple, MD, FACS, Doug Robertson RDN, LD, Matthew Watson RN, MBA, Keith Burrell BA, and staff at University of Iowa Hospitals and Clinics
Ina Zamfirova, Maureen Dziadosz, and staff at Advocate Health Care

MQii Learning Collaborative Sites
Tracey Heck, RD, LD, Giedre Astrauskas, RD, LD, and staff at Spring Valley Hospital
Beverly Hernandez, PhD, RD, Haydy Rojas, RN, and staff at Tampa General Hospital
Byron Richard, MS, RD, CDE, Cayleigh Mackay, MS, RD, and staff at University of California San Diego Health System
Kenneth Nepple, MD, FACS, Bridget Drapeaux MA, RD, LD, Doug Robertson RDN, LD, Matthew Watson RN, MBA, Keith Burrell BA, Chermaine Hung, and staff at University of Iowa Hospitals and Clinics
Jill Johnston, MS, RD, LD, and staff at West Virginia University Hospital

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Opportunities for Engagement in the MQii

- Assess your hospital's readiness to undertake malnutrition quality improvement (QI)
- Identify gaps in malnutrition care in your hospital and opportunities to address them through a QI project
- Understand key findings and best practices from other hospitals that have used the MQii Toolkit and eQMs (upcoming speakers)
- Access the Toolkit, eCQM specifications, and associated resources at MQii.Today
- Join the 2017 MQii expanded Learning Collaborative!

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Heidi J. Silver, Ph.D., M.S., R.D.N.

Associate Professor: School of Medicine and School of Nursing
Director: Diet, Body Composition, and Human Metabolism Core
Vanderbilt University Medical Center


Grant #VUMC5733:
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Speaker Support:
Abbott Nutrition

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The Skeleton in the Hospital Closet


Critical Gap in Quality of Care

- 33 – 50% of patients enter the hospital with malnutrition or develop malnutrition during their stay
- Only 5% receive medical (provider) diagnosis for malnutrition





MQii Project Short-Term Objectives

- 1. Timeliness:**
 - Reduce time between positive admission screen for malnutrition and malnutrition diet order
 - Reduce time between malnutrition diagnosis and malnutrition care plan
 - Reduce time between malnutrition care plan and malnutrition intervention
- 2. Consistency**
 - Increase % patient with malnutrition screen
 - Reduce the gap between dietitian and provider diagnosis
 - Improve consistency between diet order and nutrition diagnosis
- 3. Discharge Planning:** Improve continuity of malnutrition care

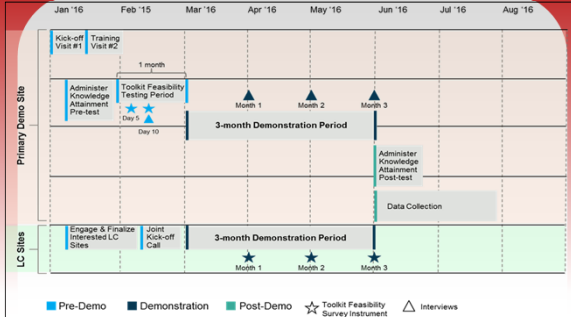



MQii Project Long-Term Outcomes

- Reduce hospital length of stay
- Reduce 30-day readmission rate


Pilot Study Design & Timeline

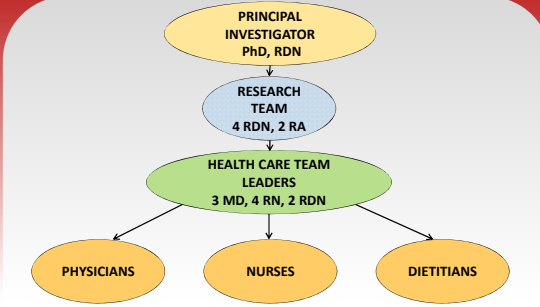

Targeted Hospital Sample

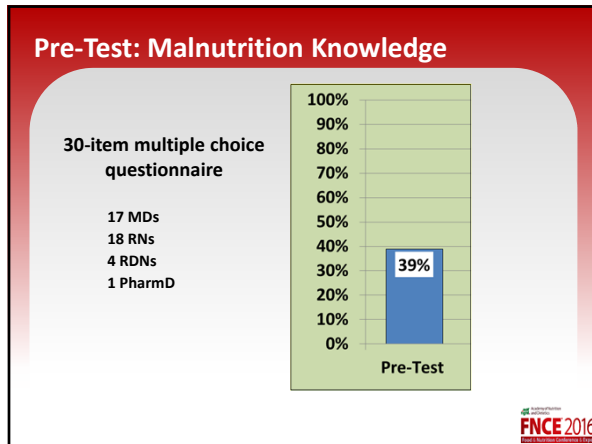
Age ≥ 65 years

UNIT	SPECIALTY	# BEDS	#CLINICAL NURSES	# CLINICAL DIETITIANS
7 RW	GERIATRIC	22	30	1
3 RW	GERIATRIC	14	24	1
8 N/S	GENERAL MEDICINE	54	70	2
9 N/S	GENERAL SURGERY	49	80	2



Team Approach



Making it Relevant to the Institution's Environment

Preliminary data shows **sarcopenic obesity type malnutrition prevalent in all patient groups & all health care settings**

Patient Type	Sample Size	Underweight	Sarcopenic Obesity
Hepatic Resection	400	3.5%	43.0%
Colorectal Resection	985	6.0%	49.0%
Kidney Resection	250	0.0%	50.0%
Crohn's / IBD	70	5.0%	27.0%
LTC Resident	250	7.0%	42.0%

Silver HJ et al unpublished data

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- ### Tailored Intervention Formats
- #### Physicians
- Attending:
 - Division faculty meetings
 - Walking rounds
 - Residents:
 - Lecture hall presentations
 - Written handouts
 - Bimonthly email tips: "Malnutrition – What Can You Do"
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- ### Presentation & Handout Topics Covered
- How prevalent is it?
 - What are the clinical signs and symptoms?
 - Diagnosis and missed diagnosis
 - It's not just about body weight - sarcopenic obesity
 - Use and abuse of serum markers
 - Implementing malnutrition care plan recommendations
 - Clinical workflow:
 - Timeliness of intervention
 - Incorporating malnutrition intervention in discharge care plans
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- ### Bi-monthly Email Blasts
- Subject: malnutrition – what can you do ?
- Look for the Six Characteristics
- insufficient food intake
 - weight loss over time
 - loss of muscle mass
 - loss of fat mass
 - fluid accumulation
 - diminished grip strength
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- ### Bi-monthly Email Blasts
- Subject: malnutrition – what diagnosis and ICD-10 codes ?
- R63.4 Abnormal weight loss
 - R63.6 Underweight
 - Z68.1 BMI ≤ 19
 - E40 Kwashiorkor
 - E41 Nutritional Marasmus
 - E42 Marasmic Kwashiorkor
 - E43 Unspecified Severe Protein-Calorie Malnutrition
 - E44 Moderate Protein-Calorie Malnutrition
 - E44.1 Mild Protein-Calorie Malnutrition
 - E46 Unspecified Protein-Calorie Malnutrition
 - E64 Sequelae of Protein-Calorie Malnutrition
- New ICD-10 code for Sarcopenia M62.84
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Tailored Intervention Formats

Nurses & Care Partners

- Monthly unit board meetings ppt presentation
- Change of shift huddles
- Posters in breakrooms
- Laminated flip charts at nursing stations
- Video:
“Malnutrition and Nursing: Why Wait”



Laminated Flip Charts

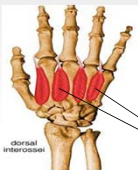

Example: lean body mass loss

Upper Body

- Temples
- Deltoids
- Clavicles
- Scapula
- Intersosseous

Lower Body



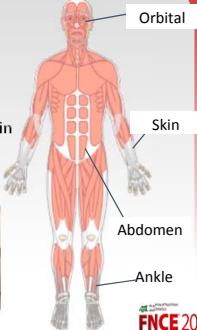

- Thigh
- Knee
- Calf

Laminated Flip Charts

Example: Linking malnutrition & dehydration

- Edema: ankles, sacrum
- Ascites: abdomen
- Dehydration: orbital area, skin







Posters in Breakrooms





Video

Malnutrition & Nursing: Why Wait?




<https://www.youtube.com/watch?v=Ykit5uS6Krs>



Tailored Intervention Formats

Dietitians

- Oral presentation
- Roundtable small group discussion
- Laminated flip charts
- Abbott Nutrition Health Institute
 - Online learning / continuing education
 - 7 hours of malnutrition videos & test



Local Press Coverage



Research News @ Vanderbilt


VUMC to be site for national malnutrition study
by Tavia Smith | Thursday, May. 19, 2016, 10:07 AM

Vanderbilt University Medical Center is the test site for a nationwide initiative to address the longstanding problem of malnutrition in hospital patients...




Data Collection: MQii Quality Indicators

CONSISTENCY	LENGTH OF TIME
<ul style="list-style-type: none"> % patients screened for malnutrition with validated tool % at high malnutrition risk and "malnutrition diet order" w/in 24hrs % at high malnutrition risk and have comprehensive assessment with validated tool % with malnutrition and have dietitian-based malnutrition diagnosis documented in EHR % with dietitian-based malnutrition diagnosis and provider-based malnutrition diagnosis documented in EHR % with malnutrition diagnosis and have appropriate malnutrition care plan % with malnutrition diagnosis and have appropriate malnutrition intervention % with malnutrition diagnosis and have appropriate malnutrition care in the discharge plan 	<ul style="list-style-type: none"> From admission to malnutrition risk screening From identified at risk and implementation of "malnutrition diet order" From screened at risk to comprehensive assessment From screened at risk to appropriate malnutrition intervention From malnutrition diagnosis to appropriate malnutrition intervention

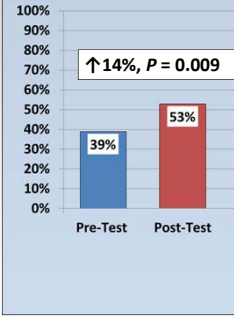


Rapid Cycle Feedback

Intervention Week	Sample	Positive Malnutrition Screen	Malnutrition Diet Order
6	N = 276	107 (38.8%)	67.3%
12	N = 117	83 (70.9%)	60.2%
		↑	↔




Results: Malnutrition Knowledge




Test	Percentage
Pre-Test	39%
Post-Test	53%

↑ 14%, $P = 0.009$



Lessons Learned Challenges Identified


<ul style="list-style-type: none"> Malnutrition in the form of sarcopenic obesity highly prevalent Very high level of interest by all practitioners Laminated flip charts directly impacted practitioner behavior by enabling identifying malnutrition EHR not structured for research or outcomes analysis purposes: data entry by clinicians are not the same data fields and variables available on the back end by programmers & informatics team 	<ul style="list-style-type: none"> Uncertainty of importance and usage of the nutrition screen data Conflict with time for nutrition screening due to competing tasks / other care priorities Lack of training / preparedness: <ul style="list-style-type: none"> Physical and clinical signs & symptoms of malnutrition Lack of awareness of low dietitian-to-patient staff ratios Lack of awareness of gap between RD and provider diagnosing Lack of awareness of ICD-10 codes to diagnose malnutrition Data at back end of EHR not same as front end
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Disclosures

Ken Nepple MD FACS

- Board Member/Advisory Panel
 - American Urological Association Electronic Health Record Working Group
- Project Support (to University of Iowa Health Care)
 - Avalere Health and Academy of Nutrition and Dietetics
- Speaker Support
 - Abbott Nutrition
- Research Support
 - American Cancer Society



Learning Outcomes

- Describe how to *access* and *use* new electronic clinical quality measures (eCQMs)
- Identify best practices for *leading* malnutrition quality improvement and *navigating* healthcare institutional challenges and barriers

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Game Plan

- Introduce concept of eMeasures
- Focus on eMeasures for:
 - Nursing Nutritional **S**creening
 - Dietitian **A**ssessment
 - Physician **D**iagnosis
 - Patient **C**are Plan
- Emphasis on practical advice on how to move forward malnutrition QI at **your** institution

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What are eCQMs?

- Identify structured data within the electronic health record
- Create electronic clinical quality measures (eCQM)
- CMS defines eCQMs as:

tools that help measure and track the quality of health care services

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Why eCQMs?

The Health Resources and Services Administration (HRSA) notes that the quality improvement model includes four key principles to support successful initiatives:

Figure 4: Key Principles to Support Successful Quality Improvement Initiatives

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The MQii eCQMs

Malnutrition eCQMs Align with the Malnutrition Care Workflow

Step	Measure	NQF ID
Screening	Screening Measure	NQF #3087
Assessment	Assessment Measure	NQF #3088
Diagnosis	Diagnosis Measure	NQF #3090
Care Plan Development	Care Plan Development Measure	NQF #3089
Intervention Implementation	Intervention Implementation Measure	No measure
Monitoring/Evaluation & Discharge Planning	Monitoring/Evaluation & Discharge Planning Measure	No measure

These four developed quality measures help providers understand how they are performing against quality improvement goals set forth in the MQii Toolkit

□ = Measure developed to address this step in the malnutrition care workflow

*Measures for intervention implementation, monitoring/evaluation, and discharge planning were not technically feasible due to limitations in the availability of measure data.


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eCQMs

Measure ID	Measure Description	Author
3087	Completion of a Malnutrition Screening within 24 hours of Admission	Academy of Nutrition & Dietetics
3088	Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening	Academy of Nutrition and Dietetics
3090	Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment	Academy of Nutrition & Dietetics
3090	Appropriate Documentation of a Malnutrition Diagnosis	Academy of Nutrition & Dietetics

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eMeasures Testing Site



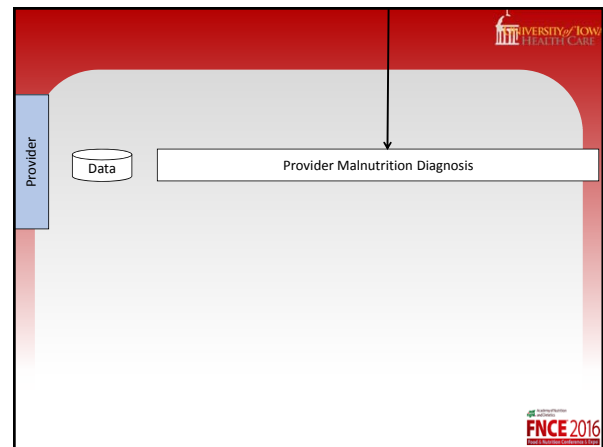
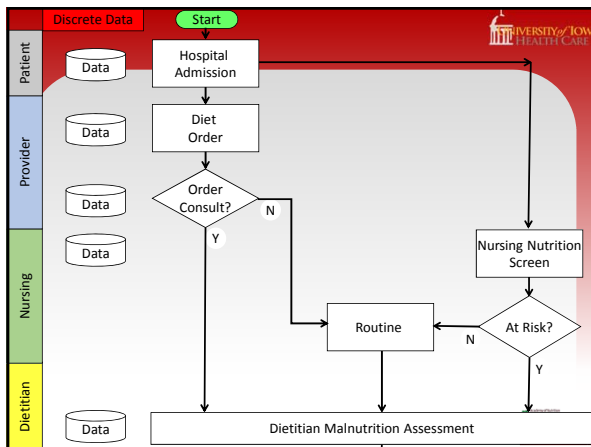
- University of Iowa Health Care as the testing site for the eMeasures
- 705 beds and ~31,000 adult inpatient admissions
- Established focus on malnutrition QI

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eQMs Process at University of Iowa

1. Identify necessary resources and establish return on investment to CMO and CIO
2. Identify necessary workflow to record data
3. Do the eMeasures work (via an iterative process)
4. Report electronic data
5. Verify by manual abstraction

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Data set creation

- Write rules to build an adult inpatient cohort from retrospective data
(can also be done real time)

2,583 adult discharges in a month

- 87 discharges/day
- 873 65 and older per 30 days
- 33.8% 65 and older

UNIVERSITY OF IOWA HEALTH CARE Health Care Information Systems

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Screening (within 24 hours of admit)

The screenshot shows a National Quality Forum measure page for 'Completion of a Malnutrition Screening within 24 hours of Admission'. It includes a 'Download Specification (ZIP)' link and a 'Measure Details' table.

Measure Details	
Name	Completion of a Malnutrition Screening Within 24 hours of Admission
Type	Process
Eligibility	Eligible Hospitals
Description	Completion of a malnutrition screening using a validated screening tool to determine if a patient is at-risk for malnutrition, within 24 hours of admission to the hospital

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Screening (within 24 hours of admit)

Measure Component and Performance	Testing Site #1	Testing Site #2
Denominator (n)	2756	1713
Numerator (n)	1529	1218
Performance Rate	55.5%	77.1%

Data available:

- Validated questionnaire in EHR
- Entered by nursing as a "hard stop"

Lessons Learned:

- Feasible
- ICU vs. non-ICU workflow

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Assessment (within 24 hours of "at risk" screen)

3088 Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening

- Download Specification (ZIP)

Measure Details	
Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening	
Name	Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening
Type	Process
Eligibility	Eligible Hospitals
Description	Patients identified as at-risk for malnutrition based on a malnutrition screening who have a nutrition assessment documented in the medical record within 24 hours of the most recent malnutrition screening using a validated screening tool.

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Assessment (within 24 hours of "at risk" screen)

Measure Component and Performance	Testing Site #1	Testing Site #2
Denominator (n)	186	179
Numerator (n)	87	84
Performance Rate	46.77%	46.93%

Data available:

- Dietitian data in consult note

Lessons Learned:

- Timing in workflow (24 vs 48 hr)
- Need to improve data granularity

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Diagnosis Documentation

3090 Appropriate Documentation of a Malnutrition Diagnosis

- Download Specification (ZIP)

Measure Details	
Appropriate Documentation of a Malnutrition Diagnosis	
Name	Appropriate Documentation of a Malnutrition Diagnosis
Type	Process
Eligibility	Eligible Hospitals
Description	Appropriate documentation of a malnutrition diagnosis for those patients who are found to be malnourished based on a nutrition assessment or those who have a documented nutrition intervention.

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Diagnosis Documentation

Measure Component and Performance	Testing Site #1	Testing Site #2
Denominator (n)	32	54
Numerator (n)	18	16
Performance Rate	56.3%	29.6%

Data available:

- Discrete problem/diagnosis list in EHR
- Text not available

Lessons Learned:

- Challenge
- Variability in documentation
- Education on CDI

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Care Plan

3089 Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment

- Download Specification (ZIP)


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Care Plan

Measure Component and Performance	Performance
Site 1 Measure Performance Score	
Denominator (n)	75
Numerator (n)	33
Performance Rate	44%
Site 2 Measure Performance Score	
Denominator (n)	59
Numerator (n)	50
Performance Rate	84.7%


Data available:
- In the EHR but not readily abstracted

Lesson Learned:
- Opportunity for improved workflow




Advice

- Emphasis on practical advice on how to move forward malnutrition QI at **your** institution
- Automate some of the process
- Make some improvement in some thing
- Small things, done consistently, make major impact
-David Allen



Adopt Best Practices Across the Malnutrition Care Continuum

Both the Toolkit and the measures span the malnutrition clinical workflow:



Screening	Assessment	Diagnosis	Care Plan Development	Intervention Implementation	Monitoring/ Evaluation & Discharge Planning
Nutrition screening using a validated tool for all patients with a hospital admission	Nutrition assessment using a standardized tool for all patients identified as at-risk for malnutrition	Documentation of nutrition diagnosis for all patients identified as malnourished	Establishment of a nutrition care plan for all patients identified as malnourished or at-risk for malnutrition	Implementation of a nutrition care plan including treatment for all patients identified as malnourished or at-risk for malnutrition	Implementation of processes, including discharge planning, that provide ongoing monitoring and support the care of patients identified as malnourished or at-risk for malnutrition

