

The sticker sticks for malnutrition identification and coding

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Background:

Malnutrition is associated with adverse clinical outcomes and increased costs to the health care system. The accurate and timely identification and documentation of malnutrition is critical not only to optimise nutrition interventions and patient outcomes but to capture the appropriate case-mix reimbursement through accurate clinical coding. This project aims to identify the accuracy of malnutrition coding using point prevalence data at the Prince Charles Hospital and compare trends following the implementation of a malnutrition sticker for medical chart documentation.

Methods:

Annual malnutrition point prevalence data is completed by Dietitians using the Subjective Global Assessment. These results were matched with patient records for Diagnostic Related Group (DRG) and International Classification of Disease (ICD) descriptions provided by the hospital clinical coders following patient discharge to examine the accuracy of malnutrition coding. The proportion of malnourished patients coded correctly was compared using data from three consecutive years (2011, 2012 and 2013). Following the 2011 result, a series of strategies to improve malnutrition identification and documentation were instigated including education for Dietitians regarding documentation requirements, regular chart documentation audits and implementation of a sticker to highlight the documentation of malnutrition for clinical coders.

Results:

56% of malnourished patients were coded correctly according to the 2011 (n=387) data. Following the implementation of strategies to improve coding rates, accuracy improved to 76% in 2012 (n=377) and further again to 78% in 2013 (n=400).

Discussion:

Dietetic education, regular documentation audits and the implementation of a sticker to flag the diagnosis of malnutrition in medical records have been successful and sustainable methods to improve the accuracy of malnutrition documentation and coding. The continuation of such initiatives is recommended to maintain this trend. Further investigation is required to examine the underlying reasons for the remaining deficits in full coding accuracy.