

CASE STUDY

Addressing the Malnutrition Blind Spot at Ochsner Lafayette General Medical Center

Hospital Improves Malnutrition Diagnosis Rates and Revenue Capture

About Ochsner Lafayette General Medical Center

- LAFAYETTE, LA
- 461 BEDS
- ~21,000 ANNUAL DISCHARGES
- CERNER® MILLENNIUM EHR

Ochsner Lafayette General Medical Center (Ochsner LGMC) knew it had a problem. Studies have shown that **20-50% of hospital patients are at risk for malnutrition**¹ — yet Ochsner LGMC was diagnosing less than 7%. On top of the challenges this presented to patient outcomes (like higher infection rates, longer lengths of stay and increased risk of mortality), the hospital was also missing out on significant reimbursements and associated revenue.

This presented an urgent challenge: How could the hospital bring this critical blind spot into the light to help improve outcomes for its patients — and its bottom line?

The Challenge

Like many hospitals, Ochsner LGMC had developed templates and alerts to assist clinicians with malnutrition care. But information entered by RDs and nurses was difficult for physicians to access, so they were often unaware of patients' malnutrition statuses — especially when multiple physicians were involved, making it unclear who should add the diagnosis to the patient's record. The result: malnutrition was often out of sight and out of mind.

They also used back-end review processes, like queries and CDI audits, to trigger physicians to include malnutrition diagnoses before submitting claims. These protocols helped improve documentation and prevent lost revenue — but **care teams were still missing the information they needed to create appropriate care plans** on the front end. Furthermore, they lacked structured data that could be used to quantify and measure performance.

The Solution

In 2017, Ochsner LGMC partnered with Junum to help improve malnutrition patient care with its MalnutritionCDS™ digital health tool. Beginning with a feasibility assessment, the team identified Ochsner LGMC's baseline diagnosis rates and quantified the gap between RD assessment rates and physician diagnoses. This critical step laid the foundation for data-driven, measurable improvements well beyond the launch.

Junum's MalnutritionCDS tool integrates directly with the hospital's Cerner® EHR, using clinical information already being recorded as a trigger for its workflow to begin. This captures the necessary information to diagnose and bill for malnutrition care, while also putting RDs' nutrition insights in front of physicians and nurses early enough to support their clinical decisions.

The Launch

Ochsner LGMC launched the pilot on a medical/surgical floor at its main hospital with approximately 200 discharges per month. The Junum team worked with hospital clinicians and leadership to:

- Compare their malnutrition workflows to best practices from ASPEN to identify the greatest opportunities for improvement
- Implement technology and clinical recommendations
- Measure progress with score cards, KPI dashboards and ongoing coaching

The Junum team was onsite at launch to provide training, education and at-the-elbow support to clinicians and administrators.² This allowed Junum to deploy the solution with minimal disruption to patient care, and gave providers the flexibility to learn and ask questions at their convenience. The information gathered during the first 90 days was compared with historical data from the same period the previous year.³



THE RESULTS

Pilot Results

Following these early successes, the hospital decided to expand the solution to additional floors which saw similar improvements in their diagnosis rates.

DIAGNOSIS RATES

+96%

Malnutrition diagnosis rates improved within 3 months by 96%

Ongoing Results

Over a three-year period following the pilot, Ochsner LGMC continued to see the value of their investment in malnutrition care.

DIAGNOSIS ALIGNMENT

3x⁺ Physician / RD diagnosis alignment more than tripled from **13% to 54%**

DIAGNOSIS RATE

2x Malnutrition diagnosis rate doubled from **7% to 14%**

CASE MIX INDEX

+.026 Case mix index improved by a shift of **0.026**

REVENUE

1.9M Revenue increased by **1.9 million** over 3 years



Roger Mattke,
Chief Financial Officer
Ochsner LGMC

"We've seen our case mix index improve by a 0.026 shift since installing the MalnutritionCDS solution. As a result, Junum software has provided the hospital a three-fold ROI within one year of the roll-out."

Conclusion

In the year following the pilot, Ochsner LGMC launched Junum MalnutritionCDS at six other community hospitals — all of which improved malnutrition diagnosis rates and experienced similar benefits. The system-wide improvement in malnutrition documentation led to better reimbursement and decreased the risk of audits, and the shift in CMI has allowed the organization to deploy resources more effectively.

No longer a blind spot, malnutrition care is now given the attention it needs at Ochsner LGMC — and its value has never been clearer to see.

Ready to learn what better malnutrition diagnosis could mean for your hospital?

Learn more at junum.io — or contact us today at sales@junum.io.

References

1. Barrett ML, Bailey MK, Owens PL. Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016. ONLINE. August 30, 2018. U.S. Agency for Healthcare Research and Quality. Available: https://www.hcup-us.ahrq.gov/reports/HcupMalnutritionHospReport_083018.pdf
2. Virtual options are available.
3. The patient data was controlled for demographics and corresponding diagnostic related groupings (DRGs), including existing CC and MCC capture, in order to understand the impact of a nutrition-related diagnosis on additional CC or MCCs once the MalnutritionCDS tool was launched.