Excellence in Cachexia Documentation: An Interdisciplinary Collaboration

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Learning Objectives

1. Identify the importance of documenting cachexia and its impact on patient outcomes and hospital quality measures.
2. Discuss a novel approach to leverage inpatient nutrition therapy services to document cachexia.
3. Illustrate the collaborative effort among multiple hospital departments to implement a new documentation process.

Purpose and Overview

- Nebraska Medicine identified an opportunity for an interdisciplinary approach to address the gap in documentation of cachexia upon admission in the adult, inpatient setting at both academic medical center (NMC) and community hospital (BMC). Improvement efforts led to statistically significant increases in cachexia capture, expected mortality, expected length of stay (LOS), and case mix index (CMI).

Background

- Cachexia is an under-recognized condition with varied prevalence ranging from 5-15% in chronic heart failure to 50-80% in advanced cancer[1]
- Patients with cachexia present on admission (POA) experience longer median length of stay (LOS) and higher mortality rates[2]

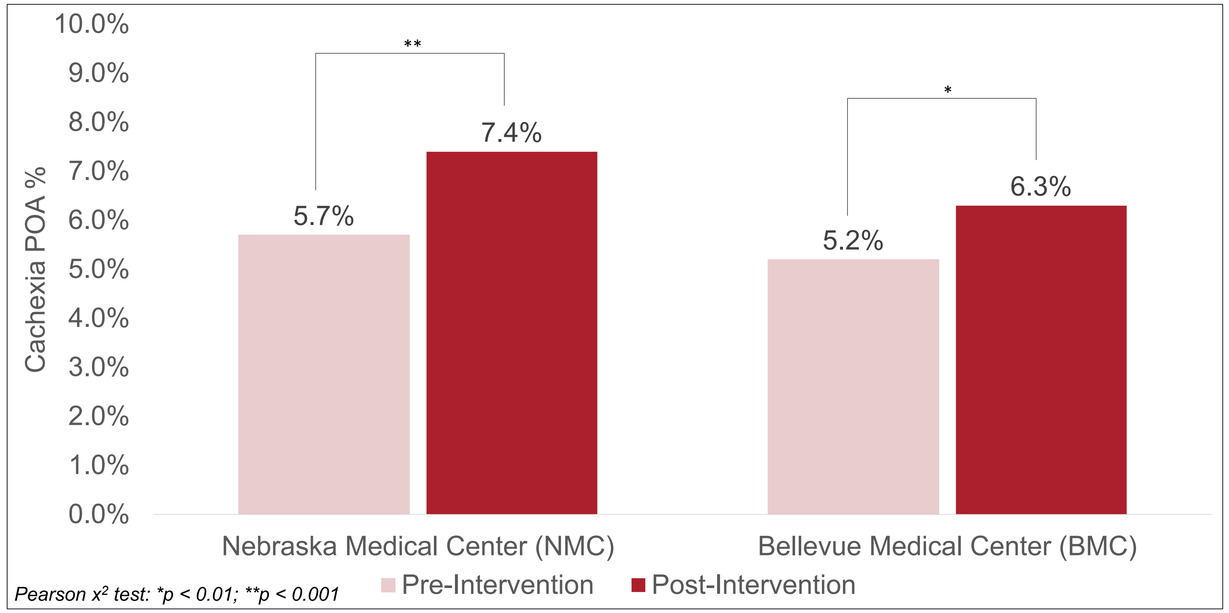
Intervention

- Establish cachexia documentation guidelines and create education for nutrition therapists, physicians, and advance practice providers
- Development of an updated malnutrition assessment workflow to incorporate cachexia documentation
- Leverage the Vizient CDB to analyze patient outcomes in the pre-intervention (April 2020 – June 2021) and post-intervention (July 2021 – September 2022) time periods

Outcomes

- Cachexia POA increased (NMC: 5.7% to 7.4%; BMC: 5.2% to 6.3%)
- Expected mortality increased (NMC: 12.2% to 12.8%)
- Expected LOS increased (NMC: 9.7 to 10.7 days)
- CMI increased (NMC: 2.29 to 2.45; BMC: 1.47 to 1.66)
- Cachexia POA increased among all elderly age groups (60-69 years: 6.1% to 7.5% (NMC), 2.7% to 5.8% (BMC); 70-79 years: 6.4% to 8.7% (NMC), 3.5% to 5.8% (BMC); 80+ years: 9.1% to 12.9% (NMC)

Figure 1: Cachexia Present on Admission (POA) Capture



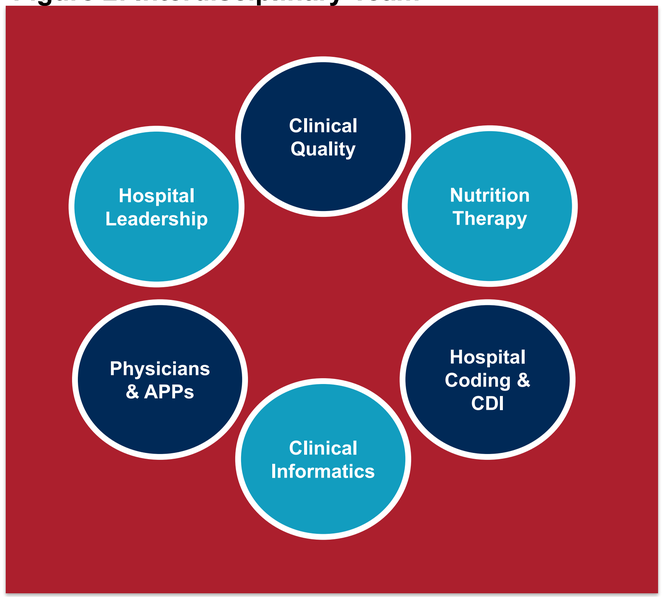
*Pearson x^2 test: *p < 0.01; **p < 0.001*

Table 1: Key Hospital Clinical Quality Outcome Measures

Hospital	Clinical Quality Measure	Pre-Intervention	Post-Intervention	Difference
NMC	Expected Mortality %	12.2%	12.8%	+0.6%*
	Expected LOS (Days)	9.7	10.7	+1.0**
	Case Mix Index (CMI)	2.29	2.45	+0.16**
BMC	Expected Mortality %	6.2%	7.1%	+0.9%
	Expected LOS (Days)	5.7	6.2	+0.5
	Case Mix Index (CMI)	1.47	1.66	+0.19*

*Independent samples t-test and Mann-Whitney u-test: *p=0.01, **p < 0.001*

Figure 2: Interdisciplinary Team



Key Takeaways

- Novel, interdisciplinary collaboration to improve cachexia documentation resulted in statistically significant improvements in key hospital clinical quality outcome measures
- Cross-departmental approach increased provider awareness and attention to the efficacy of nutritional interventions

References

1. Von Haehling S, Anker MS, Anker SD. Prevalence and clinical impact of cachexia in chronic illness in Europe, USA, and Japan: facts and numbers update 2016. *J Cachexia Sarcopenia Muscle.* Dec 2016;7(5):507-509. doi:10.1002/jcsm.12167
2. Arthur ST, Noone JM, Van Doren BA, Roy D, Blanchette CM. One-year prevalence, comorbidities and cost of cachexia-related inpatient admissions in the USA. *Drugs Context.* 2014;3:212265. doi:10.7573/dic.212265

Disclosures

No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.

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