

Midwest Health System + Qventus: Earlier malnutrition intervention, shorter hospital stays

KEY RESULTS



\$5.5M

in annualized reimbursement



0.6-day

shorter length of stay
for coded patients

Midwest Health System + Qventus Partnership Goals

The Midwest Health System partnered with Qventus to identify more patients at risk for malnutrition and orchestrate timely nutrition care from identification through intervention. The Midwest Health System already had a strong malnutrition capture rate, but saw an opportunity to go further by identifying patients missed by existing screening processes, intervening earlier in the patient stay, and ensuring confirmed cases were appropriately documented.

About the Midwest Health System

The Midwest Health System is a large, nonprofit integrated health system serving communities across Minnesota and the Upper Midwest. Its network includes hospitals, clinics, specialty care, and other healthcare services, supporting patients across the continuum of care.

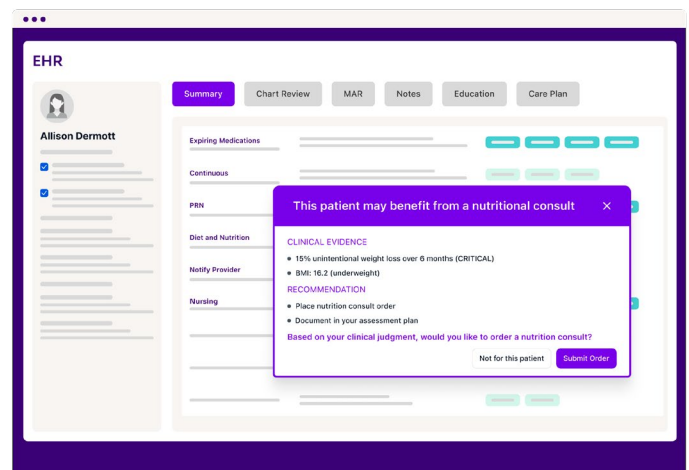


THE CHALLENGE

Closing care gaps, earlier

Malnutrition can be difficult to detect because the clinical evidence is often spread across the patient record and may not be captured by traditional screening alone. The Midwest Health System already had two mechanisms in place to identify at-risk patients: the MST at admission and a CDI screening tool. While these processes supported a strong malnutrition capture rate, some patients still went unidentified.

For the Midwest Health System, the opportunity was not to replace its existing processes, but to build on them: identify patients those screens might miss, surface them to dietitians earlier in the stay, and create more opportunities for timely nutrition intervention.





THE SOLUTION

Qventus' Malnutrition Care Automation Solution

The Health System deployed Qventus Malnutrition Care Automation, part of Qventus' Care Gap & Coding Automation solution, across multiple hospitals. Qventus mines structured and unstructured data across the EHR to find patients with evidence of potential malnutrition based on GLIM criteria and orchestrate the appropriate next steps for the care team. Early results show more at-risk patients being identified, earlier nutrition intervention, and improved length of stay among patients whose malnutrition is captured.

PATIENT NAME	ROOM	ADMITTING DX	ALLERGY	MALNUTRITION RISK	NOTES	LABS
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Clinical Evidence:

- 10% unintentional weight loss over 6 months
- BMI: 20.2 (underweight)

Qventus' Malnutrition Care Automation AI Assistants include:

- **Condition Detection Assistant:** Ingests real-time structured and unstructured chart data to identify patients at risk for malnutrition early in their inpatient stay.
- **Care Gap Assistant:** Pre-populates an order for a nutrition consult and prompts the provider within their workflow to sign off. Surfaces intelligence into the dietitian's workload to prioritize and streamline assessments.
- **Coding and Documentation Assistant:** Ensures appropriate capture of clinical complexity in documentation to support accurate MCC/ CC capture.
- **Impact Assistant:** Qventus analytics provide visibility into provider response rate, condition capture lift, revenue gains, and detailed evidence to support audits, reduce denials, and streamline eCQM Malnutrition Care Score reporting.

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