Qventus

Case Study

Wisconsin-based Health System + Qventus: Uncovering Malnutrition Earlier to Enable Timely Intervention

KEY RESULTS

$2.6M
in annualized reimbursement

30%
increase in malnutrition code capture

Health System + Qventus partnership goals

The Wisconsin-based Health System partnered with Qventus to identify patients at risk of malnutrition earlier and accelerate nutrition care. The Health System selected Qventus to help uncover at-risk patients who may be missed by traditional screening and orchestrate timely intervention across the care team, from identification through diagnosis and documentation.

The solution is currently live at two of the Health System's main hospitals.

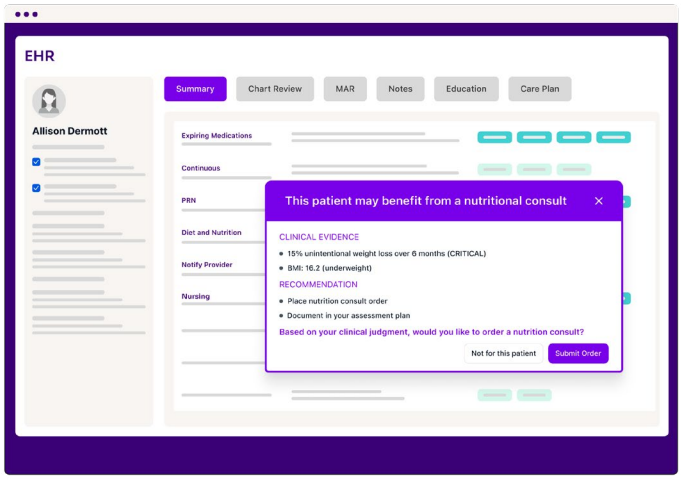
About the Health System

The Wisconsin-based Health System is an integrated healthcare network dedicated to providing high-quality inpatient and outpatient care. Operating multiple acute care facilities and specialty clinics, the health system serves a broad patient population across the region.

THE CHALLENGE

Identifying patients at risk of complex conditions

Prior to working with Qventus, malnutrition code capture averaged approximately 9% across the Health System's two pilot facilities. Despite significant investments in clinical documentation improvement (CDI) and an established screening process led by dietitians on the units, opportunities to identify malnutrition were still being missed. With an estimated 20–30% of hospitalized patients experiencing malnutrition, the Health System recognized that relying primarily on traditional screening measures, such as MST scores and BMI, was insufficient.

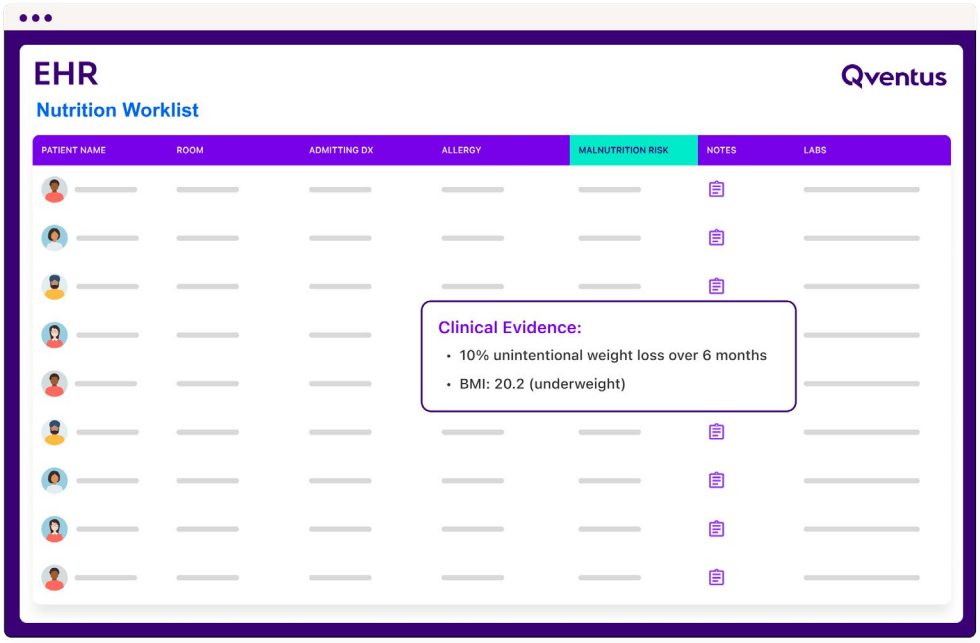


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THE SOLUTION

Qventus' Malnutrition Care Automation Solution

The Health System deployed Malnutrition Care Automation, part of Qventus' broader Care Gap & Coding Automation solution. The solution analyzes structured and unstructured EHR data against ASPEN guidelines, including weight trends, fluid accumulation, and muscle mass loss, to identify patients at risk of malnutrition who may otherwise be missed by traditional screening. Each morning, dietitians view a list of at-risk patients, prioritized by risk level and supported by the clinical evidence behind each flag. Dietitians then complete their standard nutrition assessment directly in the EHR, keeping the existing clinical workflow intact.



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 worklist 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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IMMEDIATE IMPACT

Three examples of patients Qventus uncovered that existing screening methods missed

01 The Patient Who Looked Fine On Paper

THE SITUATION

The patient had an MST score of 0 and a Nutrition Braden score of 3, indicating no immediate need for dietitian assessment. Under the existing workflow, the patient may not have been evaluated until day 7 of their stay.

QVENTUS IN ACTION

On launch day, Qventus identified significant weight loss and muscle mass loss that traditional screening had missed. The dietitian reviewed the patient, completed a nutrition-focused physical exam, and confirmed moderate malnutrition, enabling earlier intervention.

02 The Patient Who Almost Walked Out The Door

THE SITUATION

The patient was scheduled for discharge that same day, with an MST score of 0 and no dietitian consult ordered. Despite signs of malnutrition documented in the medical record, the patient had not received a nutrition assessment.

QVENTUS IN ACTION

On launch day, Qventus identified four clinical indicators: significant weight loss, reduced calorie intake, muscle mass loss, and physician documentation suggesting malnutrition. The dietitian evaluated the patient before discharge and confirmed severe malnutrition, ensuring the condition was identified and clinically supported before the patient left the hospital.

03 The Patient Whose Day 7 Screening Missed Malnutrition

THE SITUATION

On day 7 of hospitalization, the patient received a nutrition screening that came back negative. Under the existing workflow, the patient would not have been flagged for further assessment.

QVENTUS IN ACTION

On launch day, Qventus identified evidence of significant unintentional weight loss documented in the physician's notes that the screening process had missed. The dietitian conducted a deeper chart review and a nutrition-focused physical exam, confirming moderate malnutrition in a patient who otherwise would have gone undetected.

What This Means for Malnutrition Care

These examples demonstrate the value of looking beyond traditional screening to identify patients who might otherwise go undetected. By connecting early identification with timely intervention and accurate documentation, Qventus helps health systems improve patient care while capturing the full clinical and financial value of that care.

Learn how you can automate your operations today at qventus.com

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