Abstract

Introduction: The high prevalence of disease-related hospital malnutrition justifies the need for screening tools and early detection in patients at risk for malnutrition, followed by an assessment targeted towards diagnosis and treatment. At the same time there is clear undercoding of malnutrition diagnoses and the procedures to correct it. Objectives: To describe the INFORNUT program/process and its development as an information system. To quantify performance in its different phases. To cite other tools used as a coding source. To calculate the coding rates for malnutrition diagnoses and related procedures. To show the relationship to Mean Stay, Mortality Rate and Urgent Readmission; as well as to quantify its impact on the hospital Complexity Index and its effect on the justification of Hospitalization Costs. Material and methods: The INFORNUT ® process is based on an automated screening program of systematic detection and early identification of malnourished patients on hospital admission, as well as their assessment, diagnoses, documentation and reporting. Of total readmissions with stays longer than three days incurred in 2008 and 2010, we recorded patients who underwent analytical screening with an alert for a medium or high risk of malnutrition, as well as the subgroup of patients in whom we were able to administer the complete INFORNUT ® process, generating a report for each. Other documentary coding sources are cited. From the Minimum Basic Data Set, codes defined in the SEDOMSENPE consensus were analyzed. The data were processed with the Alcor-DRG program. Rates in ‰ of discharges for 2009 and 2010 of diagnoses of malnutrition, procedure and procedures-related diagnoses were calculated. These rates were compared with the mean rates in Andalusia. The contribution of these codes to the Complexity Index was estimated and, from the cost accounting data, the fraction of the hospitalization cost seen as justified by this activity was estimated.

Keywords
Disease-related malnutrition, Nutritional screening, Hospital costs, Diagnostic-related group, Mean Complexity or Complexity Index.