

The Impact of Malnutrition Screening on OMELOS Among Inpatient Veterans at VA Boston Healthcare System

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Background
Malnutrition is common and often underdiagnosed in hospitalized veterans, and it is linked to longer hospital stays, higher readmission rates, and more complications. VA Boston uses the nurse-administered Malnutrition Screening Tool (MST) at admission, but baseline audits found that only 11% of admitted patients had complete nutritional documentation, about 36% of screens were completed accurately, and only 43% of patients with a positive screen (MST ≥ 2) received a nutrition consult. These gaps delay care and understate patient complexity in risk-adjusted metrics such as observed minus expected length of stay (OMELOS), and they limit readiness for value-based measures such as the Malnutrition Care Score.

Objective
The aim of the Just Do It Initiative (JDI) was to raise complete nutritional documentation at admission to at least 20% between January and July 2026, while improving MST accuracy, nutrition consult placement for positive screens, time to consult, and dietitian use of NU215 malnutrition codes, and to explore associations with length of stay, readmissions, and OMELOS.

Planning/Research Methods
This was a quality improvement project with a mixed-methods design, deployed over 6 PDSA cycles. Quantitative data came from retrospective chart audits, internal screening logs, EHR admission data, and clinical documentation reports. Measures included admission weight completion, weight-loss interpretation, MST scoring accuracy, consult placement after positive screens, time to consult, and NU215 use. Qualitative data came from workflow assessments with nurses, dietitians, and providers. Process mapping and a fishbone root cause analysis identified failure points, including missing EHR prompts, unclear consult ownership, and limited real-time visibility into performance. The work ran in three phases: monitoring and compliance stabilization, analysis and workflow optimization, and outcome evaluation and sustainability planning.

Implementation Methods
Interventions were phased and combined, guided by weekly data review and root cause findings:

- Real-time weekly monitoring of positive screens against consults placed, and of NU215 coding use
- Targeted nursing re-education on units with screening errors, especially missing weights and misinterpreted weight loss
- Workflow standardization, including admission weight checkpoints and clearer documentation and consult-ownership steps

- Interdisciplinary engagement across nursing, dietetics, and providers, with benchmarking against peer VISN facilities

Results

From January to July 2026, JDI was associated with improvements in screening, documentation, and follow-up:

- Complete nutritional documentation at admission: 11% to 23% (goal: 20%)
- MST screening accuracy: increase from 36% to 67%
- Nutrition consult placement after a positive screen: increase from 43% to 79%
- Average time to consult: decrease 2.6 to 1.2 hours/patient
- Dietitian use of NU215 malnutrition codes: increase from 49% to 83%
- OMELOS: decrease from 23 to 21 (Score out of 50), suggesting better capture of patient complexity
- Exploratory outcomes: decreased average length of stay 19 to 16 days; 30-day readmissions decreased from 34% to 32%; improved capture of discharge to higher levels of care 17% to 28%

These pre/post results come from two inpatient sites (VA Boston Roxbury and VA Boston Brockton campuses over 6 months without a control group and outcome trends are preliminary. Next steps include EHR decision support, real-time dashboards, and longer follow-up and analysis of downstream health impacts/outcomes.

Contact

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