Improving Malnutrition Management at Cabrini Health

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Background

Malnutrition affects 40% of hospital patients in Australia and is directly associated with poorer patient outcomes and higher hospital costs**.** Early identification of pre-existing malnutrition improves patient outcomes and can increase hospital revenue through DRG funding. A local audit identified 35% of Cabrini inpatients are at risk of malnutrition, however existing dietetic staffing could not meet referral demand. The Refresh Malnutrition Project was a 6-month pilot that aimed to facilitate earlier identification, diagnosis and management of pre-existing malnutrition (PEM) by increasing dietetic FTE.

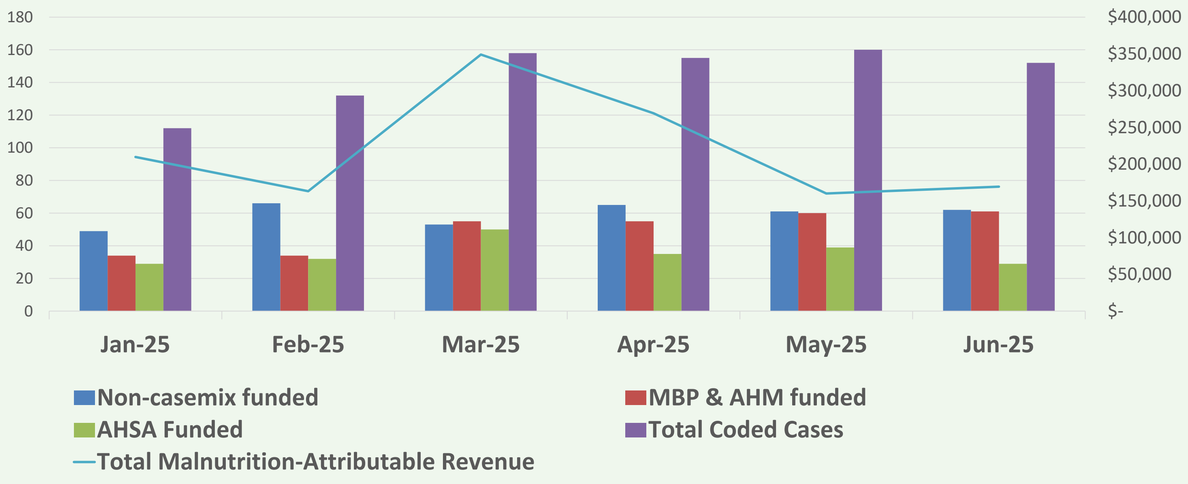
Aim

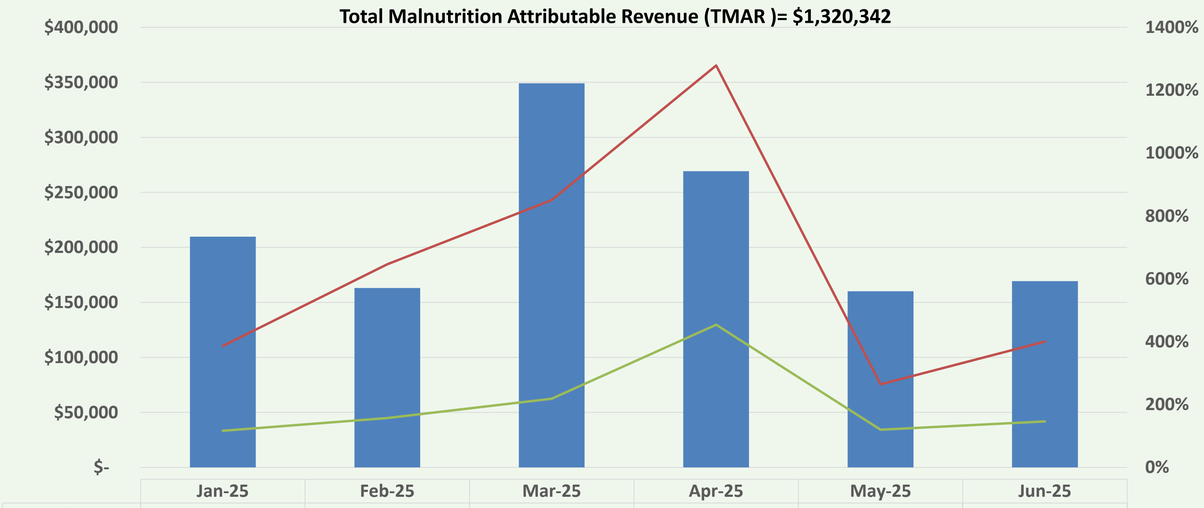
To improve the efficiency of Dietetic Services in responding to WebPAS referrals for malnutrition risk and improve the identification and management of malnutrition at Cabrini Health (Malvern).

Method

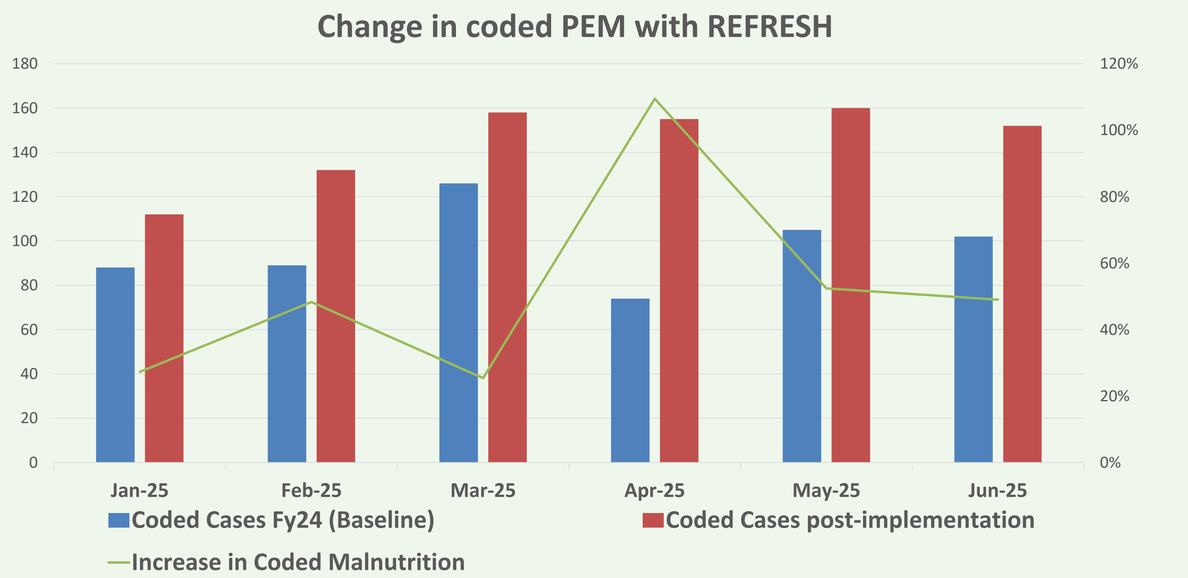
In December 2024, the Malnutrition Dietitian position commenced as part of the Refresh Malnutrition Project (1.0 FTE increasing to 2.0 FTE in June 2025). Patients seen were referred via WebPAS with identified malnutrition risk (MST ≥2), excluding ICU, 4N, 2W, 2S, paediatrics, 4W, HITH, Brighton and 4S. Dietetic assessment included completion of the Subjective Global Assessment (SGA) to diagnose malnutrition. Other activities implemented included: Malnutrition Toolbox Talks and launch of the patient PORTAL with Episoft referrals from Pre-admissions.

Results





	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Total Malnutrition-Attributable Revenue (TMAR)	$209,673	$163,079	$349,100	$269,155	$160,056	$169,279
EBITDA	$33,299	$44,903	$62,388	$129,654	$34,204	$41,780
ROI	386%	646%	850%	1279%	264%	400%



Referral Types & Outcomes – REFRESH DIETITIANS	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Total Referrals Actioned	82	83	106	101	165	154
Diagnosed with malnutrition	66%	71%	77%	68%	50%	56%
Not Malnourished	26%	27%	16%	30%	22%	26%
No Diagnosis	8%	2%	7%	2%	26%	18%
Referred for Malnutrition Risk (MST ≥2)	68	66	94	87	95	103
Referred for Malnutrition Risk (MST ≥2) %	83%	80%	89%	86%	58%	67%
Referred for Malnutrition Risk (MST ≥2) and diagnosed with malnutrition	66%	71%	77%	69%	54%	58%
Other reason for referral	14	17	12	14	70	51
Other reason for referral and diagnosed with malnutrition	64%	71%	83%	71%	46%	27%

Conclusion

The increased dietetic FTE resulted in significant increases in the number of patients diagnosed with PEM which resulted in $1,320,342 in revenue from DRG changes and $346,228 in EBITDA over the 6month period. Return on investment was significant with an average of 765% and confirmed proof of concept. Malnutrition prevalence in patients seen by the Refresh dietitians was 70%, which is consistent with the literature. Although impact on patient outcomes including reduced LOS, reduced complications and improved quality of life could not be measured, it is assumed that earlier diagnosis and management of malnutrition resulted in improvements in these.

Cabrini RESEARCH

REFERENCES

1. Agarwal, E., Ferguson M, Banks M, Batterham M, Bauer J, Capra S, Isenring E. Malnutrition and poor food intake are associated with prolonged hospital stay, frequent readmissions, and greater in-hospital mortality: results from the Nutrition Care Day Survey 2010. Clin Nutr. 2013;32(5):737-745.
2. Barker LA, Gout BS, Crowe TC. Hospital Malnutrition: Prevalence, Identification and Impact on Patients and the Healthcare System. Int. J. Environ. Res. Public Health. 2011;8:514-527..