Introduction
Good nutrition is essential to the wellbeing and recovery of the patients, and to ensure that the length of stay is not unnecessarily lengthened. Nutritional needs should be determined upon admission and the nutrition risk screening is a critical step to identify the patients who may be at risk of poor nutrition. Where such a risk is determined, appropriate care should be implemented. A validated nutrition risk screening tool is recommended by the Australian Council on Healthcare Standards (ACHS) to identify high risk malnourished patients on admission.

Objectives
In order to enhance the holistic nutrition care and prioritize the nutritional needs of patients, Malnutrition Screening Tool (MST) has been adopted to identify patients who are at high-risk of malnutrition on admission.

Methodology
The Hong Kong Chinese - Malnutrition Universal Screening Tool (HKC-MUST) was adopted as the validated nutritional screening tool in OLMH since May 2012 for tube feeding in-patients. In order to extend the holistic care to all in-patients, a simple, quick and validated malnutrition screening tool, namely the Malnutrition Screening Tool (MST), was adopted to replace the HKC-MUST and was intergrated into the new "Intergrated Assessment Record On Admission" conducted by nursing staff during admission. Initial patient assessment on admission includes patients' weight loss and appetite will be conducted in order to calculate the overall risk of malnutrition. Appropriate interventions such as referring high malnutrition risk patients to dietitians for a more comprehensive assessment will be taken based on risk level: : score > 2 or score =2 with serum albumin (≤29g/L) or body mass index (BMI)<18.5.
Result
The MST was started since July 2014 at all wards for all newly admitted in-patients in OLMH. On average, 5.1% (varies from 3.3% - 6.7%) of in-patients were screened out as high-risk of malnutrition over the past six months. Of which, geriatric patients accounted for 44% of the malnourished patients. Dietetic interventions were given accordingly. It is expected by the implementation of the convenient nutrition screening tool, awareness of malnutrition for hospitalized patient can be raised from a multidisciplinary perspective. Further work may be conducted on the impacts/outcomes of implementing the screening tool on patients'care.