Service Priorities and Programmes

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Adoption the Hong Kong Chinese – Malnutrition Universal Screening Tool (HKC-MUST) to enhance the holistic nutrition care and prioritize the nutritional needs of patients

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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. Isabel M (2003) stated malnutrition might increase the morality rate (12.4% in the malnourished patient vs 4.7% in the well). 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, which may include a more comprehensive assessment of nutritional status. A systematic malnutrition screening approach is needed to identify high risk malnourished patients during hospitalization in Hong Kong.

Objectives

Adoption the Hong Kong Chinese – Malnutrition Universal Screening Tool (HKC-MUST) to enhance the holistic nutrition care and prioritize the nutritional needs of patients

Methodology

The Hong Kong Chinese – Malnutrition Universal Screening Tool (HKC-MUST) was adopted as the validated nutritional screening tool in OLMH and was implemented since May 2012 by phases. HKC-MUST is a user-friendly assessment tool which is reliable on categorizing the risk level of malnutrition and identifying nutrition problems. Initial patient assessment on admission includes patient's BMI score, weight loss score, acute disease effect and calculates overall risk of malnutrition. Appropriate interventions will be taken based on risk level. For example, referring medium or high risk patients to dietitian for nutrition evaluation and monitoring. Training sessions were coordinated to staff to enhance their knowledge on quality nutrition care and improve patient's health status.

Result

114 staff in total has attended the training session before the implementation. Further, the HKC-MUST was adopted by phases. The first phase was started on 21 May 2012 on geriatrics and palliative care patients on enteral feeding. An evaluation was

conducted. 64 in-patients were screened between June and September 2012; 55% were malnourished and offered dietetic intervention. The second phase was implemented on 12 November 2012 to all in-patients on enteral feeding. Evaluation will be performed every 3 - 6 months.