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A Pragmatic Approach to Maintain the Sustainability of Routine Nutritional Screening upon Admission to Enable Early Detection of Malnutrition Risk and Timely Nutritional Intervention

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Introduction

In Hong Kong Buddhist Hospital (HKBH), routine nutritional screening for all admitted patients was fully implemented since August 2013. This has enabled early detection of malnutrition risk and timely nutritional intervention for “at risk” patients.

However, the sustainability of the routine nutritional screening was in question because there were published papers suggesting that the existence of other competing nursing priorities could result in low compliance in practice. In this connection, a pragmatic approach involving implementation of a number of practical measures was adopted.

Objectives

This project is aimed to maintain the sustainability of routine nutritional screening for admitted patients, so as to enable early detection of malnutrition risk and timely nutritional intervention, and hence uphold the enhanced quality of patient care in inpatient setting.

Methodology

The following measures were taken to enforce the routine nutritional screening:

- (1) Formulated Nutrition Policy to clearly set out guidelines on nutritional care;
 - (2) Incorporated the malnutrition screening tool into the Patient Admission Information (PAI) as part of nursing assessment upon admission;
 - (3) Provided continuing education through regular educational talks;
 - (4) Reinforced nurses' roles and recognized their contribution in nutritional care;
 - (5) Adopted team approach and emphasized the importance of close collaboration;
- and
- (6) Maintained effective communication between nurses and dietitian.

In annual point prevalence survey, the PAI of all patients was reviewed: (1) to check whether nutritional screening had been completed; and (2) to analyze the nutritional screening results upon admission. The malnutrition risk is assessed by using a validated malnutrition screening tool – Hong Kong Chinese Malnutrition Universal

Screening Tool (HKC-MUST), which classifies patients into low, medium and high risk of malnutrition. Patients of medium and high risks are identified as “at risk” of malnutrition.

Result

According to the PAI reviewed in July 2014, July 2015 and July 2016, nutritional screening had been 100% completed among the admitted patients (n=228, 261 and 266 respectively). The results reveal that the implementation of routine nutritional screening has been successfully sustained for over three years.

This project has proven that by taking adequate measures, the sustainability of routine nutritional screening upon admission can be maintained. This has in turn enabled early detection of malnutrition risk and timely nutritional intervention, and hence upheld the enhanced quality of patient care in inpatient setting.