Service Priorities and Programmes

Electronic Presentations

Convention ID: 943
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Nutrition Screening Compliance – the first step to prevent patient under nutrition in a regional rehabilitation hospital in Hong Kong

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Keywords:
Nutrition Screening
Compliance
HKC-MUST

Introduction

The Audit Commission (2001) stated around 40% adult in-patients are malnourished when admitted or during their stay in hospital. Studies showed that malnutrition would prolonged hospital stays, delayed recovery, increased complications of nosocomial infections, poor respiratory function, prolonged bed rest, increased dependency upon discharge and even increased mortality. BAPEN's Malnutrition Advisory Group launched the malnutrition universal screening tool (MUST) in 2003, in response to national concerns about the issues in hospitals.

Objectives

In Hong Kong, Coordinating Committee (Dietetics) completed the validation of the MUST for the Hong Kong Chinese (HKC-MUST) in June 2007. This tool is used to identify patients who are underweight and at risk of under-nutrition in hospitals. Nutritional screening is historically less attended amongst healthcare professionals. The implementation of this screening tool cannot be automatically translated into efficient practice without leadership and advocate. A Nutrition Management Committee was established in 2012 in Tung Wah Eastern Hospital to ensure appropriate infrastructure, processes and resources are in place for good nutrition care. Members involve a cross-section of disciplines as core members. This program aims to promote evidence-based nutritional screening practice and ensure its compliance.

Methodology

The committee adopted the COC (Diet) HKC-MUST Form which scores risk from low to high and describes the nutrition management based on the scores obtained. This tool was applied to the most vulnerable risk groups included the geriatric patients and patients with respiratory and neurological disorders. Nurses are responsible for screening patients as part of routine nursing care. The initial nutritional screening was conducted within 48 hours after admission to identify malnutrition and re-screened weekly. The nutrition intervention and care plan was initiated based on the risk

identified. A validated tool is of little use if health professionals are unaware of its context. A cycle of trainings included hospital-wide briefing sessions and 4 workshops were held in 2012 to 2015 enhancing the knowledge and skills of frontline nurses. Continuous monitoring and feedback by senior staff enabled the nurses' behavior change in its implementation. A compliance audit in end of 2015 was conducted.

Result

150 in-patient medical records for patient admitted from 1 Aug 2015 to 30 Oct 2015 were randomly selected for retrospective review. The overall compliance was 92%. 100% (N=150) had initial screening by using the HKC-MUST form with 95.3% (N=143) performed within 48 hours after admission. 90.5% (N=133) overall risk score of malnutrition was correctly calculated. 93.4% (N=114) re-screened weekly. Nursing care plan and appropriate allied health consultation was initiated when patient had low albumin level, refused diet, low appetite and swallowing problem even the risk score was 0.The Nutrition Management Committee provides the leadership and advocate for the screening practice and enable the development of training and audit cycle. Building nutrition screening into ward routine could enhance the compliance. The importance of nutritional screening should be considered same as other risk screening like fall and pressure ulcer risks. It should be included as part of the healthcare standards