Implementation of Good Nutritional Care in Hospitals: Focus on Screening

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Background

- Nutrition screening week 2010 & 2011 results
- Refeeding syndrome audit in Beaumont
- Every patient deserves good nutritional care: A Call to Action
- Improved outcomes & cost savings

For patients

**"I want to live until I die –
I don't want to fade away.."**

Steering Group

Co-ordinators

- Nursing continuing education co-ordinator
- Clinical specialist dietician

Steering Group (SG)

- CNM1&2 of wards involved
- Nurse Practice development Co-ordinator
- Dietetics, Catering, Supplies, Consultant Gastroenterologist

Consulting to SG

- Nutrition Company
- Patient Flow Lead, Statistician, Management Information, Medical Student & Supervisor

Objectives

Primary outcome

- Average length of hospital stay
- (Feasibility)

Secondary outcomes

- Dietetic activity
- Nursing feedback
- Use of nutrition products

Process

- Assessing the suitability of the ward?
  - GI ward - experience in nutrition support - familiar with Refeeding Syndrome protocol
  - Consultant support
- Staff consulted – notices re start date - need for additional equipment
- Development of the Beaumont MUST tool - staff to familiar with tool in advance

- Select screening tool – learn from others
- Agreed action plans
- Equipment – Beaumont Hospital Foundation - hoist scales
- BMI & % weight loss ready reckoners, left ulna height tables, measuring tapes

Process

Training

- Dietetics/ Nursing continuing education co-ordinator/ Nutrition Company
- Education carried out for staff was in short sessions, and at ward level to maximise participation

Audit

- Must compliance (medical ward): 100% compliance in July/August 2013 & July 2014.
  - Audit sub group: 20 charts per ward per audit
  - Medical student – full wards audited

Implementation at Ward Level

- Lead in - from March 2013
- The majority of staff - training & good understanding
- Existing good practices recognised
  - board - dietary needs - updated daily by catering
  - fasting lists
- Casual observation of charts - very low uptake
- Simple audit tool developed by the Ward CNM's
  - Implement the MUST as a part of "The Productive Ward": 'Knowing How We are Doing' Module.

Results of Initial Audit

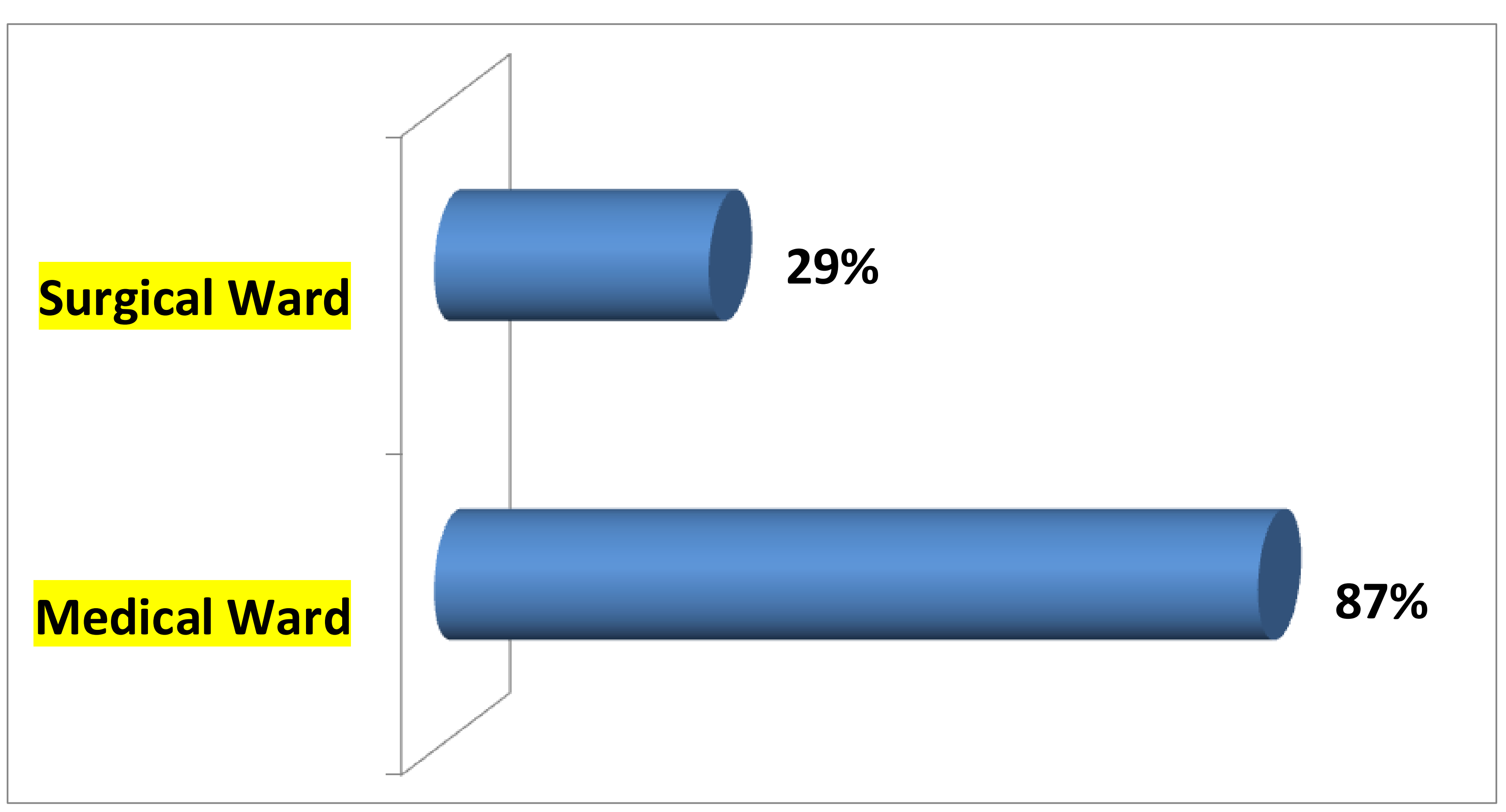
- Initial Audit - end of March - uptake of 19%

  - **Time to reassess**
  - **Staff feedback key at this point!**

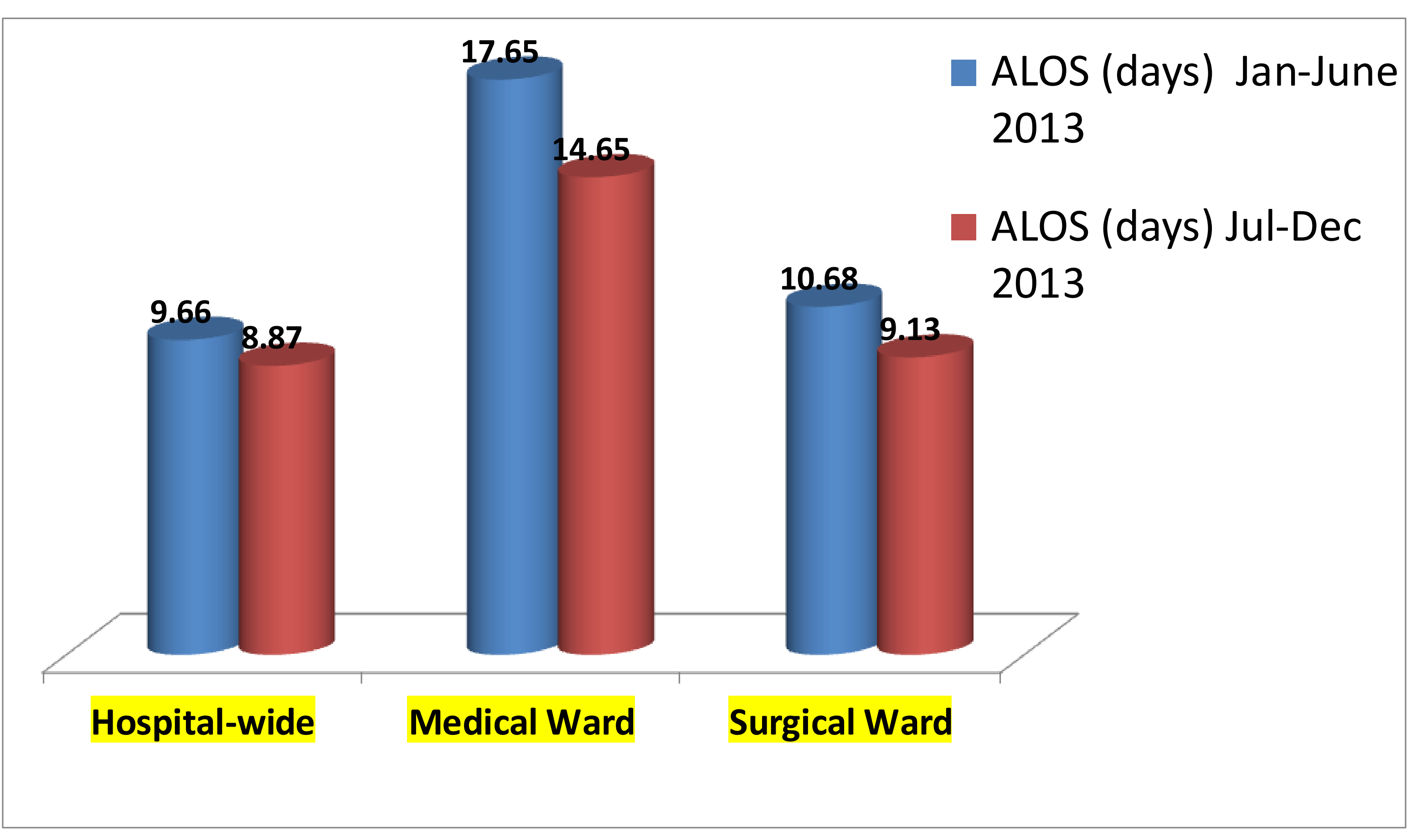
Staff Feedback

Screening Tool too complex	Redrafted tool in liaison with the Steering Group
Training	• Trainers - repeated education process - weeks • Train the trainer process - CPC's & CPSN
Equipment missing, not accessible & no central location	• Weight Chart/BMI calculator - on seated scales • Measuring tapes for all staff • Ready reckoners & charts - each bay
Nurses could not referral directly	• Steering Group Liaison with the IT dept.
Timing of meals	• Involvement in the NSWG - challenges in changing meal delivery • Involvement in NSSG
Previous weights	• Document weights - OPD & all admissions

MUST Compliance Jul-Dec 2013



Primary Outcome ALOS



Parameter	January-June 2013	July-December 2013
Beaumont Hospital: hospital-wide		
ALOS (days)	9.66	8.87
ALOS difference in intervention period		**- 0.79 days**
Medical Ward		
Discharges	360	436
ALOS (days)	17.65	14.65
ALOS difference in intervention period		**-3 days**
Surgical Ward		
Discharges	527	635
ALOS (days)	10.68	9.13
ALOS difference in intervention period		**-1.55 days**

Effect on nutrition product use

	January-June 2013	July-December 2013
Medical ward (euro)		
Standard stock	1427.13	1216
Specials	980.85	958.44
Surgical ward (euro)		
Standard stock	245.96	491.97
Specials	283.67	486.54

The Future of MUST Screening In Acute Care?

- Creation of a vision:
  - MUST screening - a safety initiative
  - Empowers nurses to assess and implement safe practices
  - Refocuses how we deliver care
- Creation of a care pathway:
  - Integrating screening to existing documentation.
- Productive Ward and Pressure Sores to Zero
- Bridging the gap between acute and residential:
  - Include in PHN referrals (pending) for managing wound care & monitoring frail elderly
- Early intervention - all wards

Beaumont MUST tool

BEAUMONT HOSPITAL NUTRITIONAL SCREENING TOOL

Surname: First name: Address: ADDRESSOGRAPH Hospital No: Date of Birth: Consultant:	Malnutrition Universal Screening Tool MUST BAPEN Advancing Clinical MAG

Height (m): ____ Usual / Recent Weight (kg) ____

Reported ☐ *Ulna* ☐ *Actual* ☐ *Estimated* ☐

	Date	Weight kg	Weight scales*	BMI kg/m^2	MUAC** cm	Step 1	Step 2	Step 3	MUST score	Signature
Admission										
Week 2										
Week 3										
Week 4										

* Weight: data collected using Stand on scales=1 Sit on scales=2 Hoist=3 Estimated=4
** Use MUAC (Mid Upper Arm Circumference) to estimate BMI for patients with obvious oedema or ascites (see overleaf).
See overleaf for additional information on scoring of Steps 1-4.

Step 5 MANAGEMENT PLAN

A. Low Risk (MUST Score 0)	B. Medium Risk (MUST Score 1)	C. High Risk (MUST Score >2)
• Routine clinical care • Screen weekly • Repeat MUST if patient's condition deteriorates	• Provide assistance with eating and drinking • Commence food record charts for 3 days (If consistently <50% of meals taken over 3 days - refer to Dietitian) • Offer snacks between meals • Highlight the patient to Catering Staff • Screen weekly	• Follow care plan for Medium Risk • **Refer** to the Dietitian - *put MUST score on referral* • Ensure food record charts are commenced (aim for 3 days) • Screen weekly

• **Refer to Dietitian** if specialised dietary advice is required – include MUST score on referral and see Department of Nutrition and Dietetic referral guidelines.
• See Beaumont Hospital **Refeeding Syndrome Guidelines**– to identify and manage at risk patients.

Date	Action taken if A, B or C above	Signature

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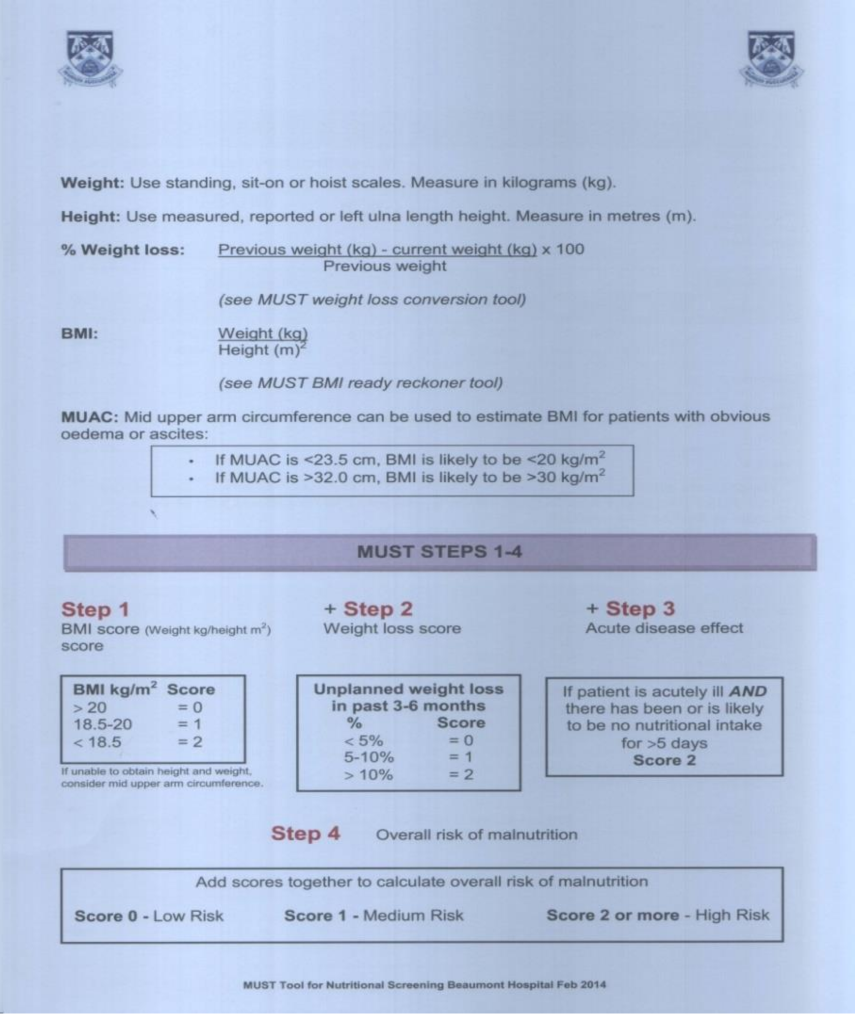

Weight: Use standing, sit-on or hoist scales. Measure in kilograms (kg).

Height: Use measured, reported or left ulna length height. Measure in metres (m).

% Weight loss: $\frac{\text{Previous weight (kg) - current weight (kg)}}{\text{Previous weight}} \times 100$

(see MUST weight loss conversion tool)

BMI: $\frac{\text{Weight (kg)}}{\text{Height (m)}^2}$

(see MUST BMI ready reckoner tool)

MUAC: Mid upper arm circumference can be used to estimate BMI for patients with obvious oedema or ascites:

- If MUAC is <23.5 cm, BMI is likely to be <20 kg/m^2
- If MUAC is >32.0 cm, BMI is likely to be >30 kg/m^2

MUST STEPS 1-4

Step 1 BMI score (Weight kg/height m^2) score

BMI kg/m^2	Score
> 20	= 0
18.5-20	= 1
< 18.5	= 2

If unable to obtain height and weight, consider mid upper arm circumference.

+ Step 2 Weight loss score

Unplanned weight loss in past 3-6 months %	Score
< 5%	= 0
5-10%	= 1
> 10%	= 2

+ Step 3 Acute disease effect

If patient is acutely ill *AND* there has been or is likely to be no nutritional intake for >5 days **Score 2**

Step 4 Overall risk of malnutrition

Add scores together to calculate overall risk of malnutrition

Score 0 - Low Risk **Score 1 -** Medium Risk **Score 2 or more -** High Risk

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Thank you for your attention!