



Sub-acute Point-of-Service Nutrition Screening Audit

Stratmann, H. Gleeson, R. Wheatland, K. Edis, K. Nutrition and Dietetics, Peninsula Health, Frankston, Victoria



Introduction

Nutrition screening of Sub-acute inpatients is evidence-based practice (1,2)

Patients who need to be identified via screening and referred

- malnourished patients
- patients at risk of malnutrition
- patients with significant pressure areas/non-healing wounds

Objectives

- Determine percentage of Malnutrition Screening Tools (MST's) correctly completed by Sub-acute Nursing Staff
- Determine percentage of patients with malnutrition /Stage2 or greater pressure injuries (PI's)/non-healing wounds referred to Dietetics post screening

Method

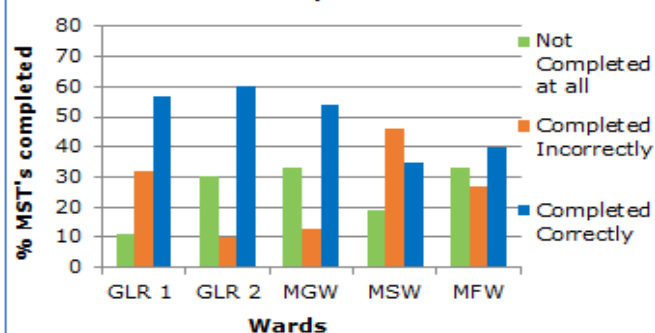
- Two Vocational Placement Dietetics Students collected data Golf Links Rd Two (GLR2), Golf Links Rd One (GLR 1), Gunnamatta Ward (MGW) Sorrento Ward (MSW) Flinders Ward (MFW)
- Audit period 6th – 17th November 2017 . Data collected from nursing admission forms/wound charts using purpose-designed paper-based forms
- Subjective global assessments (SGA's) completed to diagnose malnutrition for at-risk patients
- Data entered onto an Excel 2010 spreadsheet and statistical analysis performed using percentages

Results

Objective One – MST Completion

- Correct MST completion ranged from 35% to 60% per ward.
- GLR 2 had the highest completion rate and MSW the lowest
- Correct completion rates were improved compared to a similar 2012 audit (range 0% - 66%)
- The number of MST screens not completed ranged from 11% to 33% per ward.

MST Screen Completion Data 2017



Objective Two – Malnutrition

- Thirty-one (72.1%) of 43 patients diagnosed with malnutrition referred to Dietetics
- Between 1- 4 malnourished patients per ward had not been referred
- The malnutrition rate across the five wards (144 occupied beds) was 29.9%
- Likely that this rate is an underestimate as assessments still pending for four patients

SGA (Malnutrition) Results

Level of Malnutrition /Ward	GLR 1	GLR 2	MGW	MSW	MFW	TOTAL
Mild	2	4	4	4	4	18
Moderate	4	1	8	4	5	22
Severe	0	0	0	2	1	3
TOTAL	6	5	12	10	10	43

Objective Two – Pressure Injuries/Wounds

- A total of eleven (52.3%) of 21 patients with Stage 2 or greater PI's/non-healing wounds were referred to Dietetics
- Wounds question on screen answered for 59% of patients. Only five of 10 patients identified via the screen were referred to Dietetics
- Unclear from wound charts if PI was Stage 1, 2, 3 or 4 or if the wound was non-healing

Ward Patients identified via wound chart - not referred to Dietetics

GLR1	1x PI stage 3 sacrum (pre-admission wound, chronic) 1x PI stage 3 buttock (superficial depth)
GLR2	1 patient multiple wounds including PI Stage 1
MGW	1 patient with two PI's (?stage)
MFW	1 patient with 4 x wounds , 2 wounds healed

Significance of findings to Allied Health

These findings demonstrate the need for increased nursing education regarding nutrition screen completion

What should nursing education sessions discuss/include?

- Benefits of improving nutritional status
- Revision of process for accurately completing the nutrition screen
- Importance of completing the wounds screen question/maintaining detailed wound charts
- Reminder of the importance of early Dietetics referral
- Online practical educational video/quiz

Higher rates/accuracy of screening and early Dietetics referrals facilitates timely actions to optimise patient nutritional status

Improved nutrition status reduces patient infection risk, assists wound healing and reduces length of stay/incidence of re-admission

References

- Queensland Health , "An Evidence –based Management Toolkit for Dietetics Services - Sub-acute Care " 2017
- Trans-Tasman Dietetic Wound Care , "Evidence-based practice guidelines for the dietetic management of adults with pressure injuries ", reviewed 2018

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Authors Contact Details

Helen Stratmann, Senior Dietitian, Peninsula Health, Email - hstratmann@phcn.vic.gov.au

