

Mission Nutrition

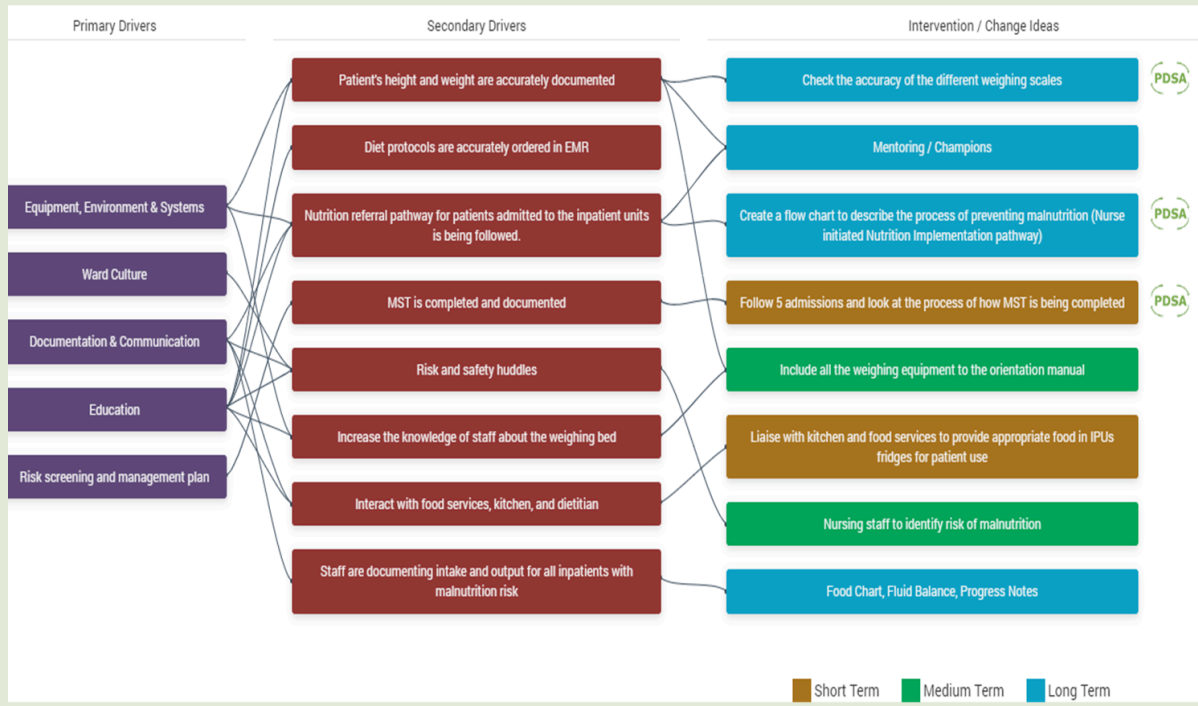
SWSLHD- Bowral and District Hospital

Renes, L and Williams, A

AIM STATEMENT

“By April 2023, 95% of patients in the inpatient units will have an accurate Malnutrition Screening Tool (MST) attended and a management plan in place.”

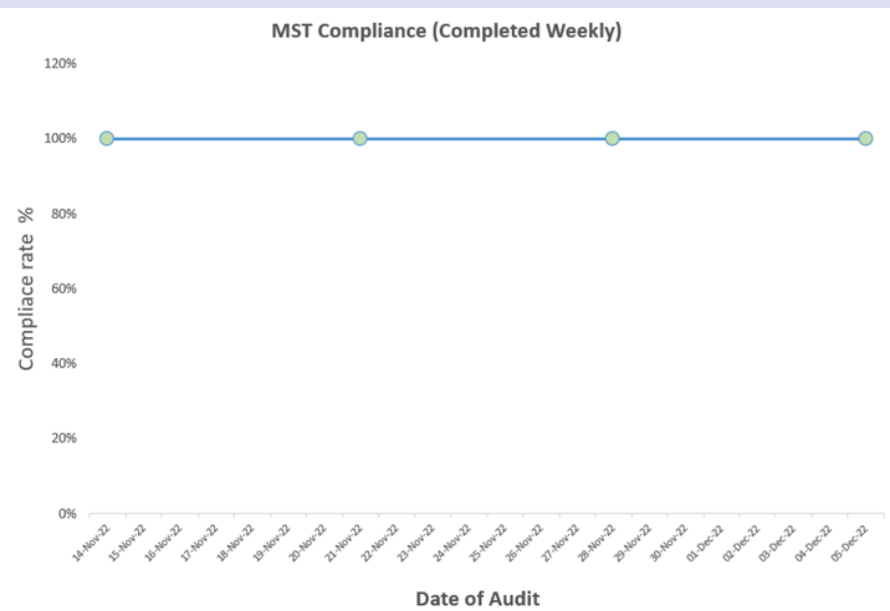
DRIVER DIAGRAM



DATA COLLECTION

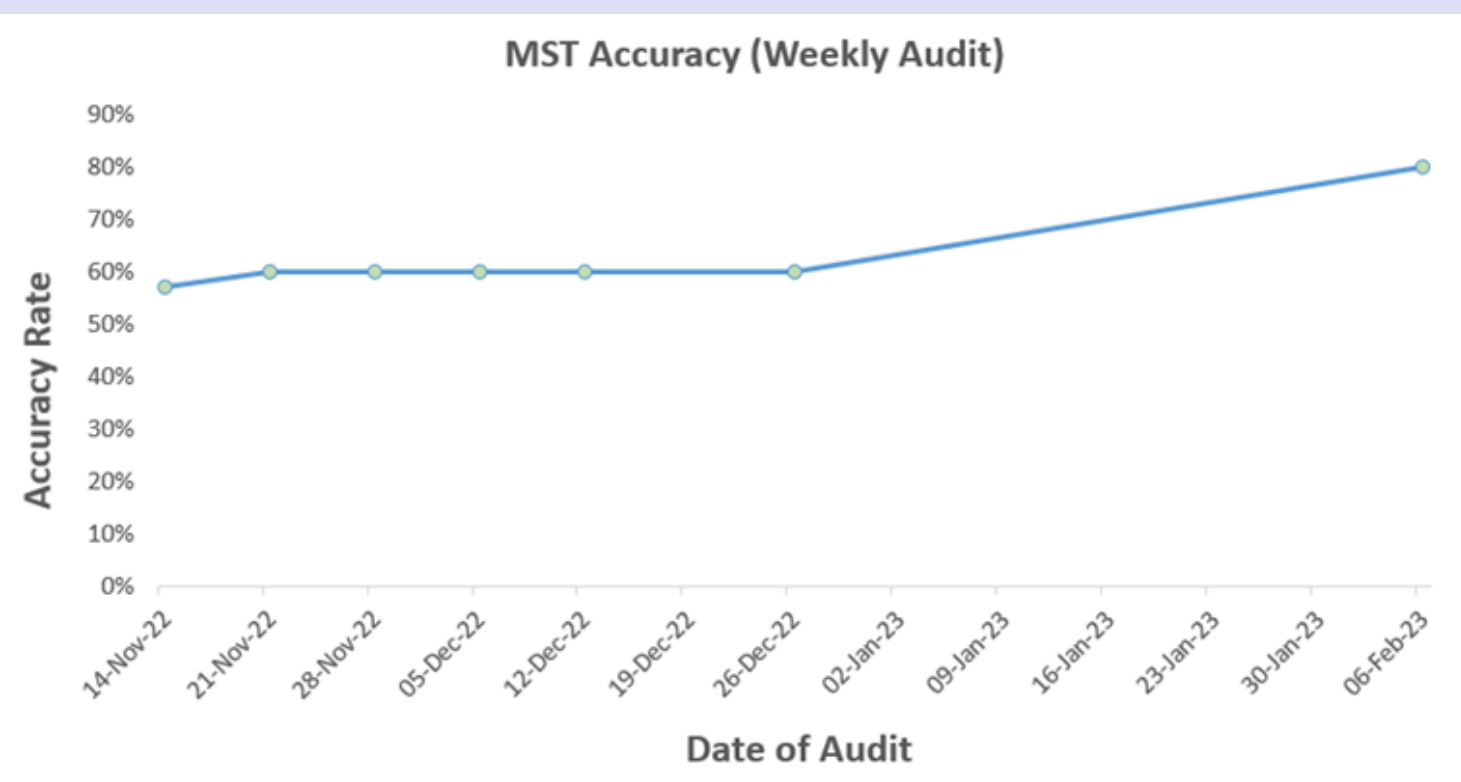
Data was gained through staff survey and auditing of Malnutrition screening tool (MST) compliance and accuracy. This data showed that whilst the MST was being attended 100% of the time, there was improvement needed in the accuracy of the data collected.

OUTCOMES



MST weekly compliance continued at 100% throughout the audit period.

MST accuracy steadily increased from the initial 57% accuracy level during the audit period after the implementation of the interventions.



INTERVENTIONS

The presentation includes a title slide, an introduction to the MST, and three steps: Step 1: Accurately screen with the MST; Step 2: Score and actions; and Step 3: Intervene with nutritional support for your patients at risk of malnutrition. It also includes a Dietsitian Referral section.

TOOLBOX TALKS

The education consisted of MST education by the dietitians at handover huddle with a quick reference guide created to support the education

WEIGH SCALE POSTER

Developed by the team this poster shows the equipment available to the units used to weigh patients. It is displayed in the unit near the weighing equipment. Toolbox talk education was rolled out with the poster. The poster also outlines guidelines for staff to follow to ensure accuracy of weights.

The poster displays four types of scales: Standard (for all ambulant patients), Chair Scale (for patients who can transfer/semi ambulant), Hoist Scale (for NWB/bed bound only if not on bed scale), and Ceiling Hoist Scale (for bariatric and bed bound patients). It also includes a Bed Scale for bed bound patients. A 'PLEASE NOTE' section provides instructions on ensuring drainage bags are empty, weighing morning post void and before 0600 hrs, and using the same scale for routine weights.

The flowchart starts with 'All patients > 20 years must be screened within 24 hours of admission to the inpatient units'. It branches into 'Malnutrition Screening Tool (MST)' and 'Admission Height & Weight'. The MST section includes outcomes for MST 0-2 (No Dietitian Referral), MST 3 (Assessed by Dietitian Assistant), and MST 4-5 (Nutrition Assessment). The 'Is the patient at risk of Malnutrition?' section lists symptoms like obvious weight loss, poor oral health, and dehydration. Recommended interventions include starting on food charts, accurate measurement, and referral to dietitian or speech pathologist.

NINI CHART

The Nurse Initiated Nutritional Intervention Flowchart is an easy to follow flow chart that guides Nurses on the recommended appropriate nursing interventions based on the MST, weight and other risk factors for malnutrition. Members from the project team provided individualised 1:1 education to all staff on both inpatient units.

DID WE MEET OUR GOAL ?

The accuracy of the MST being completed increased from 57% to 80%!

Re-auditing in March 2024, 1 year post the initial project, showed ongoing compliance of 100% for MST weekly and 80% for MST accuracy weekly