

CLINICAL SUMMARY

Nutritional screening of elderly patients: a health improvement approach to practice

This study was held in three elderly care wards in a large teaching hospital (850 beds) in Northwest England.

Malnutrition is common in elderly patients, affecting almost 60% of those in the hospital setting. However, malnutrition is often under-recognized and under-treated in this population and leads to numerous negative consequences including prolonged hospital length of stay. Early identification of at risk patients through nutrition screening is necessary to ensure proper nutrition assessment and nutrition intervention. The Malnutrition Universal Screening Tool (MUST) is one validated nutrition screening tool available, but at the time of this study (in 2009) there was no published data on the use of this tool in elderly hospital patients.

OBJECTIVE

To evaluate the practice of nutrition screening using the MUST in elderly care wards and to assess whether healthcare improvement methodology (Plan-Do-Study-Act/PDSA) can address any discrepancies through a quality improvement project.

METHODS

A project steering committee was established to develop the project aim and framework for change. The team examined 6-months of retrospective data on each ward's performance and decided on a time-limited, measurable goal to achieve within 9 months on the wards. The project aim was that 90% or more of patients admitted to the three wards would have a MUST screen completed within 6 hours of admission. Each month, the timeliness (within 6 hours of admission) and accuracy (compared to a dietitian assessment) of the MUST scores on the wards were reviewed. The PDSA model was utilized for this project to rapidly test changes in the wards.

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RESULTS

Baseline data identified that a MUST was documented in <60% of patients within 6 hours of admission and that only 70% were accurate (compared to dietitian assessment). After implementation of the project, all the wards achieved an improvement and documented MUST within 6 hours of admission, and one ward achieved 90% accuracy in the scores compared to the dietitian assessment.

NUTRITION CONCLUSION

This project demonstrated that health improvement methods, such as PDSA, can be applied to nutrition screening with a successful outcome and can help to improve nutrition screening rates and accuracy in elderly hospital patients.