Oral presentations

042 USING QUALITY IMPROVEMENT METHODS TO IMPROVE MALNUTRITION SCREENING RATES ON AN ACUTE FRAIL ELDERLY WARD

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Background: Malnutrition is associated with complications such as pressure ulcers and increased lengths of stay amongst patients admitted to acute hospitals. Nutrition support intervention is known to improve clinical outcomes and quality of life. To ensure patients receive the right intervention at the right time requires that systems are in place to:

• identify patients at risk of malnutrition
• prevent patients from becoming malnourished

A key recommendation of current national guidelines for preventing malnutrition is to use the Malnutrition Universal Screening Tool (‘MUST’) 5 steps screening tool. ‘MUST’ is a method of identifying the patient at nutritional risk and assignment of a risk score which leads to a subsequent plan of care.

Methods: The multi-professional QI Project Team used the Model for Improvement (MFI) as an approach to improving rates of screening using the ‘MUST’ tool on an acute ward. Combined with the Plan, Do, Study, Act (PDCA) cycle the model is a simple, yet powerful tool for accelerating improvement.

A baseline audit was undertaken showing the rate of ‘MUST’ completion was 20%. Over 8 weeks a number of PDSA’s were introduced including:

• Nurse education
• introduction of an admission checklist
• availability of equipment

Sampling methods were used to collect data weekly which was plotted on time series run charts.

Results: The team set a SMART aim to increase screening rates by 60% over 8 weeks. An actual increase of 80% was achieved.

Conclusion: A significant improvement in screening rates for malnutrition using the ‘MUST’ was achieved using the MFI and PDCA cycles. Screening is now embedded into the admissions process and dietetic intervention takes place earlier in the patient’s journey. This lead to the development of a national guidance document: Malnutrition screening using “MUST”: A brief guide for improving. This is available on the HSE website.