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Nutrition Risk Screening by an Allied Health Assistant

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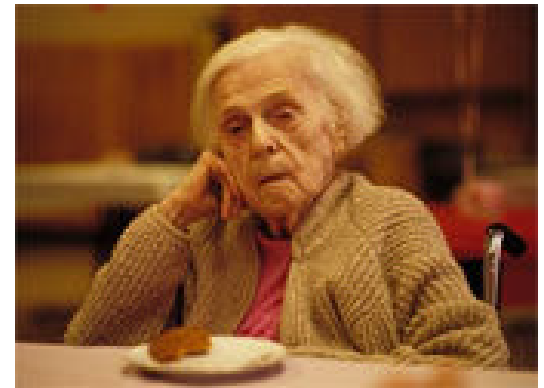
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Caulfield Hospital is the sub acute hospital servicing Alfred Health

Background Information



- Malnutrition is a serious and commonly reported problem amongst hospitalised elderly patients – it is estimated to be between 28-43% in elderly sub-acute patients₁
- Malnutrition is associated with a higher morbidity and mortality and an increased length in hospital stay
- Nutrition Risk Screening (NRS) is a validated tool for identifying elderly patients who are nutritionally compromised or at risk
- NRS is also a method used by dietitians to prioritise patients, with those at high risk of malnutrition being of high priority
- Using Nursing Staff, a low compliance with NRS has been widely reported - The use of a nutrition dedicated AHA has been suggested as an alternative approach





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Aims

- Through the use of a Nutrition AHA we hoped to achieve a 100% completion rate for NRS of the patients referred to Nutrition Services
- Additionally, we hope to raise awareness of malnutrition, subsequently ensuring referrals are completed in a timely manner and are prioritised correctly.



Methods



- A Grade 3 Allied Health Assistant was recruited to Nutrition Services at Caulfield Hospital
- The main role for the AHA was to undertake NRS for all referrals regarding poor oral intake, weight loss and possible malnutrition on one Aged Care ward during February and March 2011
- Caulfield Hospital uses an Interdisciplinary Assessment Tool (IDAT) for all newly admitted patients. One page is dedicated for nutrition and contains two sections. Section one asks five questions that trigger an immediate Dietitian referral. The remainder of the Nutrition Assessment is comprised up of the Mini Nutritional Assessment – Short Form. The Nutrition section of the IDAT was used by the Nutrition AHA to screen referred patients, alongside a specifically developed Nutrition Assistant screening form


Methods Cont.



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The Interdisciplinary Assessment Tool – Nutrition Page

Comprised of 5 questions aimed to trigger an immediate dietetic referral, and the MNA-SF. The MNA-SF is a validated tool recommended by the Dietitian’s Association of Australia for the nutrition screening of elderly patients

		Attach ID Label Here
CMR119 INTERDISCIPLINARY ASSESSMENT TOOL NUTRITION (Part B: Page 13 of 16)		
NUTRITION: BMI = Complete Weight Chart to calculate BMI Does patient have dietary requirements related to culture or religion: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: 1. Is the patient unable to meet cultural or religious dietary requirements from the ward menu <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is the patient on a texture modified diet <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is the patient on a renal diet <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Is the patient on enteral feeds <input type="checkbox"/> Yes <input type="checkbox"/> No Specify route: <input type="checkbox"/> PEG <input type="checkbox"/> NG 5. Is the patient's quality of life affected by being overweight <input type="checkbox"/> Yes <input type="checkbox"/> No		Further Action Required <input type="checkbox"/> If BMI greater than 30 refer to Dietitian <input type="checkbox"/> If yes to Q1-5 refer to Dietitian
MINI NUTRITIONAL ASSESSMENT (MNA[®]) A: Body Mass Index (BMI) <input type="checkbox"/> <input type="checkbox"/> 0 = BMI less than 19 <input type="checkbox"/> 1 = BMI 19 to less than 21 <input type="checkbox"/> 2 = BMI 21 to less than 23 <input type="checkbox"/> 3 = BMI 23 or more B: Weight loss during last 3 months <input type="checkbox"/> <input type="checkbox"/> 0 = lost more than 3kgs (6.6lbs) <input type="checkbox"/> 1 = does not know <input type="checkbox"/> 2 = loss between 1 and 3kgs (2.2 – 6.6lbs) <input type="checkbox"/> 3 = no weight loss C: Has food intake declined over past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties? <input type="checkbox"/> <input type="checkbox"/> 0 = severe decrease in food intake <input type="checkbox"/> 1 = moderate decrease in food intake <input type="checkbox"/> 2 = no decrease in food intake D: Has suffered psychological stress or acute disease over past 3 months <input type="checkbox"/> <input type="checkbox"/> 0 = yes <input type="checkbox"/> 2 = No E: Neuropsychological problems <input type="checkbox"/> <input type="checkbox"/> 0 = severe dementia/depression <input type="checkbox"/> 1 = mild dementia <input type="checkbox"/> 2 = no psychological problems F: Mobility <input type="checkbox"/> <input type="checkbox"/> 0 = bed/chair bound <input type="checkbox"/> 1 = able to get out of bed/chair but not go out <input type="checkbox"/> 2 = goes out		MNA Screening Score Actions: <input type="checkbox"/> 0-7 Possible Malnutrition high risk <input type="checkbox"/> refer immediately to Dietitian <input type="checkbox"/> commence food record chart and initiate environmental strategies <input type="checkbox"/> 8-11 Possible Malnutrition moderate risk <input type="checkbox"/> refer to Dietitian <input type="checkbox"/> commence 3 day food record chart + environmental strategies <input type="checkbox"/> 12-14 Normal - not at risk <input type="checkbox"/> consider environmental strategies to maintain nutrition Document all strategies in care plan as required. Date referred to Dietitian / /
MNA SCREENING SCORE (Complete MNA Screening Score Actions)		<input style="width: 50px; height: 20px;" type="text"/>
Name: Designation: Signature: Date: / /		CMR 119

NUTRITION PART: B



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Method cont.

In addition to the Nutrition section of the IDAT, a separate Nutrition Assistant screening form was developed for use, to pick up any further issues that should trigger a referral to Dietitian. These triggers included:

- % weight change
- Physical signs of malnutrition
- Diabetes (Type 1 or newly insulin requiring)
- Dysphagia
- Food allergy
- End stage renal failure
- Grade 2 or above pressure injury
- Enteral Nutrition support

The Nutrition Assistant Screening Form also obtained valuable information necessary for the ongoing monitoring of patients including dietary likes and dislikes, recent oral intake and whether the patient requires assistance at meals.

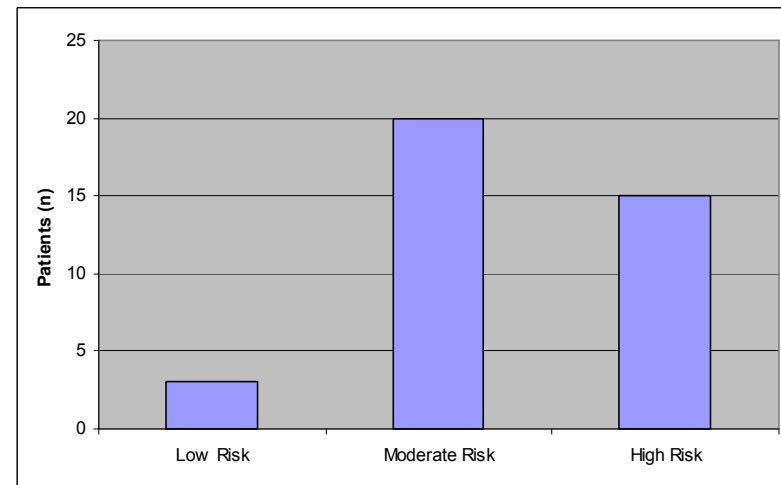


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Results – Screen Categorisation

- A total of 38 screens were completed of which 3 indicated low risk, 20 were at moderate risk and 15 were at high risk for malnutrition

Graph showing the range of Patients at Low, Moderate and High risk of malnutrition



- Both moderate and high risk groups require nutrition intervention (92% of patients screened)
- Patients at moderate risk of malnutrition were monitored by the AHA when there were no other factors triggering a referral to Dietitian
- Of the moderate risk patients, 7 were referred to the Dietitian after successful identification of triggering factors by the Nutrition AHA

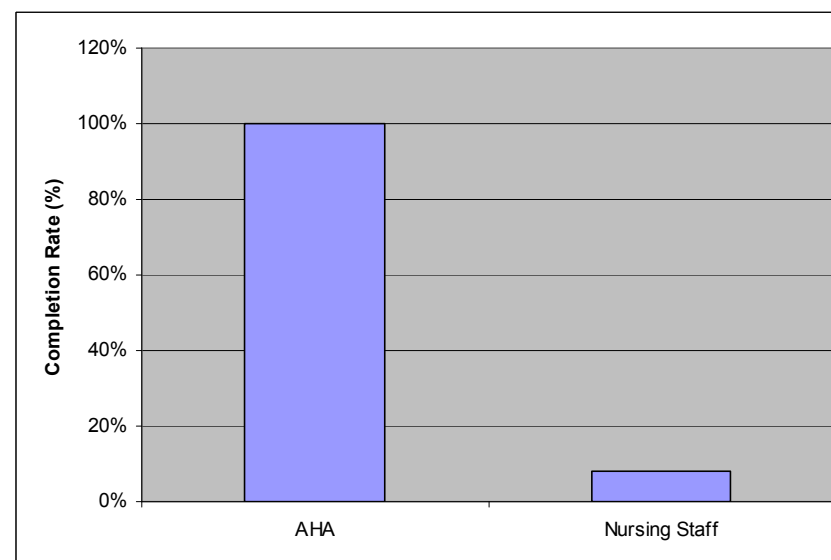


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Results – Completion Rates

- The completion rate of NRS for pts screened by the AHA was 100% (38/38)
- The completion rate of NRS for patients screened by NS was 8% (3/38)
- The 3 pts who had their NRS completed by Nursing Staff were of High(2) and Low(1) risk. NS had not timely completed NRS for 33/35 patients that WERE at compromised nutritional risk.
- The AHA identified all 35 patients that were at risk of malnutrition

Graph of completion rates (%)



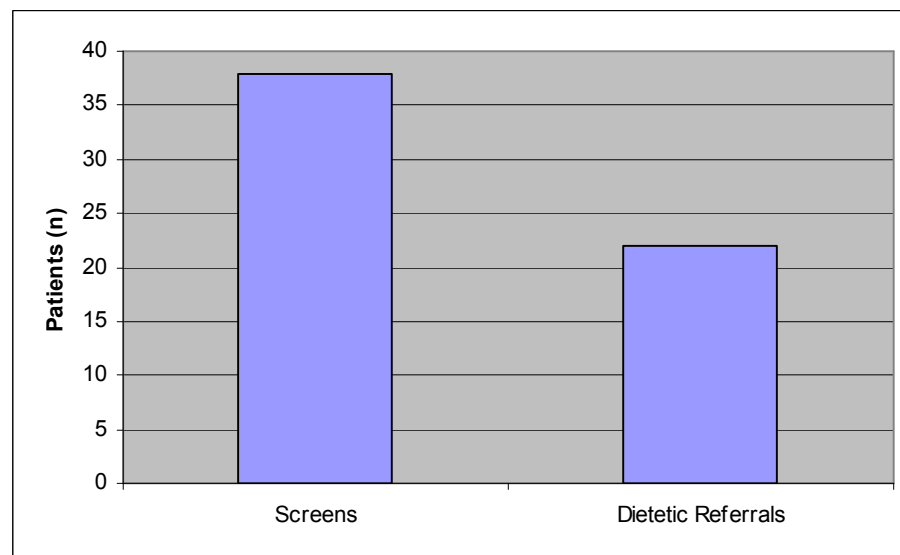


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Results – Dietetic Referral

- When completed together the Nutrition section of the IDAT and the screening form used by the AHA resulted in a higher dietetic referral rate (22/38) when compared to the Nutrition Section of the IDAT alone, due to the ability of the tool to identify patients at further nutritional risk than possible malnutrition alone.

Graph Displaying the Amount of Screens and Dietetic Referrals Generated

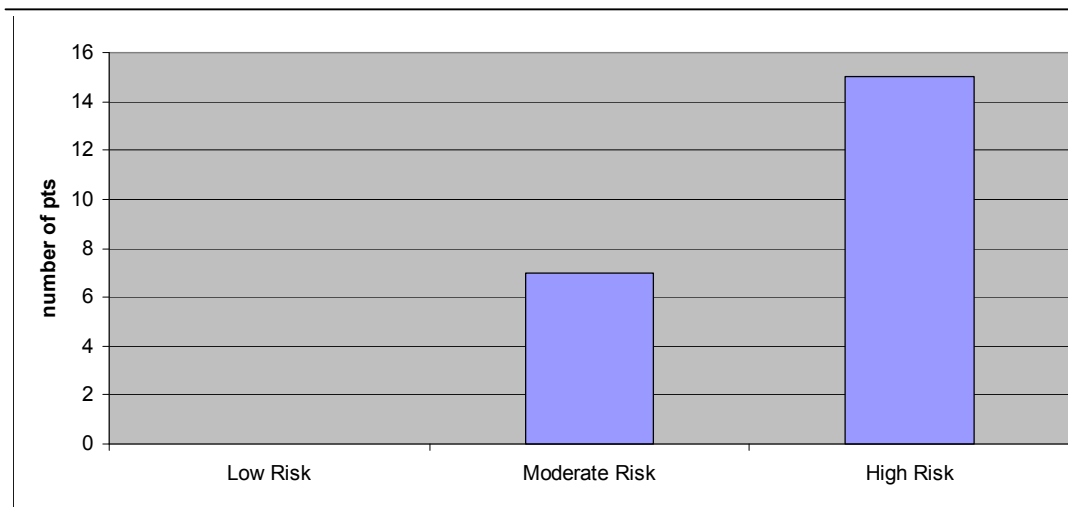


Results – Dietetic Referral

- 7 patients who screened Moderate risk when using the MNA-SF, were in fact a high nutrition priority due to other triggers that may not have been picked up through screening by Nursing Staff using the Nutrition IDAT section alone

This could lead to moderate risk patients being prioritised low, when they have further nutritional issues that should trigger a higher priority referral than possible malnutrition alone

Graph Displaying Risk Categories of Patients Requiring Dietetic Intervention



Conclusions



- A Nutrition AHA can screen patients, allowing for a more structured and timely triage of patients at risk of compromised nutrition status
- The completion rate of NRS by the AHA is 100% compared to NS at 8%
- The Nutrition AHA can complete in depth screening of patients, triggering referrals relating to nutritional issues other than malnutrition
- The Nutrition AHA can promote nutrition interventions, and assist with their delivery in a more timely manner than a Dietitian alone.





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Further Study Options

Issue: Increased awareness and screening of malnutrition is likely to result in an increase in referrals

Why is this an issue?: Many nutrition departments are currently underfunded and are struggling to meet current demand

Proposed Solution: The ongoing use of a grade 3 AHA to monitor patients at moderate risk of malnutrition is being considered at present time within Caulfield Hospital and we are gathering data measuring patient outcomes as well as length in hospital stay and Dietitian prioritisation/workloads.



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References

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Charlton K, Nichols C, Bowden S, Lambert K, Barone L, Mason M,
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Older rehabilitation patients are at high risk of malnutrition: Evidence from a
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Thankyou all for listening

Are there any questions?