



I AM

Identifying & Addressing Malnutrition

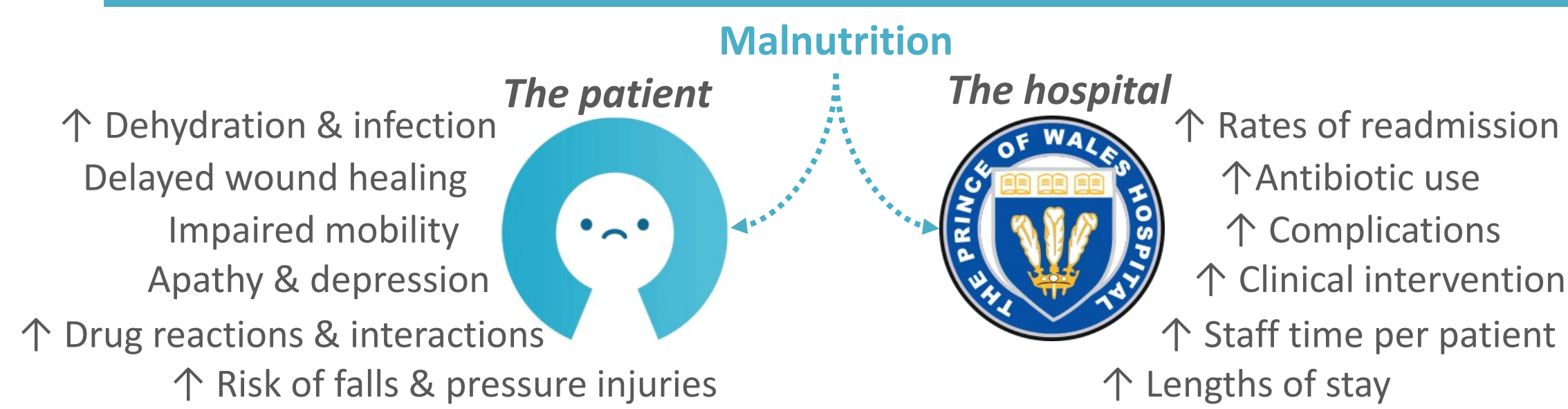
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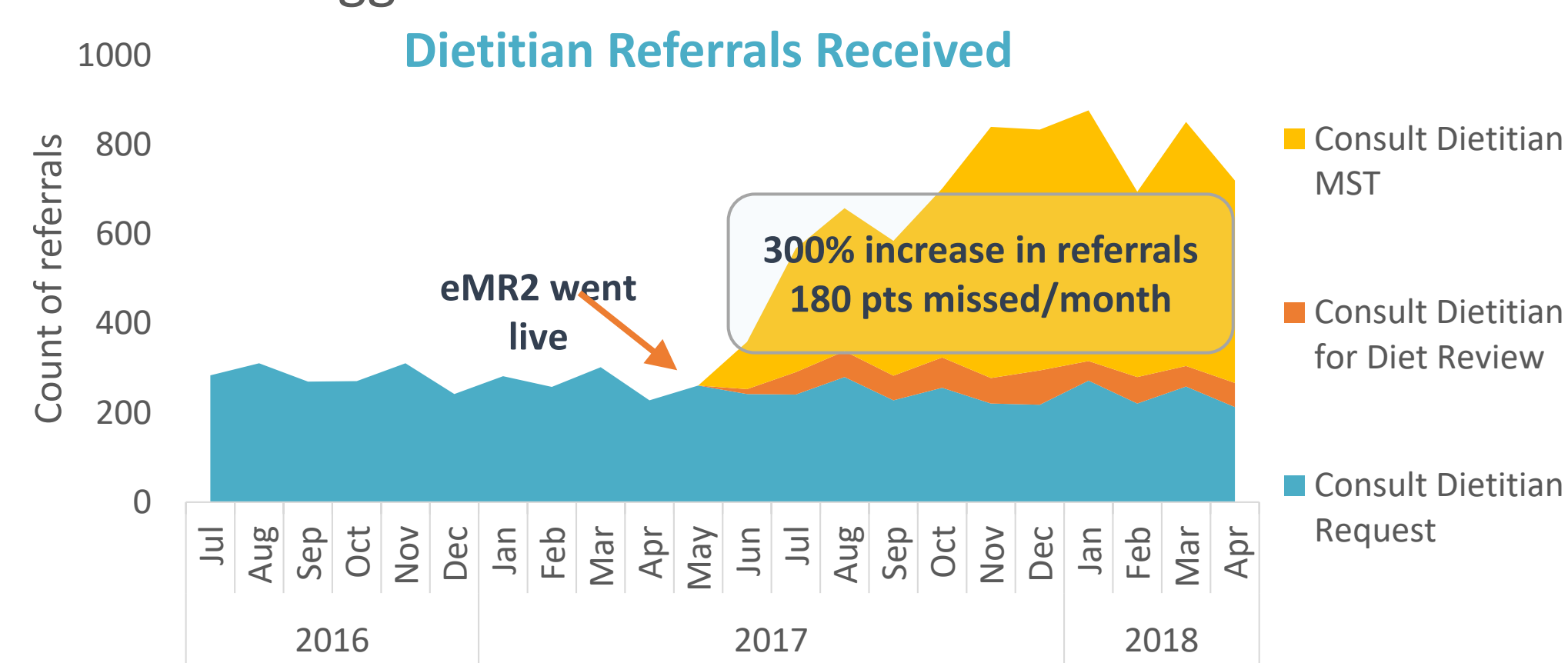
Health
South Eastern Sydney
Local Health District

Case for change



Malnutrition screening is therefore mandatory and should happen on admission and weekly thereafter.

Malnutrition screening is automated as part of electronic Medical Records 2 (eMR2) and generates a Dietitian referral if the Malnutrition Screening Tool (MST) score is ≥ 2 . Since the Go Live of eMR2 a 300% increase in referrals has occurred (Graph 1) with nil increase in Dietetic staffing. Subsequently, roughly 180 patients each month do not receive Dietetic intervention despite having malnutrition flagged as a risk.



Graph 1. Count of Dietitian referrals by type

Goal

To ensure malnourished patients and those at risk of malnutrition receive timely nutrition care as a result of an efficient and accurate malnutrition screening and referral system.

Objectives

The number of patients who receive nutrition care with 48hrs of receiving eMR2 automated malnutrition screening tool referral is increased from 21% to 70% by August 2019.

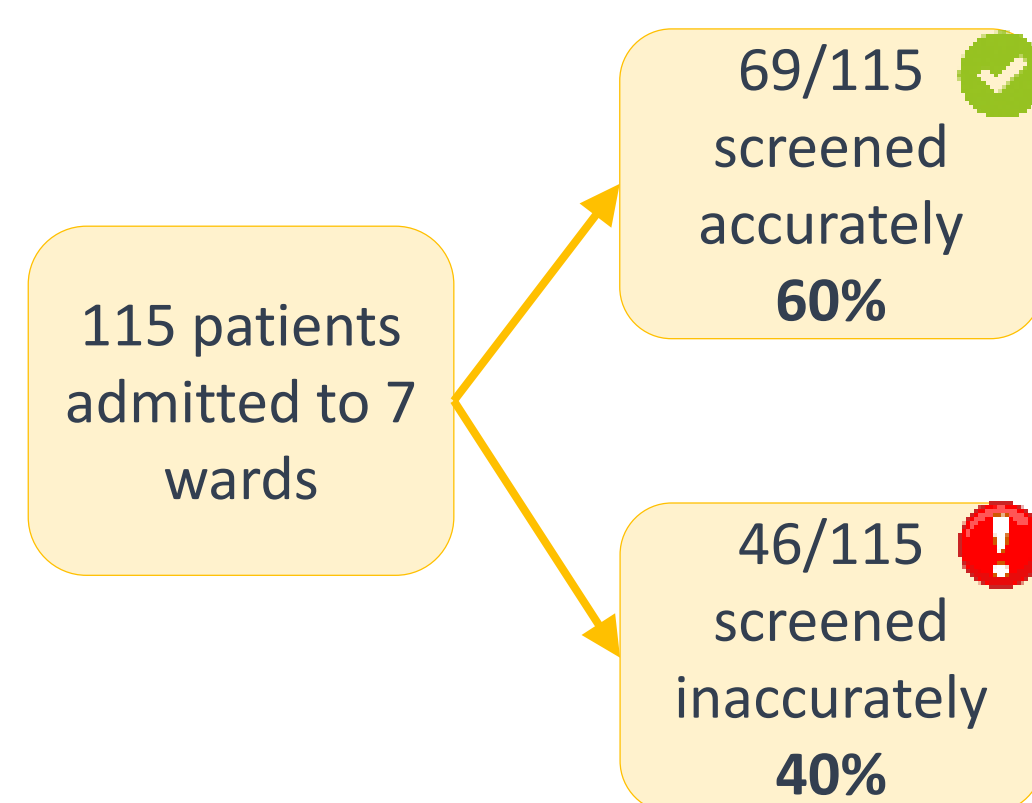
Method

Diagnostics	Audit and analysis of all MST referrals received in March 2018
	Audit of MSTs over a five day period in April 2018
	Patient stories
	Survey of Dietitians
	Nursing focus groups
	Nursing surveys
	Literature review
Solutions	Process Mapping
	Nursing focus groups
	NSW District Dietetic Advisors focus group & dot voting
	Solution statement comparisons including financial comparison
	Heat mapping
Steering Committee dot voting	

Diagnostics

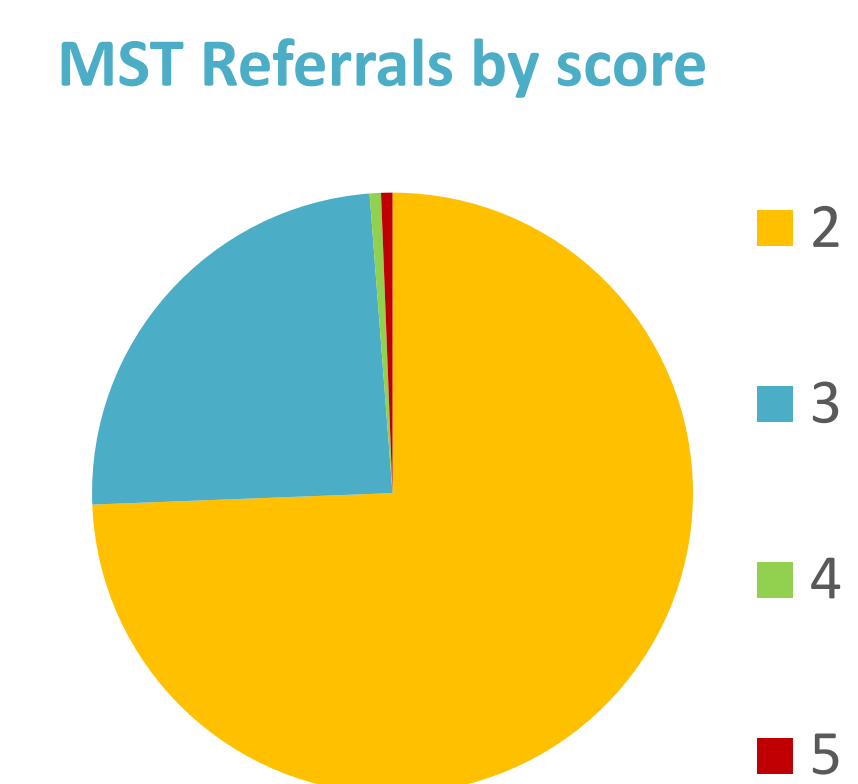
Patient Safety

- A large number of patients are screened inaccurately
- 2 in 5 patients are discharged prior to receiving Dietetic intervention despite being at risk of malnutrition.



Prioritisation

- 3 in 4 referrals are MST = 2 making prioritisation between these referrals difficult and time consuming
- Nil standardised Dietetic practice for prioritising MST referrals



Process Delays

- Additional questioning required when using the 'Quick & Easy' Malnutrition Screening Tool
- Lack of clinical business rule for management of census task list (CTL)

Many referrals exist for same patient

Too much time is spent trying to sort and prioritise my referrals each day

Technology

- Inability to see the MST score on CTL (Fig. 1)
- Differing ward processes
- Ability to delete forms in eMR2

Mnemonic	Order Details
Consult Dietitian MST	26/06/2017 00:15, Priority: Routine, Reason for Referral: System generated
Consult Dietitian MST	28/06/2017 17:12, Priority: Routine, Reason for Referral: System generated
Consult Dietitian MST	29/06/2017 09:17, Priority: Routine, Reason for Referral: System generated

Figure 1. Example of previous CTL Display in Dietitians eMR

Tool Validity

- Minimal studies exist testing nursing staff validation using MST tools (one study found during literature review)
- There is no current gold standard for MST training

Implementation Plan & Vision

Quick Wins

Successful eMR2 change to make the MST score visible on the Dietitians work list (CTL) allowing improved prioritisation (Fig. 2).

Consult Dietitian MST	MST = 3, 20/11/2018 08:31, Priority: Routine System generated
Consult Dietitian MST	MST = 3, 15/11/2018 19:24, Priority: Routine System generated
Consult Dietitian MST	MST = 2, 28/11/2018 05:50, Priority: Routine System generated
Consult Dietitian MST	MST = 2, 28/11/2018 01:06, Priority: Routine System generated

Figure 2. Example of updated CTL Display in Dietitian & Assistants eMR

Solution

A new, pilot specific steering Committee developed for the I AM Pilot Project

Two pilots scheduled for March/April 2019 on four wards at Prince of Wales Hospital:

- Dietitian Assistants to screen patients identified to be at risk of malnutrition by nursing staff screen
- Dietitian Assistants to screen all patients admitted to the ward

Scores to be compared to nursing staff and Dietitian scores and evaluated for: accuracy and timeliness. Determine cost effectiveness of both options. Determine magnitude of change with relation to I AM objectives.

Ongoing: Changes to eMR2 functionality as required

Sustaining Change

The I AM Pilot Project has a confirmed steering committee which has agreed to the following processes:

- Refreshed executive sponsorship
- Stakeholder chart updated and confirmed
- Stakeholder engagement
- Communication plan
- Risks & Issues log
- Gantt Chart
- Regular steering committee meetings scheduled
- Weekly Project Team meetings
- 2nd weekly meetings with Dietitian Assistants
- Nutrition Champion positions advertised
- Planned monitoring and evaluation pre, during and post Pilot
- Ongoing supervision and support for Dietitian Assistants in their new role
- Frequent updates to Dietetics department and other LHDs



Acknowledgements

Margaret Holyday, Nutrition and Dietetics Advisor SESLHD & Department Head POWH
 Suzie Daniells, Deputy Department Head, Nutrition & Dietetics, POWH
 Louise Deady & Liz Mason, Redesign Leaders, SESLHD Agency for Clinical Innovation
 All nursing staff on the involved wards

Our Vision

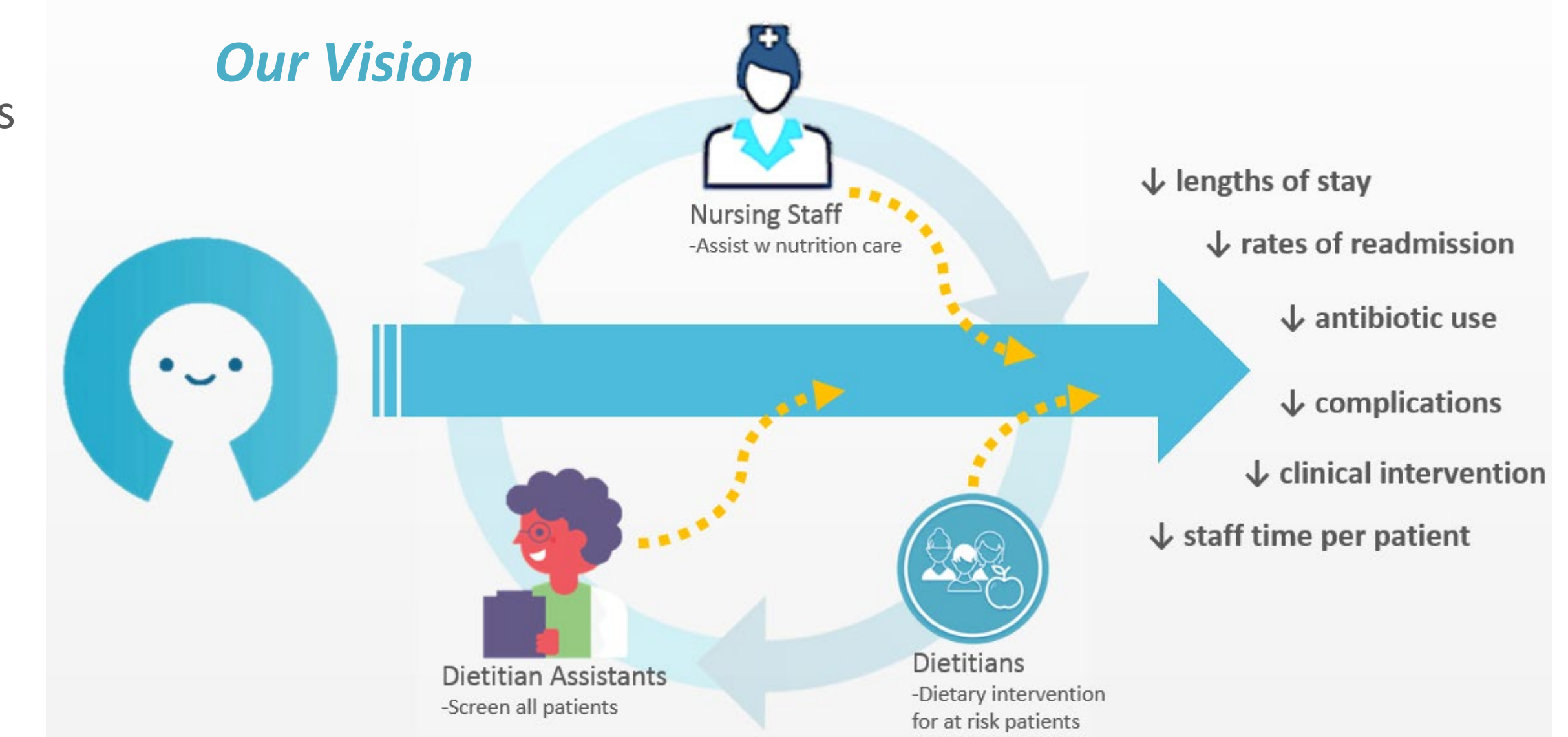


Figure 3. Our vision: Malnutrition screening is efficient and roles are streamlined to improve patient outcomes

Conclusion

- The MST is inadequate in providing high quality malnutrition referrals in an electronic system.
- Nursing staff are confident in using the MST and think that it's an easy tool to use however the accuracy of malnutrition screening is poor.
- Providing adequate and ongoing training to the large cohort of time poor nursing staff is extremely challenging and costly for the hospital system.
- Dietitian Assistants, or similarly trained staff, who receive adequate training and support with malnutrition screening will likely prove to be more cost effective and improve referral quality thus reducing the false positive referrals to Dietitians and identifying a higher proportion of at risk patients.

Next Steps

In March/April 2019 a pilot study will be conducted using Dietitian Assistants in malnutrition screening to determine the difference in accuracy and identify cost savings for the hospital.

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