

Results in a SNAP – a MUST for effective compliance monitoring?

E. R. Walters¹, J. Barton², P. Norman³ and H. Warwick¹

¹Department of Nutrition and Dietetics, Southampton University Hospital Trust, Southampton, SO16 0YD,

²Associate Director of Nursing and Patient Experience, Southampton University Hospital Trust, Southampton, SO16 6YD and ³Clinical Effectiveness Manager, Southampton University Hospital Trust, Southampton, SO16 6YD, UK

Identifying and treating malnutrition risk is recognised as an essential component of good practice, being part of NICE guideline recommendations⁽¹⁾ and the Care Quality Commission regulatory standards framework. Since 2006 Southampton University Hospital Trust has had a policy for identifying and treating malnutrition risk in adults using the malnutrition universal screening tool (MUST). Monitoring compliance with this policy has proved challenging, being a large hospital (1100 beds) with high patient turnover. Small ‘snapshot’ audits across the trust proved time consuming and did not provide trustwide assurance. The ‘hawthorne effect’ was experienced with planned audits, where practice temporarily improved during the audit period. Identifying and treating malnutrition risk is a commissioner quality performance target and a top priority for the trust’s patient safety and patient experience improvement plans. Screening also impacts clinical care, informing nutritional interventions and treatment pathways including referral to the dietitian. It was therefore important to find a way of collecting representative data in a cost effective, time efficient manner.

An online audit questionnaire and reporting system were created to demonstrate compliance with trust policy using SNAP software⁽²⁾. Each ward area was asked to submit a monthly audit of 10 patients, with data entered by nursing staff directly into the on-line questionnaire, minimising data transfer work and reducing errors. A monthly summary report provides compliance data at both ward and trust level. Validation of results is possible as patient hospital numbers are included in the audit data. Five audit cycles have occurred since the launch in February 2011, with 1734 patients audited in total. The benefits of this innovative audit approach include:

- Undertaking trust wide monthly audits in a time efficient, cost effective manner
- Provision of accurate data which can be independently validated
- Meeting all of the trust’s reporting and regulatory requirements relating to malnutrition using the SNAP report, an easy and time effective method
- Highlighting areas of good compliance and poor practice enables targeted training and learning which can focus on emerging issues from the audit
- Improved compliance with policy through audit, bringing cost benefits⁽¹⁾; results for a ‘MUST score within 24 hours of admission’ have improved as per Table 1. The Z-Test, used to demonstrate statistical significance in repeat cycle audits confirmed this with a statistically significant improvement from an average of 81% (Months 1,2,3) to 89% (Months 4,5)

Table 1.

Month	February (1)	March (2)	April (3)	May (4)	June (5)
Percentage with MUST score in 24 hours	81%	79%	83%	90%	87%

Using SNAP has enabled regular audit of compliance with Trust policy for malnutrition risk assessment on a large scale, across the hospital in a time efficient, cost effective manner, with results which can be validated by an independent auditor. It provides representative data, highlighting areas of both good and bad practice, enabling focused support and development.

1. NICE (2006) Nutrition Support in Adults DOH www.nice.org.uk.

2. Snap Surveys, www.snapsurveys.com.