

*Malnutrition Matters, Joint BAPEN and Nutrition Society Meeting, 13–14 October 2009, Cardiff*

## **Bringing nutrition screening to the fore by changing key players**

R. Raja and M. Silvers

*Department of Dietetics, Monash Medical Centre, Locked Bag 29, Clayton South, Victoria 3169, Australia*

Prevalence of malnutrition in Australian hospitals is reported to be up to 50%<sup>(1)</sup>, yet it often remains unrecognised and uncorrected. Implementation of a nutrition screening programme provides the means to identify malnutrition but few hospitals have such programmes. Nutritional screening was implemented in a 850-bed tertiary healthcare facility to identify patients at nutritional risk and commence appropriate nutritional therapy. This paper describes our experience with the implementation process of the Malnutrition Universal Screening Tool ('MUST') during two implementation phases.

In phase one in 2005, a six-week trial of 'MUST' in a gastroenterology ward was initiated (by the ward dietitian and the nurse manager). A 'stand alone' nutritional screening chart was designed for nurses use incorporating the 'MUST', the reference charts, alternative measurements, management guidelines for treatment and a serial monitoring section. Compliance to the MUST was audited through regular spot and three-weekly audits while qualitative data were extracted from focus groups of the ward nurses. Improvements were made to the design of the tool following feedback and 'MUST' was then implemented across six wards by dietitians.

However, low screening rates (25–70%) and several barriers to the successful uptake of nutrition screening were identified<sup>(2)</sup>. Many of these barriers were addressed through a series of training, audit and feedback sessions. In order to further build capacity to incorporate nutrition screening into everyday nursing practice, it was proposed that 'MUST' be integrated into the revised initial nursing and assessment document (phase two).

The nursing and assessment document to be implemented shortly is an initiative to improve clinical practices by the organisation and designed to replace several other 'stand alone' documents hospital wide. The nutrition risk assessment section includes the 'MUST' tool only. Laminated reference charts, alternative measurements and management guidelines are to be located separately in each patient's end of the bed folder.

Results of a survey of a random sample of ward nurses ( $n = 14$ ) conducted prior to the piloting of the new nursing document indicate that 64% of nurses feel they will face less barriers than previously highlighted to successfully completing nutrition screening. Some reasons given were that more time would be available due to the reduction of paper work and the simpler format of the tool. Data collected for evaluation during the second phase of implementation will be reported at the conference.

The main lesson learnt is that collaboration and support of key players at the organisation level was integral to progressing with the nutrition screening implementation process in our facility.

1. Banks M, Ash S, Bauer J *et al.* (2007) *Nutr Dietet* **64**, 172–178.
2. Raja R, Gibson S, Turner A *et al.* (2009) *Austr J Adv Nurs* **26**, 26–33.