A Review of the Dietetic Service within the Medical Short Stay Unit

Tallaght University Hospital | Ospidéal Ollscoile Thamhlachta

An Academic Partner of Trinity College Dublin

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Introduction

Malnutrition affects 1 in 3 patients admitted to hospital, it is imperative that these patients and those at risk of malnutrition are identified quickly so that they receive timely nutrition support. The medical short stay unit (MSSU) in TUH aims to provide targeted care for patients requiring brief hospitalisation. Due to the fast-paced environment it is important that patients are screened on admission and dietetic referrals are sent quickly. The Malnutrition Universal Screening Tool (MUST) is used to identify patients at risk of malnutrition. The MUST has recently switched from paper to an electronic nursing care plan on the electronic patient record (EPR). The impact on referrals has not yet been explored.

Aims and Objectives

1) To determine how long after admission dietetic referrals are sent, the source of referrals, length of time taken by the Dietitian to open the referral after it has been received, and the need for dietetic follow-up post discharge.

2) To assess the completion of MUST on the EPR.

Methods

Part 1: Data was collected over a three-week period to capture all patients referred to dietetics on the MSSU in that period.

Part 2: Over three days, MUST data was collected on all patients admitted to the ward during that period. In addition, a focus group was conducted to gather feedback from 14 nurses on the ward. Microsoft Excel was used for data analysis.

Results

29 patients were referred to dietetics during the three-week period. 62% of these referrals were sent within 1 day of admission.

Of these referrals, 69% were seen within 24 hours of referral receipt and 28% seen within 48 hours.

Referrals were for mostly for weight loss and a high MUST score. Of the 8 referred for weight loss, 6 had a low MUST score with no weight loss recorded.

82% of admissions were screened with MUST within 24hrs, 93% of these did not have a previous weight recorded, therefore the MUST was not completed in full.

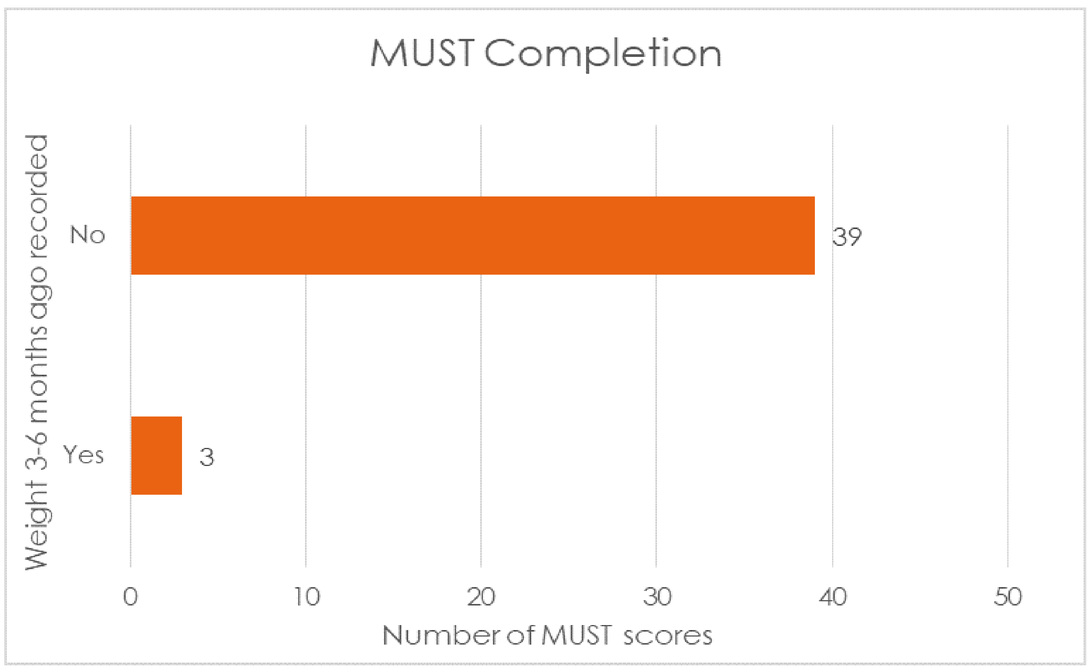

Figure 1: MUST Completion

From the nursing focus group, the main issues identified with MUST completion on the EPR were:

1) Onwards referral not prompted or easy to complete.
2) Multiple buttons to click in order for all information to be saved and uploaded.
3) The weight history box is not a required field and there is no comment box to record weight loss without a figure

82% of patients admitted to the MSSU were screened within 24 hours, in line with hospital policy. However 93% did not have the past weight section completed, so the MUST was not completed in full. This suggests that patients are scoring lower on the MUST than they should, and are not being picked up by the nutrition screening process due to incorrect completion of the MUST. The reason for referral to dietetics was most commonly for weight loss or a high MUST score. However the validity of these MUST scores is questionable.

Conclusion

The dietetic service on the MSSU is meeting targets based on the department prioritisation codes and providing an efficient service. However, a high number of these referrals are based off a MUST score that is not correctly completed. Nursing staff may need more guidance and training on the completion of the MUST since the change to the EPR. Recommendations and results were brought to Nurse Practice Development for review.

References: [1] Department of Health 2020, National Clinical Guideline no.22 - Nutrition screening and use of oral nutrition support for adults in the acute care setting

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