



From Policy to Practice: Nutrition and Dietetic KPIs in Model III Hospitals

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Introduction

Key performance indicators (KPIs) are essential to continuously assess, monitor, evaluate and improve quality of care¹. There is limited exploratory research or established national policies or frameworks, demonstrating the development of KPIs for acute nutrition and dietetic services in Ireland. Where evidence-based guidance is limited, KPIs can be created through expert consensus¹.

The aim of the study was to advance an understanding of the factors involved in the development of nutrition and dietetic KPIs for Model III public hospitals in Ireland, through exploration of guiding policies and frameworks, stakeholder engagement and local contextual factors.

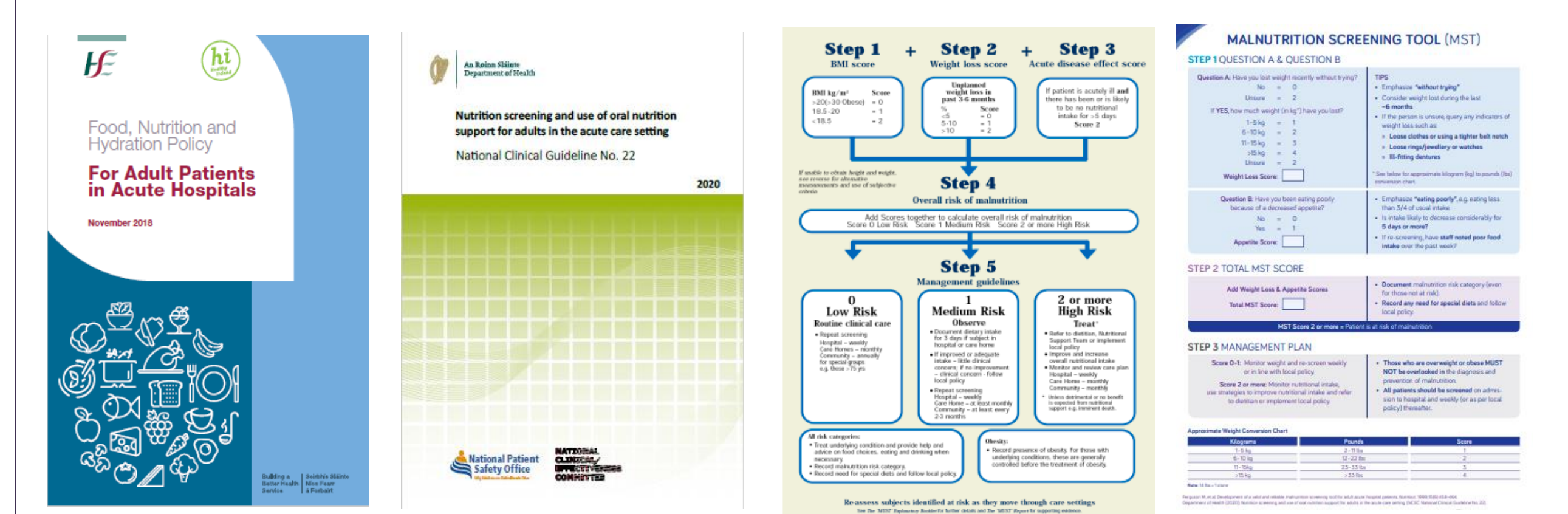
Methods

Applying an interpretive paradigm, grounded theory approach and purposeful sampling methods, qualitative data was collected from participants using informal semi-structured online interviews. 6 Dietitians (37.5% of 16 eligible participants) working in Model III Irish hospitals participated in the research. Data was analysed using Naeem's thematic analysis framework².

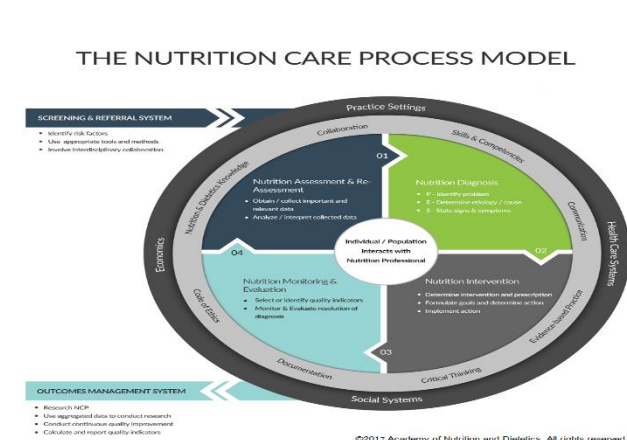
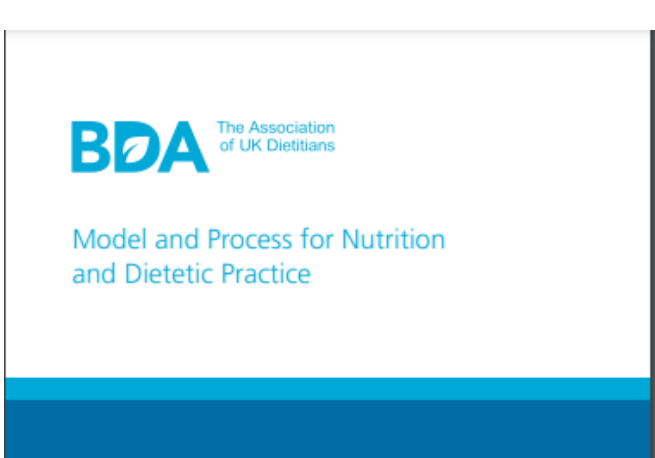
Results

1. Policies, Guidelines and Frameworks Guiding KPI Development:

All participants used national nutritional policies³, guidelines⁴ and malnutrition screening audits to guide KPI development:



Disconnect between dietetic outcome frameworks^{5,6} and application in practice:



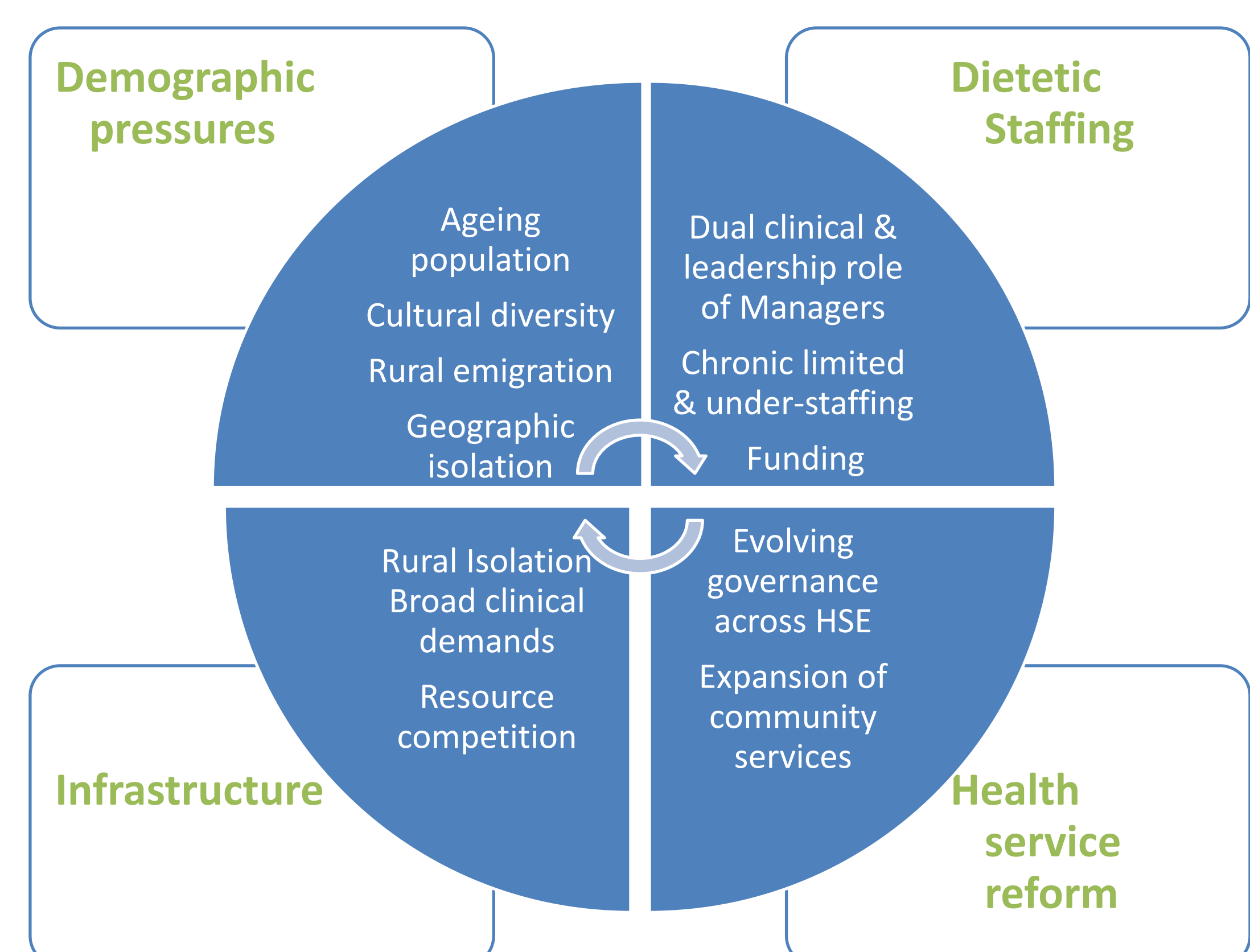
Other Policies, Guidelines & Frameworks Guiding KPI Development	Participants
Outcomes from Continuous Evaluation / Audits	
HIQA audits	2
Joint Commission International audits	1
Clinical Guidelines	
National Guideline on Adult Home Enteral Nutrition	1
Evidence-based practice	1
National Clinical Programme Models of Care Guidelines	1
Condition specific dietetic guidelines	2
Site-specific policies	1
Operational KPIs	
Referral timeliness, inpatient DBS rates, OPD wait times	3
Areas of specialty e.g. renal or paediatric care	3

2. Stakeholder Engagement in KPI Development:

Dietitian Manager	Nutrition & Hydration Committee	Nursing	Other
• 6/6 • Primary driver • Central role in adaption of KPIs to own unique service	• 5/6 • Varying input from central decision making to 'tick-box exercise'	• 5/6 • Nurse practice development • Adv Nurse Practitioner	• Dietetic team (3/6) • QPS & local HSCP Governance group (1/6) • Dietitian Managers from other services (2/6)

Limited engagement with hospital management and governance support leads to reliance on dietetic clinical judgement and internal dietetic team consensus for KPI formulation.

3. Local Contextual Factors Influencing KPI Development:



Conclusion

This study highlights that nutrition and dietetic KPI development in Model III hospitals is variable and lacks national strategic integration with healthcare governance and service planning. Dietitian Managers play a central role in adapting KPIs to influence their local services.

This study provides a foundation for advancing the development of a national, yet locally adaptable, KPI framework for nutrition and dietetic services in Ireland supporting greater efficacy, equitability, and accountability for patient nutritional care in acute hospital settings.

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References: 1. HIQA, 2013. Guidance on Developing Key Performance Indicators and Minimum Data Sets to Monitor Healthcare Quality. 2. Naeem, M. et al, S., 2023. A Step-by-Step Process of Thematic Analysis to Develop a Conceptual Model in Qualitative Research. IJQM, Vol 22, pp. 1-18. 3. HSE, 2018. Food, Nutrition and Hydration Policy for Adult Patients in Acute Hospitals. 4. DoH, 2020. Nutrition screening and use of oral nutrition support for adults in the acute care setting. National Clinical Guideline No. 22. 5. BDA, 2019. BDA Outcomes Guidance Document. 6. The Nutrition Care Process, www.ncpro.org/nutrition-care-process

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