Sub-acute Point-of-Service Nutrition Screening Audit
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Introduction
Nutrition screening of Sub-acute inpatients is evidence-based practice (1,2).

Objectives
1) Determine percentage of Malnourishment Screening Tools (MST’s) correctly completed by Sub-acute Nursing Staff
2) Determine percentage of patients with malnourishment / Stage 2 or greater pressure injuries (PI’s)/non-healing wounds referred to Dietetics post screening

Method
• Two Vocational Placement Dietetics Students collected data Golf Links Rd Two (GLR2), Golf Links Rd One (GLR1), Gunnamatta Ward (MGW), Sorrento Ward (MSW), Finders Ward (MFW)
• Audit period 5th – 17th November 2017
• Data collected from nursing forms/wound charts using purpose-designed paper-based forms
• Subjective global assessments (SGA’s) completed to diagnose malnutrition at risk patients
• Data entered onto an Excel 2010 spreadsheet and statistical analysis performed using percentages

Results

Objective One – MST Completion
• Correct MST completion ranged from 35% to 60% per ward.
• GLR 2 had the highest completion rate and MSW the lowest.
• Correct completion rates were improved compared to a similar 2012 audit (range 0% - 66%)
• The number of MST screens not completed ranged from 11% to 39% per ward.

Objective Two – Pressure Injuries/Wounds
• A total of eleven (52.3%) of 21 patients with Stage 2 or greater PI’s/non-healing wounds were referred to Dietetics
• Wounds question on screen answered for 59% of patients. Only five of 10 patients identified via the screen were referred to Dietetics
• Unclear from wound charts if PI was Stage 1, 2, 3 or 4 if the wound was non-healing

SGA (Malnutrition) Results

<table>
<thead>
<tr>
<th>Level of Malnutrition/Ward</th>
<th>GLR 1</th>
<th>GLR 2</th>
<th>MGW</th>
<th>MSW</th>
<th>MFW</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td>Moderate</td>
<td>4</td>
<td>1</td>
<td>8</td>
<td>4</td>
<td>5</td>
<td>22</td>
</tr>
<tr>
<td>Severe</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6</td>
<td>5</td>
<td>12</td>
<td>10</td>
<td>10</td>
<td>43</td>
</tr>
</tbody>
</table>

Ward - Patients identified via wound chart - not referred to Dietetics

<table>
<thead>
<tr>
<th>Ward</th>
<th>Patients Identified via Wound Chart</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLR1</td>
<td>1x PI stage 3 wound (pre-admission wound, ulcers)</td>
</tr>
<tr>
<td>GLR2</td>
<td>1 patient multiple wounds including PI Stage 1</td>
</tr>
<tr>
<td>MGW</td>
<td>1 patient with two PI’s (Stage 3)</td>
</tr>
<tr>
<td>MFW</td>
<td>1 patient with 4 x wounds, 2 wounds healed</td>
</tr>
</tbody>
</table>

Significance of Findings to Allied Health
These findings demonstrate the need for increased nursing education regarding nutrition screening completion.

References
1) Queensland Health, “Evidence-based Management Toolkit for Dietetics Services - Sub-acute Care” 2017
2) “Evidence-based practice guidelines for the diabetic management of adults with pressure injuries”, reviewed 2018

Acknowledgements
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