

Abstract Title:

Evaluating the implementation of the Malnutrition Screening Tool (MST) in acute-care patients at North York General Hospital

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Objective: This study evaluated the implementation of the validated Malnutrition Screening Tool (MST) at North York General Hospital (NYGH). This tool, administered by nurses within 24 hours of admission and repeated weekly, flags patients at nutritional risk. An MST score of three or higher (ie. positive score) warrants secondary screen and possibly nutrition assessment by a dietitian. This study assessed whether the MST (1) was administered as intended and (2) prompted the intended response by dietitians.

Methods: This retrospective chart review included adult patients (>18 years old) admitted to General Medicine/Surgery Units who were not palliative or receiving nutrition support. Data collected included: number of patients for whom the MST was completed on admission and weekly; number of scores completed, partially or not completed; number of times a positive score prompted a secondary screen by a dietitian and resulted in a nutrition assessment. Descriptive statistics were calculated using Microsoft Excel.

Results: A snapshot census provided a total of 219 patients. After applying exclusion criteria, 178 patient charts were reviewed. 31 Patients received positive scores, 22 (12%) of which were upon admission and nine (5%) were upon follow up. Out of these 31 patients, 21 (67%) received a secondary screen by the dietitian. Nine patients (38.5%) went on to receive a nutrition assessment, eight of which were directly related to the MST.

Conclusions: The MST tool at NYGH is being administered as intended. Nurses are screening initially and recurrently for the majority of patients, and dietitian's are making note of the scores to identify and assess patients at nutritional risk.

Significance to Field of Dietetics: Research evaluating implementation of the MST in Canadian hospitals is limited. The MST can contribute to timely identification of nutritional risk and effective management of dietitians' workload. This study may contribute an understanding of the use of this tool in Canadian hospitals.