

A retrospective chart review at Nanaimo Regional General Hospital comparing implementation of the Canadian Nutrition Screening Tool (CNST) to the previously used Malnutrition Screening Tool (MST): Influence on malnutrition screening frequency, subsequent dietitian referrals, and dietitian involvement in patient care

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Introduction: In 2018, Nanaimo Regional General Hospital (NRGH) transitioned from using Malnutrition Screening Tool (MST) to Canadian Nutrition Screening Tool (CNST) to simplify the screening process for malnutrition.

Objectives: This study sought to understand whether implementation of CNST increased malnutrition screening frequency, subsequent dietitian referrals (consults), and dietitian involvement in patient care, compared to MST.

Methods: A retrospective chart review was conducted on 540 patients admitted to NRGH medical and surgical wards between February 1-April 30, 2019, inclusive, with lengths of stay of ≤ 48 hours. Data were compared to a previous student project examining use of MST which applied the same inclusion criteria to patients admitted to NRGH between February 1-April 30, 2018, inclusive. Chi-squared analyses were used to determine any statistically significant differences between the two study samples.

Results: Frequency of CNST completion was 62.2% (n=336/540) compared to 18.5% (n=50/270) for MST. Of participants identified as 'at nutritional risk' by CNST, 94.6% (n=87/92) had a dietitian consult and 81.5% (n=75/92) had both a consult and dietitian involvement in care. Compared to the participants who were identified as 'at nutritional risk' by MST, only 50% (n=14/28) had a dietitian consult and 39.2% (n=11/28) had a dietitian involved in their care.

Conclusions: Higher frequency of completed malnutrition screening supports the transition to CNST from MST. Patients identified as 'at nutritional risk' are more likely to have a dietitian consult and have a dietitian involved in their care.

Significance: Dietitians are integral members of the interdisciplinary team and play a key role in improving nutrition status and decreasing length of stay. Increased dietitian involvement in patient care has the potential to improve health outcomes, but will increase dietitian workload. With hospitals running over-census, more dietitian hours may be needed to adequately respond to this increase