

Comparison of completion rates of the nutrition screening component of the 48/6 Admission History Form (AHF) at Royal Inland Hospital (RIH) and after the More-2-Eat research project at Kelowna General Hospital (KGH)

C Cryderman¹, L Evans¹, M Lainchbury¹, S Wei¹, H Heximer², H Draper³, L Koski³, M Kennedy², H Vass¹, A Browes¹

¹UBC Dietetics Program, Vancouver Bc ²interior Health, Kamloops Bc ³interior Health, Kelowna Bc

Introduction: Malnutrition in acute care settings can lead to poorer health outcomes and increased costs. The 48/6 Admission History form (AHF) is a screening tool that is used across Interior Health and includes a Nutrition and Swallowing Section (NSS) used to flag patients at risk of malnutrition. Phase 2 of the More-2-Eat Research Project provided nutrition education to allied health professionals and included KGH but not RIH.

Objectives: (1) To compare completion rates of the NSS of the 48/6 AHF between similar wards at KGH and RIH and (2) To compare completion rates of the NSS in a ward involved in the More-2-Eat study and other wards not involved in the More-2-Eat study within KGH.

Methods: This cross-sectional chart review used convenience sampling of 200 patient charts. Data were collected from paper charts and included completion rates of the NSS on the AHF and if the AHF was completed within 48 hours. Descriptive statistics were used to describe the results as proportions.

Results: The inclusion criteria were met by 190 charts (n=95 at KGH, n=95 at RIH). Among this sample KGH had 51% (n=48) complete NSS on AHFs and RIH had 31% (n=29) complete. The ward involved in the More-2-Eat study in KGH (n=23) had 26% (n=6) of the NSS complete. The wards within KGH not involved in the More-2-Eat study (n=72) had 58% (n=42) of the NSS complete.

Conclusions: This study suggests that the nutrition section of the AHF is not being consistently completed and that the More-2-Eat study training did not effectively improve nutrition screening rates when compared to other wards at KGH.

Significance: The findings from this study highlight the need for more consistent malnutrition screening in hospital. Quality improvement initiatives that support utilization of the nutrition section of the AHF could help reduce malnutrition in hospitals.