NUTRITIONAL SCREENING DURING HOSPITAL ADMISSION: 1

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This study assesses whether the mandatory requirements of NHS Quality Improvement Scotland’s (QIS) (2003) clinical standard 2 on nutritional care in hospital were being achieved. This standard, which covers assessment, screening and care planning, requires the mandatory nutritional screening of patients within 24 hours of admission into Scottish hospitals and the implementation of a nutritional care plan where necessary. The standard also recommends constant patient evaluation/repeat screenings and a discharge plan. The study consisted of three stages: a casenote audit, a nursing staff questionnaire and two focus groups. It found that few nurses were aware of NHS QIS standard 2 and that only a minority of surgical and medical patients were screened according to it.
This article, part 1, looks at the background and methodology while part 2, next week, looks at the results in detail.

INTRODUCTION
Florence Nightingale (1860, in Richardson and Davidson, 2002) wrote: ‘Thousands of patients are annually starved in the midst of plenty, from want of attention to the ways which alone make it possible for them to take food.’ Today, undernourishment affects one-third of care home residents in Britain, a quarter of GP and hospital outpatients and nearly half of surgical and medical admissions, with 12% severely undernourished and 75% of patients losing weight while in hospital (Elia, 2003). It is now recognised that undernutrition begins in the community and can continue throughout a hospital admission, requiring sustained treatment after discharge (NHS QIS, 2006). A full literature review was carried out – see nursingtimes.net.

Government bodies and professional groups recognise that some patients may not receive adequate nutrition and inpatients at risk of this in UK hospitals may not be properly screened. Patients’ nutritional status tends to deteriorate on admission and is associated with exacerbated disease and increased length of hospital stay – some have a poorer nutritional state on discharge from hospital than on entry. It is predicted the decline in nutritional status could be largely prevented or treated with appropriate screening, assessment and management.
Nutritional care is a government priority after national audit results raised concerns. Scotland is leading the way in nutritional care because it is the only country in Europe to develop monitored nutritional care standards. These are detailed in the clinical standards of NHS QIS’s (2003) document, Food, Fluid and Nutritional Care in Hospitals. NICE has also published guidance on nutrition support in adults for practitioners in England and Wales (NICE, 2006).

AIMS
The main aims of this study were:

To investigate whether the mandatory requirements of standard 2 of NHS QIS’s (2003) Food, Fluid and Nutritional Care in Hospitals were achieved;
To identify the issues affecting nurses’ compliance with NHS QIS standard 2.

METHOD
Deductive reasoning was used for this study as the investigator started with the general idea that a high percentage of patients had not been nutritionally screened by nursing staff on admission to hospital. This idea was tested by analysing the data collected.

Local ethical and management approval was granted for this study. As the project required a baseline of current practice, management approved a casenote audit without alerting staff, as awareness of the audit may have changed practice.

Casenote audit
Casenote audits carried out retrospectively look at previously conducted events, endeavouring to ally present data with what has previously happened (Parahoo, 1997). An advantage of a casenote audit is that the researcher relies on existing data being in the casenotes and not subject to changes in practice – such as the Hawthorne effect, when staff become aware of a study being carried out and alter their normal behaviour as a result (Parahoo, 1997). However, using retrospective data may mean some information may be absent, difficult to read or to make sense of.

A total of 100 casenotes, identified from a medical records computer printout that comprised notes of 50 medical emergency and 50 surgical elective patients admitted into hospital for seven days or more, were

IMPLICATIONS FOR PRACTICE

- Nurses in Scotland need to be aware of the requirements of NHS QIS clinical standard 2 on assessment, screening and care planning in the document Food, Fluid and Nutritional Care in Hospitals (NHS QIS, 2003).
- Nurses in England and Wales should be aware of NICE guidance on nutrition support (NICE, 2006).
- The results suggest that while few nurses are aware of NHS QIS standard 2, the majority are interested in finding out more about nutritional issues.
- There is a need to introduce a different validated and reliable nutritional screening tool.
- Staff education is needed to raise awareness of nutrition and appropriate management.
Nursing staff questionnaire

The questionnaire had 10, mainly closed, questions. It was quick and easy to answer and analyse, and in clear typeface to encourage respondents to complete and return it. The focus, content and wording of the questions were formulated to avoid unintentionally biasing the answers. The questionnaire aimed to be attractive, practical and non-threatening, using tick boxes and spaces for comments.

Topics included in the questionnaire were the demographics of the sample, years of nursing experience, compliance and barriers to compliance, awareness of NHS QIs standard 2, use of care plans, reassessment on transfer/after seven days in hospital and knowledge of nutrition.

In order to include all relevant staff, the sample was identified from the duty rota for the week of distribution. Some 324 nursing staff working with inpatients were identified. A pilot study assessed the content and validity of the questionnaire.

Focus groups

From the casenote audit and questionnaire findings several areas were identified for further exploration. Separate medical and surgical focus groups were held to ensure a homogeneous group (Parahoo, 1997).

Parahoo (1997) explained that focus groups are unstructured interviews with small numbers of a purposive (when the researcher intentionally chooses who takes part in the study) sample of people to interact with each other and the group leader. The disadvantages of focus groups are that they may be intimidating for less articulate or shy individuals if one dominant personality is allowed to stifle open discussion. In addition, members may not express their own personal view and some may not trust other members to keep personal or sensitive information confidential.

The aims of the focus groups were:

- To explore in depth reasons why nutritional screening was not always done;
- To determine factors influencing completion;
- To look at the issue of referral to the dietician;
- To examine the start of nutritional support.

The focus groups took place in the ward day room during the overlap period between the early and late shifts.

Focus group ground rules explained that everyone’s contribution, views and experiences were important. There were no right or wrong answers and all information and opinions heard would be kept confidential by group members.

One person spoke at a time to enhance the quality of the tape and an independent facilitator chaired the discussion. All staff present gave permission for the conversations to be taped and verbatim notes were taken throughout the session.

The surgical focus group comprised eight nurses, ranging from ward managers to newly qualified staff nurses in all specialties except ear, nose and throat. Three senior staff nurses from the medical rehabilitation, care of older people, stroke and dermatology specialties took part in the medical focus group. The acute medical wards were not represented.

The focus groups produced significant data, with different and varied comments/ issues raised. The data gathered was analysed using a thematic approach.

STUDY RESULTS

Results from the casenote audit indicated that, in the surgical and medical settings, a minority of patients – only 22% of surgical and 30% of medical patients – were nutritionally screened as per the standard.

Results from the questionnaire and focus groups found few nurses were aware of NHS QIs standard 2. Some 27% of staff always nutritionally screened patients, with 28% usually, 35% sometimes and 10% never doing so. Repeat screening of transferred patients did not occur routinely; neither did it for patients with hospital stays of seven days or more. Care plans were not used regularly but fluid-balance charts were readily used for surgical patients. Emergency medical patients were nutritionally screened more often than elective surgical patients.

The majority (72%) of nurses who completed the questionnaire were interested in finding out more about nutritional issues.

CONCLUSION

Although significant progress has been made in the approach to nutritional care, there is a need to introduce a different validated and reliable nutritional screening tool. Further staff education is needed to highlight the importance and management of nutrition.

REFERENCES


