A Best Practice Implementation Project of Nutrition Care in Hip Fracture Patients

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Introduction

Malnutrition is a serious yet avoidable emergency in Canadian hospitals. A study by the Canadian Malnutrition Taskforce has shown that 45% of individuals are malnourished on admission to hospital. Studies show that 33% of hip fracture patients are malnourished prior to injury, and this number can increase up to 50% once they are admitted to hospital. Malnutrition is associated with delayed wound healing, muscle weakness and falls, prolonged length of hospital stay, and in turn, increased healthcare costs. Nutrition screening has been identified as an initial strategy to treat malnutrition and promote early nutrition intervention.

Objectives

Within the six months of the Fellowship program I set out to:

- Increase awareness of malnutrition in Canadian hospitals in all nursing staff on the orthopaedic unit at the Toronto Western Hospital, UHN
- Implement a nutrition screening process for 100% of hip fracture patients admitted to the orthopaedic unit at the Toronto Western Hospital, UHN
- Improve nutrition care for patients with malnutrition and at risk of malnutrition

Implementation

- Education was provided to staff on causes and prevalence of malnutrition in an acute care environment
- 7 education sessions took place over two month period
- 64 staff and students attended the sessions; professions are broken down in table 1
- Content covered included:
  - Prevalence of malnutrition in Canadian hospitals
  - Causes of malnutrition
  - Consequences of malnutrition
  - Strategies to help address malnutrition in an acute care setting

- The Canadian Nutrition Screening Tool (CNST) was introduced to all nursing staff by February 29th, 2016 using one-on-one impromptu huddles
- Staff were instructed to use the CNST to screen for malnutrition in all hip fracture patients admitted to the unit
- Patients who screened ‘at risk’ for malnutrition indicate need for a registered dietitian referral
- Chart audits were conducted to monitor:
  - If screening was complete
  - When screening was complete
  - If an individual was considered ‘at risk’ for malnutrition whether an registered dietitian consult was requested

Results

- 94% of nursing staff received education on malnutrition in Canadian hospitals
- Results from a 3-question post-education session survey show a minimum of a 30% increase in self reported knowledge change in the topics outlined in figures 1 & 2
- 7.5% of education session attendees agreed with the statement, “We are all responsible for identifying and treating malnutrition on our unit.”
- By March 15th, 100% of hip fracture patients admitted to the orthopaedic unit at the Toronto Western Hospital, UHN were screened for malnutrition within 72 hours of hospital admission

Project Impact

- Timely screening for malnutrition on admission to hospital will:
  1. Facilitate prompt identification of those patients requiring nutrition intervention by a registered dietitian
  2. Help to improve patient care by minimizing nutrition related complications

Sustainability

- Sustainability will be achieved by:
  - Ongoing chart audits to ensure nutrition screening is taking place and registered dietitian referrals are made when warranted
  - Inclusion of the purpose & process of nutrition screening in the Orthopaedic Nursing Resource Manual which is given to all new nursing staff
  - Annual education sessions on the topic of malnutrition

References


Acknowledgements

• Collaborative Academic Practice (CAP)
• Canadian Malnutrition Task Force
• Charlene Reynolds, PT
• Debra MacGarvie, RD

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