

## Exemplars of evidence-based care in practice

### *Improving the Performance of Nutrition Screening Through a Series of Quality Improvement Initiatives*

<b>WHAT</b> did the initiative involve?	<p><i>The study aimed to assess the effect of a series of quality improvement initiatives in improving the referral process and the overall performance of the 3-Minute Nutrition Screening (3-MinNS) tool.</i></p> <p><i>Annual audits were carried out on 4,467 patients. Performance gaps were identified and addressed through interventions, including (1) implementing a nutrition screening protocol, (2) nutrition screening training, (3) nurse empowerment for online dietetics referral of at-risk cases, (4) a closed-loop feedback system.</i></p>
<b>WHO</b> was involved in the initiative?	<p><i>Members of the dietetic and nursing teams</i></p>
<b>WHERE</b> did the initiative occur?	<p><i>The inpatient setting at National University Hospital, Singapore</i></p>
<b>WHO</b> was the target of the initiative?	<p><i>Adult patients with cancer</i></p>
<b>WHEN</b> was the initiative performed?	<p><i>2008-2013</i></p>
<b>HOW</b> was the initiative undertaken?	<p><i>This study was conducted as a series of quality improvement initiatives</i></p>
<b>OUTCOMES</b>	<p><i>In 2008 and 2009, nutrition screening error rates were 33% and 31%, with 5% and 8% blank or missing forms. For patients at risk of malnutrition, referral to dietetics took up to 7.5 days, with 10% not referred at all.</i></p> <p><i>After the interventions, non-referrals decreased to 7% (2010), 4% (2011), and 3% (2012 and 2013), and the mean turnaround time from screening to referral was reduced significantly from 4.3 +/- 1.8 days to 0.3 +/- 0.4 days (<math>p &lt; .001</math>). Error rates were reduced to 25% (2010), 15% (2011), 7% (2012), and 5% (2013), and the percentage of blank or missing forms was reduced to and remained at 1%.</i></p> <p><i>Quality improvement initiatives were effective in reducing the incompleteness and error rates of nutrition screening and led to sustainable improvements in the referral process of patients at nutritional risk.</i></p>
<b>REFERENCE</b>	<p><i>Lim SL, Ng SC, Lye J, Loke WC, Ferguson M, Daniels L. Improving the performance of nutrition screening through a series of quality improvement initiatives. Jt Comm J Qual Patient Saf. 2014 Apr;40(4):178-86.</i></p>