



Brockville  
General Hospital

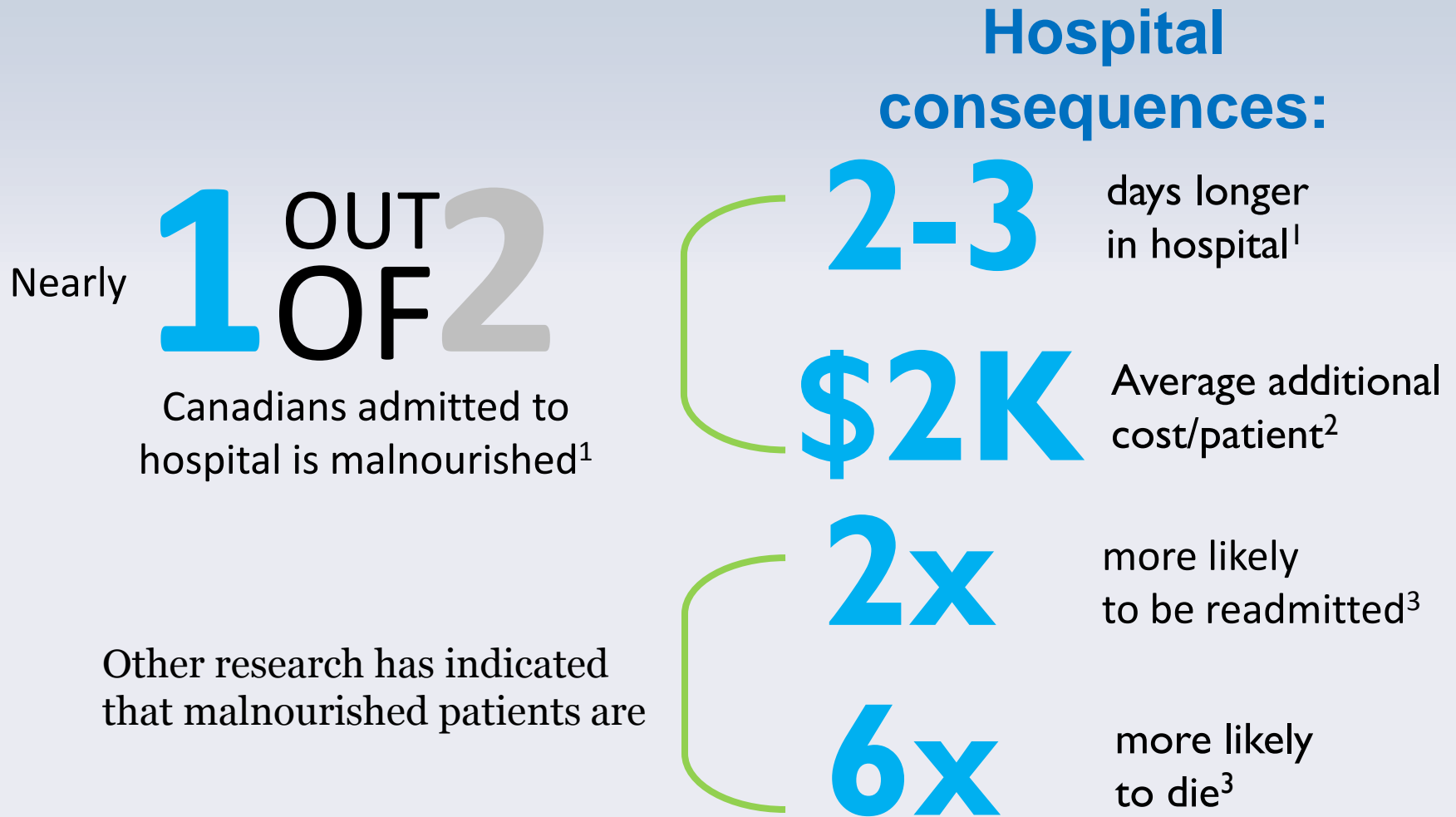
# **Nutrition Screening at Brockville General Hospital**

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***Preventing Complications Brag and Steal***  
*Southeastern Ontario Stroke Symposium:*  
*Best Practice Across the Care Continuum*



# Malnutrition predicts a lengthy and costly hospital stay



# Malnutrition in stroke patients

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- ▶ Stroke survivors identified on admission as being at 'high risk' of malnutrition had:
  - ▶ 3 x higher median length of stay<sup>1</sup>
  - ▶ 77% higher cost of hospitalization<sup>1</sup>
- ▶ Undernourished stroke patients more likely to develop complications such as GI bleeding, pneumonia and other infections during hospital admission<sup>2</sup>
- ▶ A 2015 Canadian survey showed only 63% of responding institutions routinely screened for malnutrition after stroke<sup>3</sup>

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<sup>1</sup>Gomes et al. (2016). "Risk of Malnutrition Is an Independent Predictor of Mortality, Length of Hospital Stay, and Hospitalization Costs in Stroke Patients." *J Stroke Cerebrovas Dis* **25**(4): 799-806.; <sup>2</sup>FOOD Trial Collaboration, (2003). "Poor nutritional status on admission predicts poor outcomes after stroke." *Stroke* **34**(6): 1450-1456.; <sup>3</sup>Peters et al. (2015). "Screening and assessment of nutritional status following stroke: results from a national survey of registered dietitians in Canada." *Disabil Rehabil* **37**(26): 2413-2417.

# First nutrition screening tool piloted

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## ▶ **Mini Nutritional Assessment MNA<sup>®</sup>**

Available for download at :

[http://www.mna-elderly.com/mna\\_forms.html](http://www.mna-elderly.com/mna_forms.html)



# Second nutrition screening tool piloted

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## ▶ **Canadian Nutrition Screening Tool (CNST)**

Available for download at :

<http://nutritioncareincanada.ca/sites/default/uploads/files/CNST.pdf>



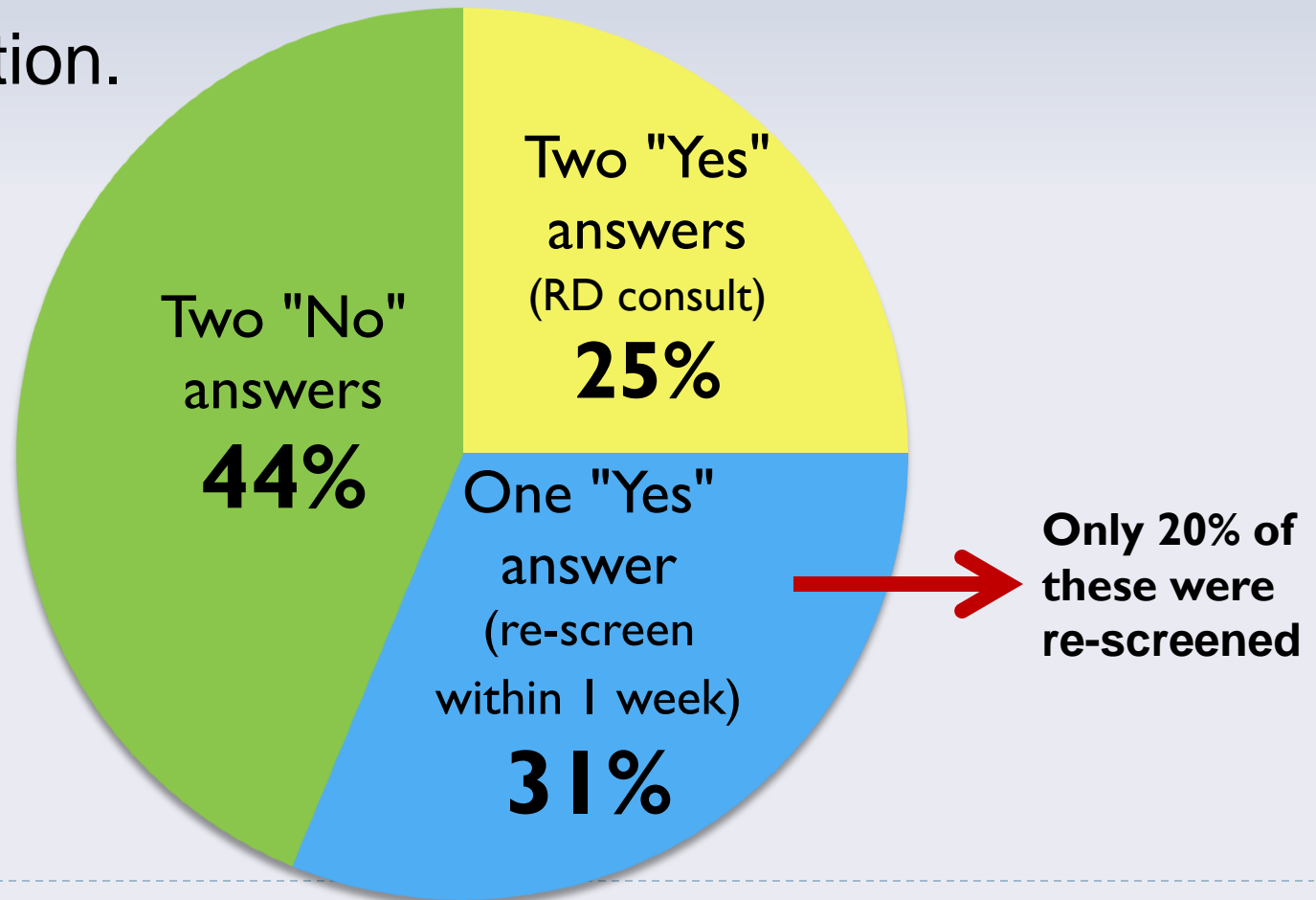
# Advantages of the CNST

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- ▶ Quick (<5 minutes to complete)
- ▶ Validated against the Subjective Global Assessment (SGA)
  - ▶ Sensitivity: correctly identified patients at nutrition risk or malnourished **72.9%** of the time
  - ▶ Specificity: correctly identified patients who are not at risk or malnourished **85.9%** of the time
- ▶ Validated in untrained non-nutrition health professionals in Canadian hospitals

# Results so far at BGH

- ▶ Since starting the CNST, 100% of stroke patients admitted to BGH have been screened for malnutrition.



# Adapting the use of CNST based on BGH feedback

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- ▶ Added to form : if two “YES” answers notify dietitian + phone extension
- ▶ For one “YES” answer, “re-screen within 1 week” may be too vague
  - ▶ Change to ‘re-screen on day 5’ – more concrete and better fit with stroke pathway
- ▶ Stapled CNST to the STAND (dysphagia screening) tool





# Future directions

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- ▶ Continue to meet with floor manager, stroke team, other nursing staff for feedback
- ▶ In-services on malnutrition to reinforce importance of screening
- ▶ Integrate the screening tool into electronic charting system (Quadramed)
- ▶ Implement nutrition screening hospital-wide
- ▶ Consideration of a second step of nutrition screening pathway (SGA)



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Questions?

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