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NUTRITION AND NURSING WORKING TOGETHER TO ASSESS MALNUTRITION IN ONCOLOGY PATIENTS

**Problem:**

Weight loss is an indicator of poor prognosis in cancer patients. Up to fifty percent of patients with cancer are at risk for malnutrition (Current Oncology (2012). 19(5), 305–7)

**Aim:**

To implement a valid Malnutrition Screening Tool (MST) that oncology health professionals can use to determine the risk for malnutrition as a means of improving patient care

**Intervention:**

**MALNUTRITION SCREENING TOOL (MST)**  
**Malnutrition: Is Your Patient At Risk?**

1. Have you lost weight recently (up to 6 months) without trying?

No	0
Unsure	2

If yes, how much weight have you lost?

2-11 lbs (1-5kg)	1
12-22 lbs (6-10kg)	2
23-33 lbs (11-15kg)	3
>33 lbs (>15kg)	4
Unsure	2

Weight Loss Score

2. Have you been eating poorly because of a decreased appetite?

No	0
Yes	1

Appetite Score

MST Score (Weight Loss and Appetite Score)

Refer to Malnutrition Action Flowchart on the other side of this tool

**Malnutrition Action Flowsheet**

Ferguson M, Capra S, Bauer J, Banks, M. Nutrition. 1999;15(6):458-464.

- A valid screening tool was identified from the research literature
- A project charter was developed along with a malnutrition screening procedure, forms, educational materials and evaluation tools
- The MST was piloted on two inpatient wards during the summer of 2012 for two months
- Nurses and Dietitians on the pilot wards received brief training sessions about the use of the MST
- This established the roles and responsibilities for how Nurses screen patients for malnutrition and for how Dietitians are consulted for further assessment
- Following the pilot, a focus group and survey of Nurses and Dietitians elicited staff perception
- Based on these outcomes, the MST was implemented across all inpatient areas in April 2013

**Team:**

**Nursing Department**  
Seena Elizabeth Varkey  
- Clinical Instructor, Staff Development Unit, KCCC

**UHN – Princess Margaret Cancer Centre International**  
Daniela Fierini  
- Registered Dietitian and Clinical Nutrition Practice Leader  
Cindy Shobbrook  
- Clinical Project Manager

**Project Sponsors:**

Mariam Abdulrahman  
- Head, Clinical Nutrition and Food Service Department, KCCC

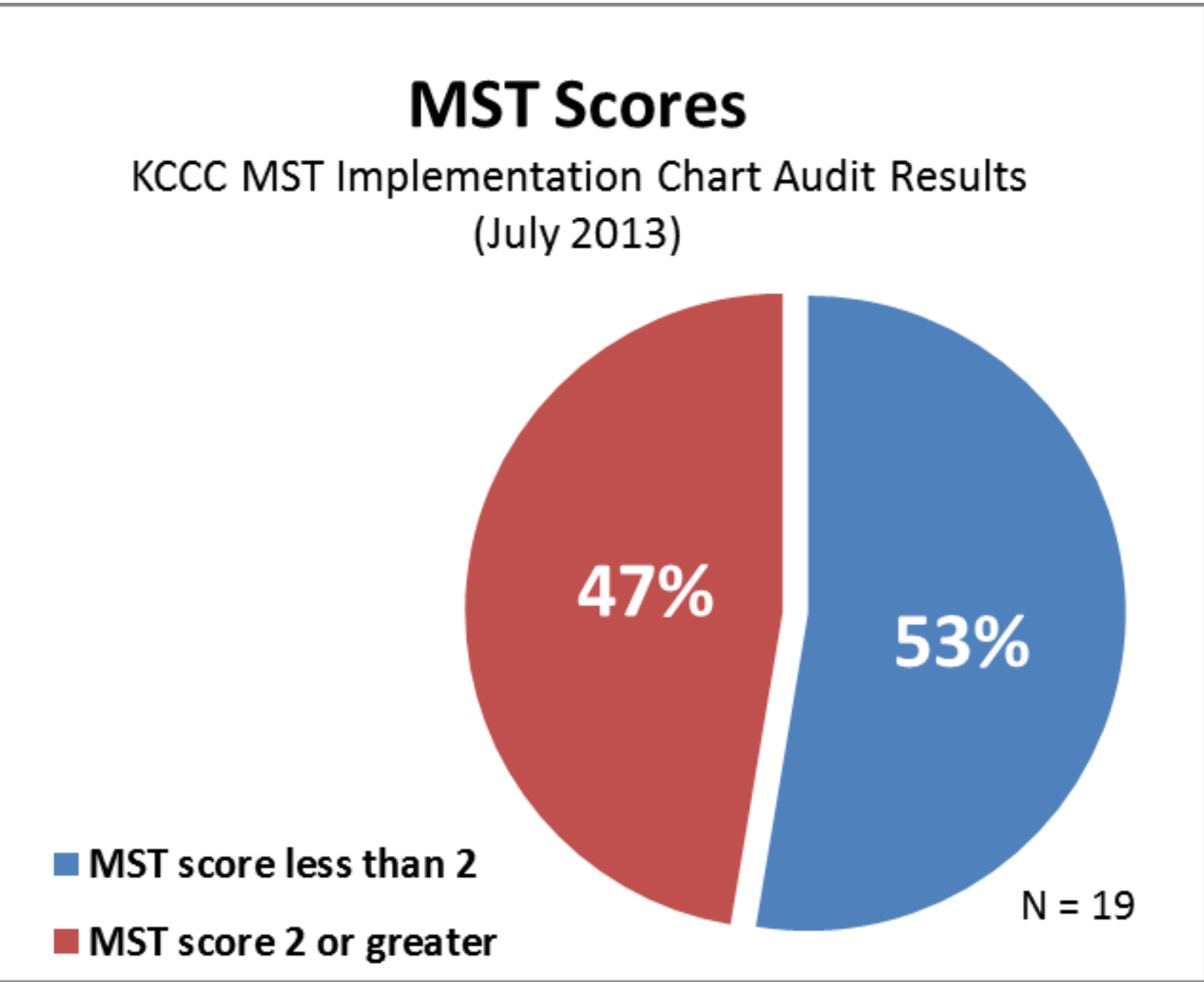
Suha Alazmi  
- Head, Nursing Department, KCCC

**Coach:**

UHN – Princess Margaret Cancer Centre International

- Conclusions:**
- KCCC has improved patient safety by implementing a strategy that consistently identifies patients who are most at risk for malnutrition
  - The use of this standardized tool promotes patient-centered care by incorporating the patient’s perspective in addition to other indicators such as decreased appetite and weight loss
  - This project has had the added benefit of improving multidisciplinary collaboration between the Nutrition and Nursing departments

- Results:**
- Evaluation data collected in July 2013 demonstrated that 47% of patients screened had an MST score of 2 or greater malnutrition risk. This finding coincides with the literature stating that up to 50% of cancer patients are at risk for malnutrition. The implementation of the MST was therefore effective in identifying the problem which was previously under-reported
  - The data further demonstrated that routine screening promotes:
    - Earlier detection of patient malnutrition risk
    - Improved communication and collaboration between Dietitians and Nurses
    - Prioritization of patients requiring nutritional assessment
  - Based on these outcomes, the following process improvement activities were routinely incorporated:
    - Rescreening of all patients weekly when ward Nurses measure patient weights
    - Recording initial and rescreen MST scores on the Nursing Kardex and daily ward Diet Sheets
    - Reviewing of Diet Sheets by Dietitians to prompt automatic Dietitian referrals for patients who score 2 or greater
    - Implementing an on-going audit process



- Next Steps:**
1. Continue with quarterly auditing of MST compliance
  2. Explore opportunities to implement the MST in outpatient settings at KCCC
  3. Support efforts to expand the role of the MST to other healthcare settings in Kuwait