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Audit of the uptake of the Malnutrition Universal Screening Tool at St Helier Hospital

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The Malnutrition Universal Screening Tool (MUST) was implemented across the wards at St Helier Hospital between April and July 2006. During the implementation period a rolling programme of training was provided for ward staff by a dietetic assistant. This audit was designed to assess how effective this implementation had been and identify further training needs. The audit was carried out 6 months after the implementation period by two student dietitians.

Thirteen wards at St Helier Hospital were audited during December 2006 to January 2007 giving a total of 287 beds.

It was found that 40% of patients were being nutritionally screened using MUST. Of these 85% were being re-screened on a weekly basis. However at ward level the variation in number of patients being screened ranged from 0–96%. Breaking the wards down into specialist areas showed that the care of the elderly wards were using MUST the most consistently with an average of 88% of patients being screened. Medical wards showed an average of 34% of patients being screened and on the surgical wards 12% of patients had been screened. Of the tools completed across the hospital it was found that 78% were being completed correctly.

The main finding of the audit was that across St Helier Hospital only 40% of patients were being screened for malnutrition using MUST with a large variation between wards. The recent NICE guidelines⁽¹⁾ state that 100% of patients in hospital should be nutritionally screened; currently St Helier Hospital is not meeting this guideline. The audit results from the individual wards will enable us to target future training to those wards that performed poorly in meeting this guideline. Those wards which were using the screening tool well had very supportive ward managers who had incorporated screening into the ward routine. This audit highlighted the need to provide more training for ward staff on the importance of nutrition screening, how to use the MUST tool accurately and the importance of following the care plan provided with the tool. It was felt that having the MUST documentation present in bed-end folders would serve as a timely reminder for ward staff to complete MUST as part of the admission documentation.

Since the audit was completed we have completed further training on the wards where MUST was not being used effectively and plan to re-audit the hospital later in the year.

1. National Institute for Health and Clinical Excellence (2006) Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Full Guidance National Collaborating Centre for Acute Care at the Royal College of Surgeons of England.