

A Step-by-Step Guide to Implementing Change: the example of embedding screening into practice.

1. The champion needs to pull together a small implementation team that can make decisions and has respect of hospital management and staff e.g. nurse management, physician champion, nurse educator or other implementation expert etc.
2. Create buy-in from senior management and other stakeholders. Make presentations on the importance of malnutrition, how it is commonly missed without screening and costs of malnutrition. Present information on INPAC as best practice and how screening is the key activity of INPAC that will ensure no malnourished patients are missed. If possible, use your own data on malnourished patients who were not referred by nursing or physicians through current mechanisms.
3. Select one unit to begin screening and test out processes.
4. Select a screening tool (we recommend CNST as it is short, valid and reliable for acute care).
5. Consider who from this unit needs to be included in planning. It is important to include those who are likely to be key players in the activity of nutrition screening and invite these team members to a planning group. Key players could include: unit dietitian, unit nurse(s), IT support person (if considering electronic screening tools), diet technicians (if process will include them) unit clerk, key physicians.
6. Collect some initial data on current practice on this unit so that you can demonstrate need for change and eventually demonstrate improved metrics/outcomes.
7. Provide short presentations to unit staff on the initiative; use your baseline (initial) data to create buy-in and motivation to complete screening. Continue to engage staff throughout the implementation process.
8. Discuss with staff on the unit how they think screening and subsequent referral should be completed (host a discussion group with the champions). Use this information to build your initial screening and referral process.
9. Determine how the tool can be incorporated into practice: Will this be done electronically or on paper? What are the processes and who are the key stakeholders who will need to be involved in order to facilitate this process? *(Note: each hospital will be different and you need to work within your system. i.e. the Forms Committee may take a long time, so preliminary plans can be put in*

place while work is being done at other levels).

10. Train a small number of staff on the screening and referral process and pilot the process on a few patients (keep it small!).
11. Discuss the pilot with those trained; how did it go, what would they change to make the process of screening and referral work for all patients? Bring their responses back to the unit planning team for discussion.
12. Based on discussion of the unit planning team, revise the process as needed, fix steps that didn't work
13. Pilot the improved process on a few more people for a little longer; collect some data on the process and discuss with staff.
14. Discuss results again at the unit planning team and revise the process if needed.
15. Continue to expand screening and referral at a realistic rate; work at embedding the routine on this unit before moving on to other units.
16. Collect data on incorporation of screening into the routine (e.g. % of admitted patients who are screened and referred), report back to the team/staff/management on progress, including specifics on how the team has made a difference on the unit.
17. Identify where there is resistance and work on it (i.e. if the forms are not being filled in properly, reminders may be needed), some staff who continue to not take on the change.
18. Provide reminders, re-educating/re-training as needed; occasionally collect screening and referral audit data to demonstrate sustaining of practice.
19. Celebrate successes.

NOTE: embedding SGA into practice should be done alongside this process however it is not included in this example