



Canadian  
Malnutrition  
Task Force™

le Groupe de  
travail canadien  
sur la malnutrition<sup>MC</sup>

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*A Précis of the publication: Multi-site implementation of nutrition screening and diagnosis in medical care units: Success of the More-2-Eat project.*

Heather H. Keller, Renata Valaitis, Celia V. Laur, Tara McNicholl, Yingying Xu, Joel A. Dubin, Lori Curtis, Suzanne Obiorah, Sumantra Ray, Paule Bernier, Leah Gramlich, Marilee Stickles-White, Manon Laporte, and Jack Bell.

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Five Canadian hospitals implemented the evidence-based algorithm of nutrition care known as Integrated Nutrition Pathway for Acute Care (INPAC) in 2016. An aim of this paper is to describe the change in rates of detection and triaging of care for malnourished patients, and to demonstrate if these improvements in care can be sustained in the short-term. A second intention of the manuscript is to demonstrate that following the algorithm leads to an improved detection of malnutrition that ultimately leads to enhanced nutrition treatment that mitigates malnutrition.

### **Key Findings:**

The data collection period was broken down into six 3-4 month periods referred to as the developmental, implementation and sustainability phases. All sites increased the frequency of nutrition screening from period 1, with three sites achieving a 75% screening rate by period 3 and the remainder achieving a 70% rate by the end of the implementation phase. No sites were conducting subjective global assessment (SGA), a diagnostic tool for malnutrition, at period 1 but all sites reached the goal of a 75% completion rate or referral for those identified to be at nutrition risk between periods 3 and 4. By period 2, 100% of patients identified by SGA as severely malnourished received a comprehensive nutritional assessment.

In period 1, the nutrition diagnosis and documentation of such by the dietitian was a modest 0.37%, increasing to over 5% of all audited health records. The overall use of any Advanced Nutrition Care practices increased from 31% during period 1 to 63% during period 6.

### **Clinical relevance:**

This multi-site implementation study based on over 5000 patient records demonstrated that implementation of nutrition screening and diagnosis is feasible

and leads to appropriate care. Success was due to a feasible pathway and tools, including change management and quality improvement principles, as well as a community of practice that provided mentorship and support by an external facilitation team. INPAC promotes efficiency in nutrition care while minimizing the risk of missing malnourished patients. To find the algorithm, description of Advanced Nutrition Care practices and the guidance document go to:  
<http://nutritioncareincanada.ca/tools/algorithm-and-guidance-document>

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