



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection of nutrition and hydration at Kilcreene Regional Orthopaedic Hospital, Co. Kilkenny.

Monitoring programme for unannounced inspections undertaken
against the National Standards for Safer Better Healthcare

Date of on-site inspection 19 October 2016

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent Authority established to drive high quality and safe care for people using our health and social care and support services in Ireland. HIQA's role is to develop standards, inspect and review health and social care and support services, and support informed decisions on how services are delivered. HIQA's ultimate aim is to safeguard people using services and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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Introduction

In 2015, the Health Information and Quality Authority (HIQA) began a monitoring programme to look at nutrition and hydration care of patients in Irish hospitals. HIQA used the *National Standards for Safer Better Healthcare* to review how public acute hospitals (other than paediatric and maternity services) were ensuring that patients' nutrition and hydration needs were being adequately assessed, managed and effectively evaluated.⁽¹⁾ A national report of the review of nutrition and hydration care in public acute hospitals was published in May 2016 which presented the findings of this monitoring programme.⁽²⁾ This report described areas of practice that worked well in hospitals and identified opportunities for improvement (the report is available on HIQA's website, www.hiqa.ie). In that report the following four key areas for improvement were identified:

1. All hospitals should have a nutrition steering committee in place.
2. All patients admitted to hospital should be screened for the risk of malnutrition.
3. Hospitals must audit compliance with all aspects of patients' nutritional care and share the findings with all relevant staff groups involved in food service and patient care.
4. Hospitals should strive to improve patients' experience of hospital food and drink by engaging with patients about food variety and choice.

Following the publication of the national report, HIQA commenced a programme of unannounced inspections in public acute hospitals in Ireland (with the exception of paediatric and maternity services) to continue to monitor compliance with the *National Standards for Safer Better Healthcare* in relation to nutrition and hydration care for patients.⁽¹⁾ The inspection approach taken by HIQA is outlined in guidance available on HIQA's website, www.hiqa.ie – *Guide to the Health Information and Quality Authority's review of nutrition and hydration in public acute hospitals*.⁽³⁾

The aim of the unannounced inspections is to determine how hospitals assess, manage and evaluate how they meet individual patients' nutrition and hydration needs in the hospital as observed by the inspection team and experienced by patients on a particular day. It focuses on the patients' experience of the arrangements at mealtimes, screening patients for their risk of malnutrition, governance and audit of nutrition and hydration care and training staff on nutrition and hydration care.

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The report of findings following inspections identifies areas of nutrition and hydration care for patients where practice worked well and also identifies opportunities for improvement. Each service provider is accountable for the implementation of quality improvement plans to assure themselves that the findings relating to areas for improvement are prioritized and implemented to comply with the *National Standards for Safer Better Healthcare*.⁽¹⁾

As part of the HIQA programme of monitoring nutrition and hydration care in public acute hospitals against the *National Standards for Safer Better Healthcare* an unannounced inspection was carried out at Kilcreene Regional Orthopaedic Hospital, Kilkenny on 19 October 2016 by authorized persons from HIQA, Siobhan Bourke and Noreen Flannelly-Kinsella, between 09.55hrs and 14.35hrs.⁽¹⁾

The hospital submitted a completed self-assessment questionnaire in August 2015 as requested by HIQA of all public acute hospitals (with the exception of maternity and paediatric services). References to this are included in this report where relevant.

Inspectors visited one ward during the midday meal to check first-hand that patients received a good quality meal service, had a choice of food and that they were provided with assistance with eating if required. Inspectors observed one meal, spoke with five patients, and 11 members of staff, including managers. During the inspection, inspectors used specifically developed observation, interview and record review tools to help assess the quality of care given to patients in acute hospitals with the focus on nutrition and hydration.

HIQA would like to acknowledge the cooperation of hospital management, staff and patients with this unannounced inspection.

Findings

Theme 1: Person-centred Care and Support

Healthcare that is person-centred respects the values and dignity of service users and is responsive to their rights, needs and preferences. The *National Standards for Safer Better Healthcare*⁽¹⁾ state that in a person-centred service, providers listen to all their service users and support them to play a part in their own care and have a say in how the service is run. This includes supporting individuals from different ethnic, religious or cultural backgrounds.

During the on-site inspections, inspectors looked at the timing of meals and snacks, how hospital staff consulted with patients about meal choice, whether patients got fresh drinking water and a replacement meal if they missed a meal. Inspectors also looked at the assistance patients were given with meals, if needed, and whether patients had their meals interrupted for non-essential reasons.

Meal service and timing of meals

Catering services at the hospital were provided by internal and external staff. A cook-chill food production and buffet-style at the patients' bedside was in use.* Food was prepared, cooked and chilled at St. Luke's General Hospital, Kilkenny and transported to Kilcreene Regional Orthopaedic Hospital mid-morning and mid-afternoon where it was then reheated and served for the midday and evening meal by catering staff at Kilcreene Hospital.

The mealtimes reported in the hospital's self-assessment questionnaire, and by patients and staff on the day of inspection, were as follows:

- Breakfast: 8.00am– 8.45am
- Midday meal: 12.00pm–12.45pm
- Evening meal: 5.00pm–5.45pm

There should be four hours or more between the end of each main meal and the beginning of the next, and mealtimes should be spread out to cover most of the waking hours.⁽⁴⁾ Inspectors found that the hospital was not adhering to best practice

* A "cook-chill" food service system involves chilling the food after it is cooked and re-heating the food prior to serving. Buffet-style at the patient's bedside involves serving meals onto plates from mobile buffet trolleys at the patient's bedside.

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guidelines with a four hour interval between the three main meals of the day as the breakfast and midday meal had just over three hours between these meals.

Inspectors spoke with five patients regarding the spacing and timing of mealtimes and patients told inspectors that they were satisfied with the mealtimes.

Inspectors observed that catering staff engaged well with patients, for example staff addressed patients by name and sought their preferences with portion sizes and dessert options while serving the meal. Inspectors saw that bed tables were generally free from clutter and within the reach of patients. The hospital had a protected mealtimes[†] guideline in place since December 2015 and there was signage on the ward explaining mealtimes. Inspectors observed no evidence of non-essential interruptions from staff during the midday meal. All patients who spoke with inspectors told them that their meals were never interrupted.

Choice and variety of food

Menu options were verbally outlined to patients as stated in the hospital's completed self-assessment questionnaire. Catering staff told inspectors that the menu options available for patients at Kilcreene Regional Orthopaedic Hospital were faxed from St. Luke's Hospital the day before the meal was served, for example the menu for Tuesday was faxed to Kilcreene Hospital on Monday. Catering staff then verbally outlined the menu choices to patients and faxed this information back to St. Luke's Hospital, Kilkenny. Hospital managers informed inspectors that the weekly menu plans used in St. Luke's Hospital – which rotated on a three weekly basis – were also used in Kilcreene Regional Orthopaedic Hospital. However, although the three-week menu plan had a number of options available for each meal, including the midday meal, patients and staff told inspectors that only one option was offered to public patients for the midday meal, while private patients were offered two options. Staff told inspectors that if a patient expressed dissatisfaction with the midday meal option on offer, patients could order an alternative meal.

Inspectors spoke with five patients on the day of inspection. Two of the five patients told inspectors that they were offered one choice for the midday meal and two choices for evening meal.

[†] Protected mealtimes are periods when patients are allowed to eat their meals without unnecessary interruptions, and when nursing staff and the ward team are able to provide safe nutritional care. Unnecessary interruptions can include routine medication rounds, ward rounds, non-urgent diagnostic tests and visitors. However, HIQA recognizes that there are a small number of areas in a hospital where policies on protected mealtimes may be contrary to the daily functioning of that unit.

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Texture-modified diets[†] include meals that are suitable for patients with swallowing difficulties of varying severity. They should include choices for patients who require soft, minced and moist, smooth pureed and liquidised diets.⁽⁴⁾ Hospital managers told inspectors that some texture-modified meals were sourced from an external supplier. However, nursing and catering staff told inspectors that these were very rarely used at Kilcreene Regional Orthopaedic Hospital due to the cohort of patients who used the services at the hospital. Inspectors were informed that the patients who attended Kilcreene Regional Orthopaedic Hospital for elective orthopaedic procedures were assessed prior to surgery at a pre-assessment clinic and patients identified with complex medical needs were assigned for surgery at University Hospital Waterford.

Overall, both patients and hospital staff confirmed that there was a lack of choice available to all patients at the hospital. National guidelines recommend that hospital menus should provide sufficient choice to offer adequate nutrition for all patients.⁽⁴⁾

Best practice guidelines suggest that high-calorie snacks should be offered between meals, mid-morning, mid-afternoon and late evening.⁽⁴⁾ This may be particularly relevant if there is a long period of time between the last meal of the day and breakfast the following morning.

During the inspection, catering staff and managers reported that soup was served prior to the midday meal and patients were offered tea and biscuits in the evening. Inspectors were informed that patients with diabetes were offered a snack of cheese and crackers in the evening, however, there were no patients with diabetes admitted at the time of the onsite inspection to confirm this. Inspectors also observed that soup was served immediately prior to the midday meal. Inspectors asked patients if they were offered snacks, of the patients that inspectors spoke with, the majority said they were offered tea and biscuits as a snack in the evening. There were no other snacks offered to patients between breakfast and the midday meal or between the midday meal and evening meal.

Missed meals

Catering staff and hospital managers told inspectors that the most likely reason for patients to miss a meal was attendance at theatre for surgery. These patients were

[†] Texture-modified diets may include soft diets, minced and moist diets, smooth pureed diets and liquidized diets due to swallowing difficulties.

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offered tea and toast after they recovered from their surgery. All five patients who spoke with inspectors had missed a meal due to surgery and confirmed that they were given tea and toast when they felt able to eat again.

Catering for patients with ethnic, religious and cultural dietary needs

The *National Standards for Safer Better Healthcare* state that patients should experience healthcare that respects their diversity and protects their rights.⁽¹⁾ Dietary practices within and between different cultural groups can be quite varied. It is important not to assume what an individual's dietary practices are just because they belong to a particular faith or culture. This may vary depending on practices such as fasts, festivals, food restrictions and other requirements. The hospital stated in its completed self-assessment questionnaire that there were menu options available for patients from different ethnic, religious, and cultural backgrounds. Catering and nursing staff told inspectors that the hospital could provide Halal[§] meals on request. Nursing staff told inspectors that when patients attended the pre-assessment clinic before surgery, any special dietary requirements were recorded on the nursing assessment documentation at that visit.

Assistance

The hospital stated in its completed self-assessment questionnaire that assistance from nurses to support patients at mealtimes was always available.** Staff and hospital managers told inspectors that as all patients were attending for elective orthopaedic surgery, some patients required assistance with cutting up food and opening packages after hand, arm or shoulder surgery. Catering staff told inspectors that when serving meals they alerted nursing staff either verbally or by using the call bell for these patients. Nursing and catering staff reported that this system was working well.

Inspectors observed that patients were positioned comfortably prior to the meal, and they were provided with dining and feeding aids where needed. While most patients

[§] Halal food refers to meat prepared as prescribed by Islamic law.

** The self-assessment questionnaire offered the following four options to answer the question on the availability of support: always; mostly; sometimes; never.

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were independent with eating and drinking and did not require assistance, inspectors saw patients with upper limb surgery, provided with assistance by nursing staff.

Patients' experience of meal service – food quality

All patients have a right to safe, nutritious food and the provision of meals should be individualised and flexible.⁽⁴⁾ On the day of inspection, inspectors observed meals as they were being served and found that food was served in an appetising way (the meal served on the day of inspection was beef, peas, turnip with mashed potato or chicken curry with rice). Inspectors observed catering staff ask patients about their preferred portion size and sauces such as gravy at the time the midday meal was served.

Inspectors spoke with patients about their views on the quality of food provided in the hospital. The majority of patients spoke positively about how the food tasted and that hot food was served hot.

Hydration and availability of drinks

On the day of inspection, inspectors observed that drinking water was readily available to patients with jugs and glasses of water within easy reach of patients. Catering and nursing staff told inspectors that water jugs were replaced with fresh water in the morning and refilled three times a day. There were also two water coolers on the ward so that patients could have chilled water as needed.

What worked well?

- Patients who required assistance with meals were observed to receive it in a timely manner.
- Most patients spoke positively about the taste and quality of food.

Opportunities for improvement?

- All patients should be offered a choice of meals and regular snacks between meals.

Theme 2: Effective Care and Support

Effective care and support in healthcare means consistently delivering the best achievable outcomes for people using a service in line with best available evidence. In the context of effective care and support for patients, this means that nutrition and hydration care is evidence-based, planned, coordinated and delivered to meet individual patient's initial and ongoing needs. It means assessing patients' risk of malnutrition using a validated assessment tool, monitoring aspects of their nutrition and hydration care and referring patients who are at risk of malnutrition to a dietitian for further specialised input. National guidelines recommend that screening for risk of malnutrition should be carried out on every patient within 24 hours of admission to hospital.⁽⁴⁾

Inspectors reviewed healthcare records and spoke with healthcare professionals during the inspections about how they identified and monitored patients who were at risk of malnutrition and or dehydration.

Patient assessment and malnutrition screening

The inspection team found that there was a structured nursing assessment for all admitted patients that contained a baseline assessment of eating and drinking. The hospital had a policy for screening patients for their risk of malnutrition, using the Malnutrition Universal Screening Tool (MUST) which was implemented in May 2015. Nursing staff told inspectors that Kilcreene Regional Orthopaedic Hospital does not have a dietitian onsite. All patients who are booked for elective orthopaedic surgery at the hospital attend the hospital's pre-assessment clinic. The MUST tool is completed at this visit and if a patient has a high risk screening score, they are referred for review to the dietetic service at St. Luke's General Hospital, Kilkenny. Nursing staff told inspectors that it was very rare that patients who attended the hospital were found to be at risk of malnutrition because of weight loss as a high number of patients reported weight gain caused by reduced mobility associated with their underlying conditions.

The healthcare records of five patients were reviewed by inspectors on the day of inspection. This was a small sample size and did not involve a representative sample of the healthcare records of all patients at the hospital. In the five healthcare records reviewed, inspectors found that four patients had been screened for their risk of malnutrition using the MUST tool at their appointment in the pre-assessment clinic. The fifth patient had a weight recorded at this visit but the height, BMI (Body Mass Index) and MUST score were not recorded. Inspectors were informed by

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nursing staff that none of the patients on the ward on the day of inspection had required a referral to a dietitian or required a specific therapeutic diet.

Nursing staff told inspectors that they did not re-screen patients weekly as the average length of stay for patients was less than five days.

Of the five healthcare records reviewed, all five had fluid balance charts and all used quantitative measures to document fluids and were fully complete and up-to-date. None of the healthcare records reviewed had food intake charts.

Equipment for screening

During this inspection, inspectors observed some of the required equipment used to screen patients for the risk of malnutrition was in place. This included weighing scales, stadiometers[◇] and measuring tapes. The ward inspected had stand-on scales and access to equipment for measuring patients' height. Nursing staff and hospital managers told inspectors that funding for chair scales for the outpatients clinic and the ward had been requested to assist with weighing patients with reduced mobility. All equipment viewed by inspectors had evidence of calibration within the past year.

Patient referral for specialist assessment

As part of the on-site inspection programme, inspectors reviewed the systems in place to refer patients, who required specialist nutritional assessment to a dietitian. Nursing staff told inspectors that they could complete an orange referral form for patients to be reviewed by the dietetic service at St. Luke's General Hospital. However, this rarely occurred due to the cohort of patients attending the hospital.

What worked well?

- Patients were screened for their risk of malnutrition at the pre-assessment clinic prior to their admission for surgery.

Opportunities for improvement?

- Access to chair scales for patients with reduced mobility.

[◇] A device for measuring a person's height.

Theme 3: Safe Care and Support

Safe care and support recognises that the safety of patients and service users is of the highest importance and that everyone working within healthcare services has a role and responsibility in delivering a safe, high-quality service. Certain areas relating to nutrition and hydration care are associated with a possible increased risk of harm to patients. These include:

- identifying whether hospitals have systems in place to ensure that the right meal is served to the right patient
- ensuring patients are not experiencing prolonged fasting unnecessarily
- ensuring patient safety incidents relating to nutrition and hydration care are reported, recorded, investigated and monitored in line with best available evidence and best practice guidelines.

Communication of dietary needs

The hospital had a system of identifying and communicating patients' dietary needs. On attendance at the pre-admission clinic and again on admission, patients' specific dietary needs were documented on their healthcare records. Catering staff told inspectors that nursing staff documented information about patients' dietary needs on a daily diet sheet, for example if a patient was fasting or required a gluten free diet. The diet sheet was given to catering staff and listed all patients on the ward by name and by bed number. Signage was also displayed over patients' beds if they were fasting and this was observed by inspectors. Dietary information was also listed on a white board in the nurse's office on the ward.

Catering and nursing staff who spoke with inspectors told inspectors that this system worked well to ensure that patients received the correct meal. All patients who spoke with inspectors stated that they had always received the correct meal.

Patients safety incidents in relation to nutrition and hydration

Hospital managers and staff reported that there had been no patient safety incidents reported or written complaints received from patients in relation to nutrition and hydration in the last 12 months.

What worked well?

- The hospital had a system in place to ensure patients received the correct meals.

Theme 5: Leadership, Governance and Management

The *National Standards for Safer Better Healthcare* describe a well-governed service as a service that is clear about what it does and how it does it.⁽¹⁾ The service also monitors its performance to ensure that the care, treatment and support that it provides are of a consistently high quality throughout the system.⁽¹⁾ Best practice guidelines state that hospital management must accept responsibility for overall nutritional care in hospitals. In addition, hospital managers, dietitians, physicians, nurses, catering managers and food-service staff must work together to achieve the best nutritional care. Hospital management must facilitate and give priority to such cooperation.⁽⁴⁾

Best practice guidelines recommend that hospitals form a nutrition steering committee to oversee nutrition and hydration care in acute hospitals.⁽⁴⁾ The role of this committee includes the following:

- help implement national guidelines
- set the standard of care in relation to nutrition for hospitalized patients
- review the food-service system, nutritional risk screening and audits.

The inspection team looked at key leadership, governance and management areas aligned to the *National Standards for Safer Better Healthcare* and sought information relating to the governance arrangements in place to oversee nutrition and hydration practices.

Nutrition Steering Committee

The hospital's completed self-assessment indicated that there was not a Nutritional Steering Committee^{††} in place in Kilcreene Orthopaedic Hospital. However, the

^{††} An advisory committee that oversees nutrition policy and activity in a hospital. It consists of senior staff from all disciplines, including managers, involved in the nutritional care of patients. The establishment of such a committee is recommended under the Department of Health's *Food and Nutritional Care in Hospitals – Guidelines for Preventing Undernutrition in Acute Hospitals*.

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Director of Nursing told inspectors that a staff nurse had since been nominated to represent Kilcreene Orthopaedic Hospital on the University Hospital Waterford Nutrition and Hydration Committee. This Committee is chaired by the Safety and Quality Clinical Lead for University Hospital Waterford and was set up in January 2016.

It has terms of reference that detail the purpose, membership, reporting structures and frequency of the Committee. The terms of reference viewed by inspectors were still in draft format. The purpose of the Committee was to provide clinical leadership and oversight of policies and practices related to the management of nutrition and hydration at the hospital.

Hospital managers told inspectors that the Nutrition and Hydration Committee reported into the Safety and Quality Executive Steering Committee which in turn reported to the University Hospital Waterford Executive Management Board. Inspectors requested copies of agendas and minutes for the last six meetings of the Committee. However, as the Kilcreene Regional Orthopaedic Hospital representative began attending these meetings in July 2016, minutes of four meetings were available at Kilcreene Regional Orthopaedic Hospital for review by inspectors. From the review of the information provided in the minutes, it was evident that the Committee had met four times between May 2016 and October 2016. The meetings were well attended by representatives from catering, dietetic services, nursing and speech and language therapists. However, there was no medical representative listed on the membership of the Committee or in attendance at the meetings as recommended in national guidelines.⁽⁴⁾

Policies

Policies are written operational statements of intent which help staff make appropriate decisions and take actions, consistent with the aims of the service provider, and in the best interests of service users.⁽¹⁾ During the inspection, inspectors viewed the hospital's policies relevant to nutrition and hydration and found that the hospital had hard copies of policies and guidelines available on the ward.

Kilcreene Regional Orthopaedic Hospital had a number of policies including, a nutrition and hydration policy that outlined the process for MUST screening, a protected mealtimes guideline and a guideline for the management of food allergies. The hospital also had a guideline on fasting for surgery that was in draft format.

Evaluation and audit of care

The term audit is used to describe a process of assessing practice against evidence-based standards of care. It can be used to confirm that current practice and systems meet expected levels of performance or to check the effect of changes in practice.

It is recommended that the nutrient content and portion size of food should be audited per dish annually, or more often if the menu changes.⁽⁴⁾ Hospital managers told inspectors that the hospital had not audited the nutrient content and portion size of meals of the standard hospital menu as recommended in the national guidelines. However work had commenced at St. Luke's General Hospital – where the meals are prepared – to analyse the high calorie high protein menu at the hospital.

Inspectors were informed by nursing staff and hospital managers that Kilcreene Regional Orthopaedic Hospital had yet to conduct any audits in relation to nutrition and hydration at the hospital. Moreover, MUST screening had been implemented in May 2015 to assess patients for their risk of malnutrition and had yet to be audited at the hospital.

Evaluation of patient satisfaction

Hospital managers told inspectors that they carried out patient satisfaction surveys every three months and inspectors were provided with copies of the two most recent patient satisfaction survey reports (January – March 2016 and April - July 2016). Three of the questions in the survey related to nutrition and hydration, one question asked patients to rate the catering standards and service, one question asked if patients were happy with food choices and the third question asked patients if they were happy with mealtimes on the ward. There was also a comment section on the survey. While the surveys reported that the majority of respondents reported that they were satisfied with the service (29 out of 35 in the report from January -March 2016 and 20 out of 24 in the report from April – July 2016), two negative comments where respondents stated they were dissatisfied, related to food choice such as "food choice was not great" and "limited food choices".

Quality improvement initiatives

Hospital managers told inspectors about a number of quality improvement initiatives that had been implemented in relation to nutrition and hydration. These included the following;

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- Introduction of protected mealtimes
- Developing a policy for the management of patients with food allergies
- Updating the integrated care pathway documentation for patients undergoing major joint replacement/revision to include the MUST screening and update the care plan in relation to nutrition and hydration
- Providing training for nursing staff on screening for the risk of malnutrition and the use of MUST.

What worked well?

- The hospital was represented at the University Hospital Waterford Nutrition and Hydration Committee.

Opportunities for improvement?

- Audit of nutrition and hydration care including auditing the nutrient content and portion sizes of hospital meals.
- Audit the compliance of the use of MUST screening tool at the hospital.

Theme 6: Workforce

It is important that the members of the workforce have the required skills and training to provide effective nutrition and hydration care to patients. Evidence suggests that there is a lack of sufficient education in nutrition among all healthcare staff due to the delay in transferring nutritional research into practice in hospitals.⁽⁴⁾

Best practice guidelines recommend that hospitals:

- include training on nutrition in staff induction
- have a continuing education programme on general nutrition for all staff involved in providing nutritional support to patients
- provide staff involved in the feeding of patients with updated nutritional knowledge every year.

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- a special focus should be given to the nutritional training of non-clinical staff and the definition of their area of responsibility in relation to nutrition and hydration.⁽⁴⁾

Training

The hospital stated in its completed self-assessment questionnaire in August 2015 that there was no specific training provided for medical, nursing or catering staff involved in nutrition and hydration. Nonetheless, on the day of inspection nursing staff and hospital managers told inspectors that training on screening for the risk of malnutrition had been provided to nursing and catering staff in 2016. Inspectors viewed these training records at the hospital and noted that this training was well attended. Hospital managers also told inspectors that a training programme was being developed at St. Luke's Hospital Kilkenny for catering staff at Kilcreene Regional Orthopaedic Hospital that included an update on texture-modified diets, therapeutic diets and food safety training.

What worked well?

- Training provided on malnutrition screening was well attended by nursing staff.

Opportunities for improvement?

- All staff involved in providing nutrition and hydration care and meal services should be provided with structured and specific training in line with national guidelines.

Conclusion

The review team found, on the day of inspection, that Kilcreene Regional Orthopaedic Hospital had implemented a number of quality improvement initiatives relating to nutrition and hydration. The hospital had selected MUST as the tool of choice to screen patients for their risk of malnutrition and nursing staff were using this screening tool at the pre-assessment clinic. Inspectors reviewed a small sample of patient healthcare records and found that the majority of these patients were screened for their risk of malnutrition in line with hospital policy. However, the hospital needs to review the availability of equipment such as a chair scales to enable nursing staff to weigh patients with reduced mobility.

HIQA recognises that the number of patients inspectors spoke with during the inspection was a limited sample of the experience of all patients who receive care at the hospital. Inspectors observed that patients who required assistance were offered assistance in a prompt manner. The majority of patients who spoke with inspectors were generally satisfied and complimentary about the quality of food that they received. However, the choice of food offered to patients was limited as was the provision of regular snacks between meals. The hospital should review the choices available to patients for midday and evening meals and ensure that snacks are offered regularly to patients between meals.

Inspectors found that the hospital had developed a number of policies and guidelines relevant to nutrition and hydration, however, there was no evidence that the implementation of these policies had been audited at the hospital. A structured audit programme for nutrition and hydration care for patients can help to identify where performance is at the required level and identify where improvements are needed.

The hospital's representation at the University Hospital Waterford's Nutrition and Hydration Committee was a welcome development and may facilitate sharing of good practice between the hospital sites. The hospital must now ensure that they continue to implement quality improvement initiatives to improve patients' nutrition and hydration needs by improving the choice of meals available to patients and audit practices relevant to nutrition and hydration care.

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For further information please contact:

**Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7**

Phone: +353 (0) 1 814 7400

Email: qualityandsafety@hiqa.ie

URL: www.hiqa.ie

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