

SECTION 10

QUALITY IMPROVEMENT FOR NUTRITIONAL RISK SCREENING AND MONITORING

10.1 QUALITY IMPROVEMENT FOR NUTRITIONAL RISK SCREENING AND MONITORING

The usefulness of nutritional risk screening and monitoring to staff and clients will be evaluated from time to time. What will you achieve by nutritional risk screening and monitoring and how will you measure this?

Evaluation of the value of nutritional risk screening and monitoring will be carried out by yourself.

It is even better if your team is able to pool their results; it shares the work involved and produces more meaningful results which can then form the basis of team discussion and decision making.

Some desired outcomes could be:

- Adults and their carers believe that their health and quality of life has been maintained or improved by intervention
- The interventions put in place deliver an acceptable and equitable level of care
- All who should be screened have this done in a timely fashion and at any time there is a change in their functioning or health status
- Nutritional risk screening and monitoring has resulted in a reduced rate of hospital admission
- Identification of individuals whose need for services has changed
- Gathering of data to support client advocacy for improved services and community facilities

Some ways of measuring these outlines could include:

- Audit of client nutritional risk screening results (refer Section 10.2.1-10.2.2)
- Regular case management and peer review with records of meetings kept
- Number of re-admissions to hospital in adults before and after screening introduced by the hospital discharge planner
- Client and carer questionnaires (refer Section 10.2, 10.3)

10.2 RECORD OF RESULTS FOR NUTRITIONAL RISK SCREENING AND MONITORING

10.2.1 Types of nutritional risks in the home-based adults

It is easy to keep records of the results of nutritional risk screening and monitoring on this form. The results can then be used to review the client group and plan better services for them, or to advocate on their behalf about matters which affect them in their local community.

DATE	Client record number	No risk identified	Underweight-frailty?	Unintentional weight loss?	Reduced appetite or reduced food and fluid intake?	Mouth or teeth or swallowing problem?	Follows a special diet?	Unable to shop for food?	Unable to prepare food?	Unable to feed self?	Obvious overweight affecting life quality?	Unintentional weight gain?
TOTAL												

10.3 ARE YOU SATISFIED?

We are interested in knowing whether your community services are useful to you and how you feel about them.

If you have the time today, please fill in your answers to the questions below.

Your name is not on this piece of paper, and you can give it back to us in the envelope.

Do we provide you with useful assistance?

None of the time Some of the time All of the time

Do we provide you with enjoyable meals?

None of the time Some of the time All of the time

Do we provide you with meals at the right temperature?

None of the time Some of the time All of the time

Do we provide you with meals of the right size?

None of the time Some of the time All of the time

Do we provide you with meals at a reasonable cost?

None of the time Some of the time All of the time

Do we deliver your meals at the best time for you?

None of the time Some of the time All of the time

Thank you for spending this time to help us. We can improve our community services if we know whether they are useful and what our clients think about them. You can always reach us in the office on telephone.....

