Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Guide to the Health Information and Quality Authority's review of nutrition and hydration in public acute hospitals

June 2016

Version 1.2

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high-quality and safe care for people using our health and social care services in Ireland . HIQA's role is to develope standards, inspect and review health and social care 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 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 Quality and Safety** – 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 services and 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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Revision History

Revision History	Publication date / revision date	Title / version	Summary of changes
Version 1	July 2015	Guide to the Health Information and Quality Authority's review of nutrition and hydration in public acute hospitals	
Version 1.1	October 2015	Guide to the Health Information and Quality Authority's review of nutrition and hydration in public acute hospitals	This guidance was revised in October 2015 as the inspection teams were onsite for three mealtimes and not two as detailed in version 1 (Page 11)
Version 1.2	June 2016	Guide to the Health Information and Quality Authority's review of nutrition and hydration in public acute hospitals	This guidance was revised in June 2016 to outline the programme of ongoing monitoring of nutrition and hydration care in public acute hospitals.

Purpose of this guide

This guide outlines HIQA's monitoring and quality improvement programme for unannounced nutrition and hydration inspections in public acute hospitals (excluding paediatric and maternity services). The aim of this programme is to review the arrangements hospitals have in place to ensure that patients are adequately assessed, managed and their care evaluated to meet their nutrition and hydration needs.

The guide is structured as follows:

- **Section 1** gives background information on the role of HIQA, quality and safety in healthcare, and the role of standards and continuous monitoring and quality improvement in improving quality and safety in healthcare.
- **Section 2** explains HIQA's monitoring and quality improvement programme.
- **Section 3** outlines the procedure for unannounced inspections on nutrition and hydration.
- **Section 4** provides details on HIQA's risk identification, assessment and notification process.
- **Section 5** describes HIQA's process for reporting on the findings of nutrition and hydration inspections.
- **Section 6** summarises the response expected from hospitals regarding nutrition and hydration inspection findings.

1. Background

1.1. The role of the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) was established in 2007 to promote safety and quality in health and personal social care services for the benefit of the health and welfare of the public.

Under section 8(1)(b) of the Health Act 2007[1], HIQA has, among other roles, the function of setting standards on safety and quality in services provided by the Health Service Executive (HSE) or a service provider in accordance with the Health Acts 1947 to 2007.

Under section 8(1)(c) of the Health Act 2007, HIQA monitors compliance with the standards referred to in section 8(1)(b) and advises the Minister for Health and the Health Service Executive accordingly.

1.2. Role of standards and continuous monitoring in improving quality and safety in healthcare

The *National Standards for Safer Better Healthcare* [2] (referred to in this guide as the National Standards), which are available on HIQA's website www.hiqa.ie, took effect from June 2012. The aim of these National Standards is to help promote improvements in the quality and safety of healthcare services in Ireland. Their purpose is to help the public, people who use healthcare services and the people who provide them understand what a high-quality, safe healthcare service looks like.

The *National Standards for Safer Better Healthcare* contain 45 Standards presented under **eight themes** as shown in Figure 1. Collectively, these National Standards describe how a service provides high-quality, safe and reliable healthcare which is centered on the service user. To deliver high-quality, safe and person-centred care that promotes the individual's health and wellbeing, there needs to be certain capacity and capability factors in place to ensure the sustainability of the service.

Figure 1. The themes in the National Standards for Safer Better Healthcare

Themes in the *National Standards for Safer Better Healthcare.*

Themes one to four of the National Standards describe the dimensions of quality and safety in the delivery of a person-centered healthcare service.

- Theme 1: Person-centered Care and Support
- Theme 2: Effective Care and Support
- Theme 3: Safe Care and Support
- Theme 4: Better Health and Wellbeing.

Themes five to eight of the National Standards describe the capacity and capability factors necessary to deliver high-quality safe care.

- Theme 5: Leadership, Governance and Management
- Theme 6: Workforce
- Theme 7: Use of Resources
- Theme 8: Use of Information.

International experience shows that implementing evidence-based standards in healthcare settings, together with continuous monitoring of compliance with these standards is a crucial quality and safety improvement measure. It is the role of each hospital to assure itself, its patients and the public that it is providing safe high-quality care by demonstrating that it is meeting the National Standards at all times. HIQA, through its monitoring programmes, aims to assure the public that hospitals are implementing and meeting the National Standards, and making any necessary quality and safety improvements that are required to safeguard patients.

1.3. Malnutrition in healthcare

Malnutrition affects more than one in four patients admitted to Irish hospitals. [3,4] Specifically malnutrition compromises quality of life for patients, affects recovery and causes unnecessary morbidity and mortality.[5-11] In addition to clinical consequences, there are also economic consequences. Annual healthcare costs associated with disease related malnutrition for patients in Ireland has been estimated to be €1.5 billion in 2012. [4,11] Given that the cost of malnutrition and the risk of illness associated with it are so significant, even small reductions in the scale of malnutrition can result in large overall savings[11, 12]

In Ireland, it is estimated that approximately 140,000 adults have disease related malnutrition at any given time.[11] Malnutrition and dehydration often occur together. Dehydration occurs when more fluid is lost than taken in.[13]

For the purpose of this monitoring and quality improvement programme, the following definition of malnutrition has been adopted based on advice from an expert advisory group convened by HIQA:

> Malnutrition, in this case under-nutrition, can be broadly defined as a state of insufficient intake or uptake of nutrients which can result in weight loss and has measurable adverse effects on body composition, function and clinical outcome.

In 2009, the Department of Health and Children in Ireland published guidelines on food and nutritional care in hospitals and recommended that nutritional risk screening must be carried out for every patient within 24 hours of admission to hospital.[14] The 2010 Nutrition Screening Week Survey used the Malnutrition Universal Screening Tool (MUST) to screen 1,602 patients across 27 Irish hospitals. This survey found that, overall, one in three patients (33%) had malnutrition (of which 25% were high risk and 8% were medium risk).[15] The survey was repeated in 2011 and 1,102 patients were screened for the risk of malnutrition on admission to hospital. It found that 27% of patients were at risk of malnutrition (20% high risk, 7% medium risk).[16]

It is common for patients to be malnourished on admission to hospital[5,16-17] as many experience unintentional weight loss of over 10% of their body weight in the six months prior to hospital admission.[18-19] Also, a patient's nutritional status often deteriorates while in hospital. It has been reported that patients already malnourished on admission are more likely to lose weight during their hospital stay, and their weight loss is proportionately higher.[20] Malnutrition has a higher incidence in specific patient populations. The more vulnerable patient populations include older persons, cancer patients, surgical patients and gastrointestinal patients. [12,15, 20]

2. Monitoring and quality improvement programme

This monitoring programme which is designed to promote quality improvement is aligned to HIQA's mission to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public and it will operate with HIQA's values which are outlined here.

HIQA's mission

HIQA is an independent Authority that exists to improve health and social care services for the people of Ireland.

Among its functions, HIQA promotes improvement in the quality and safety of health and social care services, assesses health technologies and advises on the use of health information.

HIQA's core values are to:

- **Put people first** – HIQA puts the needs and the voices of people who use health and social care services at the centre of all of its work
- **Be fair and objective –** HIQA strives to be fair and objective in its dealings with people and organisations, and undertakes its work without fear or favour
- **Be open and accountable** – HIQA shares information about the nature and outcomes of its work, and accepts full responsibility for its actions
- **Be committed to excellence –** HIQA seeks to continually improve and strives for excellence in its work
- **Work together –** HIQA engages with those funding, planning, providing and using health and social care services in developing all aspects of its work.

HIQA has designed an evidence-based monitoring and quality improvement approach and developed associated tools. This monitoring programme, which is desigened to promote quality improvement, should influence the adoption and implementation by hospitals of evidence-based practice in nutrition and hydration care. In order to promote improvement, HIQA will:

- **Assess** if hospitals have the essential elements of good nutrition and hydration care in place, with a particular focus on nutrition screening and assessment, arrangements at mealtimes and the patient's experience.
- **Establish** if patients receive high-quality nutritional and hydration care while in hospital.
- **Carry out unannounced on-site inspections** in order to assess nutrition and hydration care in the hospital as experienced by patients at any given time.
- **Publish** the findings of unannounced inspections.

3. Unannounced inspection programme

Between July 2015 and April 2016, HIQA began a monitoring programme to look at nutrition and hydration care of patients in public acute hospitals using the *National Standard for Safer Better Healthcare* (referred to in this guidance as National Standards).[2] This monitoring programme included the completion of a self assessment questionnaire by 42 public acute hospitals and subsequent unannounced inspection of 13 of these hospitals. The findings from this monitoring programme were published in May 2016 - *Report of the review of nutrition and hydration care in public acute hospitals* (available on www.hiqa.ie).

The report identifies four key areas for improvement that if implemented by all hospitals could drive improvements in nutrition and hydration care for patients admitted to acute hospitals. These four key areas are as follows:

- all hospitals should have a nutrition steering committee in place.
- all patients admitted to hospital should be screened for the risk of malnutrition.
- 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.
- hospitals should strive to improve patients' experience of hospital food and drink by engaging with patients about food variety and choice.

The report describes areas of practice that worked well and it also identifies a number of opportunities for improvement. Hospitals must assess whether their service needs to address the areas for improvement listed under each theme within the report, and take the opportunity to implement good practice as described in the report. This can be achieved by sharing good practice between hospitals.

3.1 On going monitoring of nutrition and hydration

The next stage in this ongoing monitoring programme will commence in June 2016. In line with HIQA's monitoring and quality improvement programme, and following the completion of the overview report, HIQA will commence unannounced inspections of all public acute hospitals (excluding paediatric and maternity services) to assess nutrition and hydration care. The inspection process and the number of wards inspected will vary depending on the size of the hospital. The inspectors will observe one meal during the inspection.

The programme of unannounced inspections sets out to assess nutrition and hydration care in a hospital as observed by the inspection team and experienced by patients on a particular day. It focuses on the observation of the day-to-day delivery of services and in particular on patients' experiences, arrangements at mealtimes and nutrition risk screening and assessment.

The inspection team will visit hospital wards during a mealtime to check first-hand that patients receive a good quality meal service, have a choice of food and that they are assisted with eating in a timely manner. During the onsite inspection, time will be scheduled to interview a variety of hospital staff. This will include hospital management, nurses, allied health professionals, healthcare assistants and catering staff. A review of documentation such as hospital policies and procedures, healthcare records, hospital management data and staff training records will be completed at

each onsite inspection. Results of the self assessment tool will also be validated during the inspection process.

The inspection process will also include the hospital's food service, dining environment, social interaction, and review of patient healthcare records with respect to nutrition and hydration. It will include checking if hospitals are screening patients' to assess their risk of malnutrition using a validated screening tool, monitoring aspects of their nutrition and hydration care and referring patients who are at risk of malnutrition to a dietitian for further specialized input.

Each onsite inspection will be conducted over one day.

3.2 Authorised persons

- This review will be conducted by authorised persons, employed by HIQA.
- Authorised persons are appointed in accordance with section 70 of the Health Act 2007[1] for the purposes of monitoring compliance with standards.
- All authorised persons will carry an authorisation card together with a form of personal identification.
- Authorised persons will work within the powers described in the Health Act 2007.
- All authorised persons must comply with the HIQA's Code of Conduct, which is available on HIQA's website, www.hiqa.ie.

3.3 Confidentiality

The Health Information and Quality Authority (HIQA) is subject to the Freedom of Information Acts[21] and the statutory Code of Practice regarding Freedom of Information.[22] If submitting information to HIQA , hospitals are requested to explain to HIQA if they regard any information submitted to be confidential. If HIQA receives a request for disclosure of information, HIQA will take full account of each hospital's explanation, but HIQA cannot give an assurance that confidentiality can be maintained in all circumstances. Hospitals must not return any information to HIQA that could be used to identify an individual patient.

3.4 Pre-onite inspection

- Important pieces of information relating to the hospital — such as the completed self-assessment questionnaire and any relevant information received by HIQA about the hospital — will be examined by the HIQA inspection team preparing for the inspection. The HIQA inspection team will discuss any particular issues that need to be addressed during the inspection.
- A list of documentation that needs to be reviewed during the inspection will be compiled by the team. This list may vary from one inspection to the next depending on the findings of an individual hospital's self-assessment questionnarie. If any piece of documentation is not available on the day of the inspection, the team may request that it be provided by the hospital after the inspection to inform the overall evaluation.

3.5 During the on-site inspection

- On the day of the inspection, the inspection team will contact the person in charge of the hospital — which is usually the chief executive officer or general manager — and inform them of the general plan for the unannounced inspection.
- The inspection team will select a number of inpatient areas for inspection and will generally be onsite for the duration of one mealtime.
- In each clinical area, the inspection team will talk with the person in charge, usually the clinical nurse manager, and explain what will happen during the inspection.
- A standardised ward observation tool will be used to gather information in each ward inspected (see appendix 1). The team will talk with patients about their experiences during their hospital stay in relation to nutrition and hydration. Relatives may also be interviewed as appropriate.
- The inspection team will also talk with relevant senior hospital managers, nurses, healthcare assistants and catering staff about nutrition and hydration practices in the hospital.
- The inspection team will provide to hospital management a documentation list (see appendix 2) requesting policies relevant to nutrition and hydration for review on-site, and also copies of such items as menus, nutritional care plans, audit tools and audit results for review off-site.

- Patient healthcare records relating to nutrition and hydration will be reviewed in each area (see appendix 3a and 3b).
- Prior to completing the inspection, the manager for each clinical area will be informed of the important findings for their area.
- When the inspection has been completed, the inspection team will have a close-out meeting with senior management and will inform them of the overall findings of the inspection. Senior management will also be informed of any identified high risks (see section 4 below for more detail) which require immediate action to allow them to put the necessary actions in place to rapidly address such risks.

4. Risk identification, assessment and notification

During inspections, the inspection team may identify specific issues that they believe may present a risk to the health or welfare of patients. (Please note, risks identified may not be solely related to nutrition and hydration.)

- If risks are identified, the inspection team will use HIQA's Risk Matrix (see appendix 4) to assess the likelihood and the impact of the identified risks.
- High risks will be raised with the hospital in line with HIQA's escalation process (see appendix 5).
- High risks which require **immediate** mitigation, will be brought to the attention of senior management during the inspection to allow them to implement the actions necessary to mitigate such risks. Formal written notification of the identified risk will also be issued to the accountable person or persons* for the service within **two working days** of the inspection, with the requirement to formally report back to HIQA stating how the risk has been mitigated within **two working days** of receipt of the written notification from HIQA.
- In the case of high risks which **do not** require immediate mitigation, formal written notification of the identified risk will be issued to the accountable person or persons within **two working days** of the risk being identified. There is a requirement to formally report back to HIQA with an action plan to reduce and effectively manage the risk within **five working days** of receipt of the written notification from the HIQA.

* Identified individual or individuals with overall executive accountability, responsibility and authority for the delivery of high-quality, safe and reliable services.

5. Findings

- Authorised Persons will judge the level of a hospital's performance against the relevant National Standards.
- HIQA will provide hospitals with a report of findings of the inspection to outline performance on the day of the inspection, and identify scope for improvement if necessary.

6. The Report

The purpose of inspection reports is to provide assurance to the public that hospitals have implemented and are meeting aspects of the *National Standards for Safer Better Healthcare* inspected against. In addition, where room for improvement is identified, these inspections intend to drive improvement in nutrition and hydration for patients in public acute hospitals.

- The inspection report will outline HIQA's overall assessment in relation to the inspection and include a summary of key findings in relation to areas of practice that worked well and identifying 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 improvment are prioritized and implemented to comply with the *National Standards for Safer Better Healthcare.*
- Details of any risks identified which come under the remit of the *National Standards for Safer Better Healthcare* will be included in the report of the inspection.
- Following inspection, HIQA will send a copy of the draft report together with a feedback form to the identified accountable person(s) within 10 working days of the on-site inspection. This is to allow the accountable person the opportunity to review the draft report and provide feedback in line with due process.
- The accountable person(s) should complete the feedback form provided with the report, and return this to HIQA within five working days of receipt of the draft report and feedback form.
- In some circumstances, re-inspection may be warrented to promote rapid improvement. Where this occurs, a single report will be generated following the second inspection. This report will include the key findings of both inspections and any improvements observed between the first and second inspections.

7. Publication of reports

- The findings of inspections will be made publicly available and will be published on HIQA's website (www.hiqa.ie).
- HIQA will provide a copy of the final report to the identified accountable person(s) prior to publication. In addition, information in relation to the monitoring programme will be communicated to relevant senior personnel within the Health Service Executive.

8. Expected hospital response

- In the event that the inspection team identifies serious risks to patients (either immediate or non-immediate), it is the responsibility of the hospital to respond as previously outlined in section 4 of this guide.
- Where 'opportunities for improvement' have been identified by the inspection team during the inspection of individual hospitals, checks will be carried out during future inspections to ensure that the necessary improvements have been made.
- Hospitals should assess the nutrition and hydration service in the hospital against the findings published in the *Report of the review of nutrition and hydration care in public acute hospitals* to assure themselves and the public that the hospital is meeting the requirement of the *National Standards for Safer Better Healthcare* (www.hiqa.ie).

9. References*

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10. Appendix 1 — Ward Observation Tool

A. Introduction		
Ward name:		
Ward speciality:		
No. of beds open:		
No. of patients on ward:		
No. of ward staff available this shift to assist patients with meals:	Nurses:	HCAs:
Are there any patients it would not be appropriate for inspectors to talk with? (e.g. patients receiving end of life care)		
Are there any infection risks in the ward that we need to be informed about?:		

B. Clinical Nurse Manager Interview	
Are patients offered a choice of meals and how are their preferences accommodated?	
Are patients who require ethical/religious/cultural diets catered for?	
Does catering facilitate patient needs for those on special/therapeutic/texture modified diets?	
How are you assured that patients requiring assistance with eating and drinking get assistance? **Do patients have to wait for assistance eg during clinical handover?**	
Do you have protected mealtimes on this ward?	
How are you assured that each patient receives the correct meal?	
How often are patients' drinking water jugs refilled?	
Is there a system for patients who may miss a meal?	
Are you screening patients for the risk of malnutrition on this ward? If yes, what tool are you using?	

How and when are patients prioritized and referred to a dietitian following screening?	
Are all patients weighed on admission? When are patients re-weighed?	
What is the hospital policy for patients fasting for procedures?	
How are you assured that nursing documentation relating to nutrition and hydration care is completed in line with relevant standards and guidelines?	
What audits relating to nutrition and hydration have been carried out in the last 12 months?	
What nutrition and hydration related training have nursing staff undergone in the last 12 months? Can you provide training records?	
Do you have access to nutrition and hydration policies on the ward?	
Can you give an overview of any incidents or complaints received relating to nutrition and hydration in the last 12 months?	

C. Nurse/HCA Interview	
Are patients' dietary needs including special/therapeutic/texture modified diets catered for?	
Do patients have choice for texture modified diets?	
Are patients who require ethical/religious/cultural diets catered for?	
Explain the system in place to ensure that patients who require assistance with their meals receive assistance?	
Are there times when patients have to wait for assistance, if so why?	
Is there a protected mealtime in place?	
How often are patients' drinking water jugs refilled?	
When and what snacks are offered to patients between meals?	

Is there a system for patients who may miss a meal?	
Are you screening patients for the risk of malnutrition on this ward? **If yes, what tool do you use and can you describe the process of screening?**	
When do you weigh and re-weigh patients?	
How long do patients at risk of malnutrition wait to see a dietitian?	
What is the hospital policy for patients fasting for procedrues?	
What nutrition and hydration related training have you received in the last 12 months?	

D. Catering Staff Interview	
How are patients offered a choice for meals and drinks?	
Do all patients get choice for mealtimes including patients on texture modified diets?	
How are texure modified diet meals presented to patients?	
How do you ensure that patients get the correct meal (e.g. if patient moves to another ward)?	
Does the hospital cater for patients with ethical/religious/cultural dietary needs?	
How often are patients' drinking water jugs refilled?	
How do patients get a replacement meal if they miss a meal? What time is this service available until?	
What snacks are offered to patients between meals? **What time is the last snack of the day and what is that snack?**	
Do you serve meals differently for patients that require assistance?	
What training have you received with regard to nutrition and hydration?	

E. Patient Interview				
Bed Number/Ward:		**Visitor present:**	☐ Yes	☐ No
How many choice options do you get at mealtimes? (midday meal, evening meal)				
Is hot food always served hot?	☐ Yes	☐ No	☐ Not always	
Are meals served:	☐ Too early	☐ Too late	☐ At the right time	
When is the drinking water jug refilled?	☐ Morning	☐ Afternoon	☐ As required	☐ Other
What snacks are offered to you between meals and when?				
Do you get a night-time snack?	☐ Yes	☐ No	Time:	
Have you ever missed a meal and did you get a replacement meal?				
Do you always get the correct meal (normal/special/texture modified diet)?				
Do you always get assistance with eating and drinking if you require it?				
Are you ever interrupted during meals? If yes, for what reason?	☐ Yes	☐ No	☐ Sometimes	☐ Rarely

Have you had surgery while you've been here? If yes how long were you fasting for?	☐ Yes	☐ No	Length of fasting:
Tell me about what's good about the food?			
What could be improved about the food?			

F. General Observations					
Bed No.s/Area being observed: _____Ward:_____					
Meal: ☐Breakfast ☐Mid-day ☐Evening ☐Other				**Meal start time:**	**Meal finish time:**
		Yes	**No**	**Not required**	**Observation Record/Comment**
1.	**General Environment clean and tidy (Commodes etc. removed, no cleaning during meals)**	☐	☐		
2.	**Call bell accessible, calls attended to**	☐	☐		
3.	**Table/trays are clean, clutter-free, within reach**	☐	☐		
4.	**Patients positioned comfortably (in bed/out of bed)**	☐	☐		
5.	**Hand washing available/offered to patient**	☐	☐		
6.	**Caterer performs hand hygiene as appropriate**	☐	☐		
7.	**Caterer - social interaction with patients**	☐	☐		
8.	**Dining/feeding and drinking aids available**	☐	☐		
9.	**Observe TMD/Puree diets/ liquidised diets/ information beside patient's bed**	☐	☐		
10.	**Meal is presented in an appetising way (check meal trolley before serving)**	☐	☐		
11.	**Assistance provided to eat (opening packaging etc.)**	☐	☐		

12.	**Assistance to eat provided in a prompt manner (to ensure hot food is hot)**	☐	☐		
13.	**Patient encouraged to self feed (hand over hand feeding)**	☐	☐		
14.	**Water and other drinks available**	☐	☐		
15.	**Length of mealtime adequate (e.g. trays are not collected until patients have finished their meals)**	☐	☐		

G. Ward Equipment					
How do you weigh patients?					
How do you measure height? (e.g. measuring tape, stadiometer, ulna length)					
	Stadiometer	**Measuring Tape**	**Standing Scales**	**Chair Scales**	**Hoist Scales**
Do you have access to?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Equipment observed?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Date last calibration:					

11. Appendix 2 — Documentation List

Nutrition and Hydration Monitoring Programme
Documentation List

Please have the following documents, where available, to be reviewed onsite:

1. Malnutrition screening policy/procedure/guideline
2. Nutrition/hydration care policy/procedure/guideline
3. Protected mealtimes policy/procedure/guideline
4. Fasting patients policy/procedure/guideline
5. Sample food intake records
6. Sample fluid intake and output record
7. Diet sheets or documentation used to communicate patients' dietary needs between catering and care staff
8. Training records on screening tool only

Please provide copies for the inspection team to take away:

Menus/ care plans/templates

1. Sample menus including menus for therapeutic and texture modified diets
2. Malnutrition screening tool and management plans/care plans for patients at risk of malnutrition
3. Nutritional assessment template and care plans (dietetics)
4. Nursing assessment template and care plan (nutrition and hydration)

Nutrition Steering Committee (or equivalent)

5. Membership list
6. Terms of reference
7. Agendas and minutes for the last six meetings

Quality Improvement and audit

8. Audit reports regarding nutrition and hydration care on screening tool
9. Findings from patient satisfaction survey (relating to nutrition and hydration) completed in the last one to two years
10. Quality improvement plans/action plans/self assessments pertinent to nutrition and hydration care.

12. Appendix 3a — Patient Records Tool — Screening patients for the risk of malnutrition

Patient Records Tool **Screening patients for the risk of malnutrition**					
Initials of Inspector/RO:	**Date:**	**Patient Code:**		**Hospital Admission date:**	**Ward:**

Admission and Assessment Record *(Nursing Records)*	**Y**	**N**	**Partially**	**>24hrs**	**Comment**
Has the hospital's nursing assessment relating to nutrition and hydration been carried out within 24 hours of admission?	☐	☐	☐	☐	
Malnutrition Screening Tool	**MUST**	**MST**	**MINI MNA**	**Other**	**Comment**
Screening Tool Used	☐	☐	☐	☐	
Time screening completed and recorded information	**Y**	**N**	**>24hrs**	**N/A**	**Comment**
Nutrition screening completed within 24hrs of admission?	☐	☐	☐	☐	
Weight recorded?	☐	☐	☐	☐	
Height recorded?	☐	☐	☐	☐	
BMI recorded?	☐	☐	☐	☐	
Screening repeated weekly/as per hospital policy?	☐	☐	☐	☐	
Nutrition and Hydration screening score	**Score**	**Low risk**	**Medium risk**	**High risk**	**Comment**
Risk Category		☐	☐	☐	

Supporting Documentation *(Nursing Records or at end of bed)*

Fluid balance Chart	**Y**	**N**		**Food Chart**	**Y**	**N**
Required/indicated?	☐	☐		**Required/indicated ?**	☐	☐
Are quantitative measures used?	☐	☐		**Are semi-quantitative measures used (i.e. mls)?**	☐	☐
Is it completed including daily total and up to date?	☐	☐		**Is it completed and up to date?**	☐	☐

Specialist assessment - has a referral been sent to *(Healthcare Record)*

Dietician	Referral date:	Assessment date:

13. Appendix 3b — Patient Records Tool — Not screening patients for the risk of malnutrition

Patient Records Tool **Not screening patients for the risk of malnutrition**					
Initials of Inspector/RO:	**Date:**	**Patient Code:**		**Hospital Admission date:**	**Ward:**

Admission and Assessment Record *(Nursing Records)*	**Y**	**N**	**Partially**	**Completed >24hrs**	**Comment**
Has the hospital's nursing assessment relating to nutrition and hydration been carried out within 24 hours of admission?	☐	☐	☐	☐	

Patient Weighing	**Y**	**N**	**Completed >24hrs**	**N/A**	**Comment**
Has the patient been weighed within 24hrs of admission?	☐	☐	☐		
Patient re-weighed as per hospital policy?	☐	☐			

Supporting Documentation *(Nursing Records or at end of bed)*

Fluid balance Chart	**Y**	**N**	**Food Chart**	**Y**	**N**
Required/indicated?	☐	☐	**Required/indicated ?**	☐	☐
Are quantitative measures used?	☐	☐	**Are semi-quantitative measures used (i.e. mls)?**	☐	☐
Is it completed including daily total and up to date?	☐	☐	**Is it completed and up to date?**	☐	☐

Specialist assessment - has a referral been sent to *(Healthcare Record)*

Dietician	Referral date:	Assessment date:

14. Appendix 4 — Risk Matrix

Risk assessment process: the authorised persons from the Health Information and Quality Authority will assess the consequence of the risk to patients and the probability of reoccurrence to determine the level of risk, using the tables below. The consequence of the risk, and the probability of occurrence are both assessed and given a score from 1 to 5. The risk matrix is then used to give an overall risk score. This score then corresponds with the classification of risk table.

Consequence of the risk: what is the actual impact of the risk?

Consequence category	Impact on individual or future patients
1 Negligible	▪ no obvious harm ▪ no injury requiring treatment.
2 Minor	▪ minor injury ▪ no permanent harm.
3 Moderate	▪ significant injury or ill health ▪ some temporary incapacity.
4 Major	▪ major injuries or long-term incapacity or disability ▪ major permanent harm as result of clinical or non-clinical incident injuries or long-term incapacity or disability ▪ major permanent harm.
5 Catastrophic	▪ death.

Probability of reoccurrence: what is the chance of this event occurring or reoccurring? Identify the 'probability rating' for reoccurrence from the following table:

Probability Score	Descriptor	Frequency
1	Rare	This will probably never happen or reoccur
2	Unlikely	Do not expect it to happen or reoccur again but it is possible
3	Possible	Might happen or reoccur occasionally
4	Likely	Will probably reoccur, but it is not a persistent issue
5	Almost certain	Will undoubtedly recur, possibly frequently.

The lead authorised person classifies the risk using the risk matrix below and documents the findings that indicate the risk.

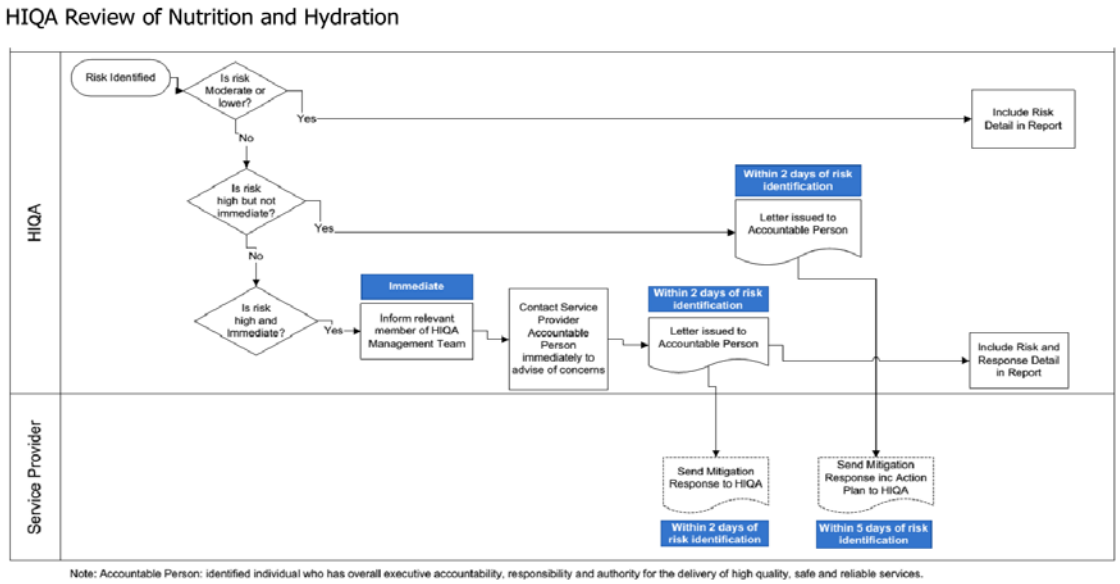
Risk Matrix

Probability ↓	**Consequence category** →				
	Negligible (1)	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**
Almost certain (5)	**5**	**10**	**15**	**20**	**25**
Likely (4)	**4**	**8**	**12**	**16**	**20**
Possible (3)	**3**	**6**	**9**	**12**	**15**
Unlikely (2)	**2**	**4**	**6**	**8**	**10**
Rare (1)	**1**	**2**	**3**	**4**	**5**

The risk is then classified as high, moderate, low or very low as per the risk matrix score. See classification of risk table below.

Classification of risk	**Risk matrix score**
High risk (red)	**15, 16, 20 or 25**
Moderate risk (orange)	**8, 9, 10 or 12**
Low risk (yellow)	**4, 5 or 6**
Very low risk (green)	**1, 2 or 3**

15. Appendix 5 — Risk escalation process map



Note: Accountable Person: identified individual who has overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services.

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