



# Improving weekly weight adherence in an acute trauma ward.

## A dietetic - led multidisciplinary weekly weigh round initiative.

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### Objective

To implement a weekly dietetic-led multidisciplinary team (MDT) weigh round to improve percentage of weekly weight completion to above the hospital Key Performance Indicator (80% completion) within 6 months.

### Background

- Unintentional loss of weight is an important indicator for risk of malnutrition.<sup>1</sup>
- Regular weighing of patients is a mandatory hospital key performance indicator (KPI) for reducing hospital-acquired complications.<sup>2</sup>
- Inconsistent weight monitoring can lead to:
  - Misidentification of malnutrition risk
  - Delays in dietetic assessment and intervention
  - Delays in escalation of nutrition support

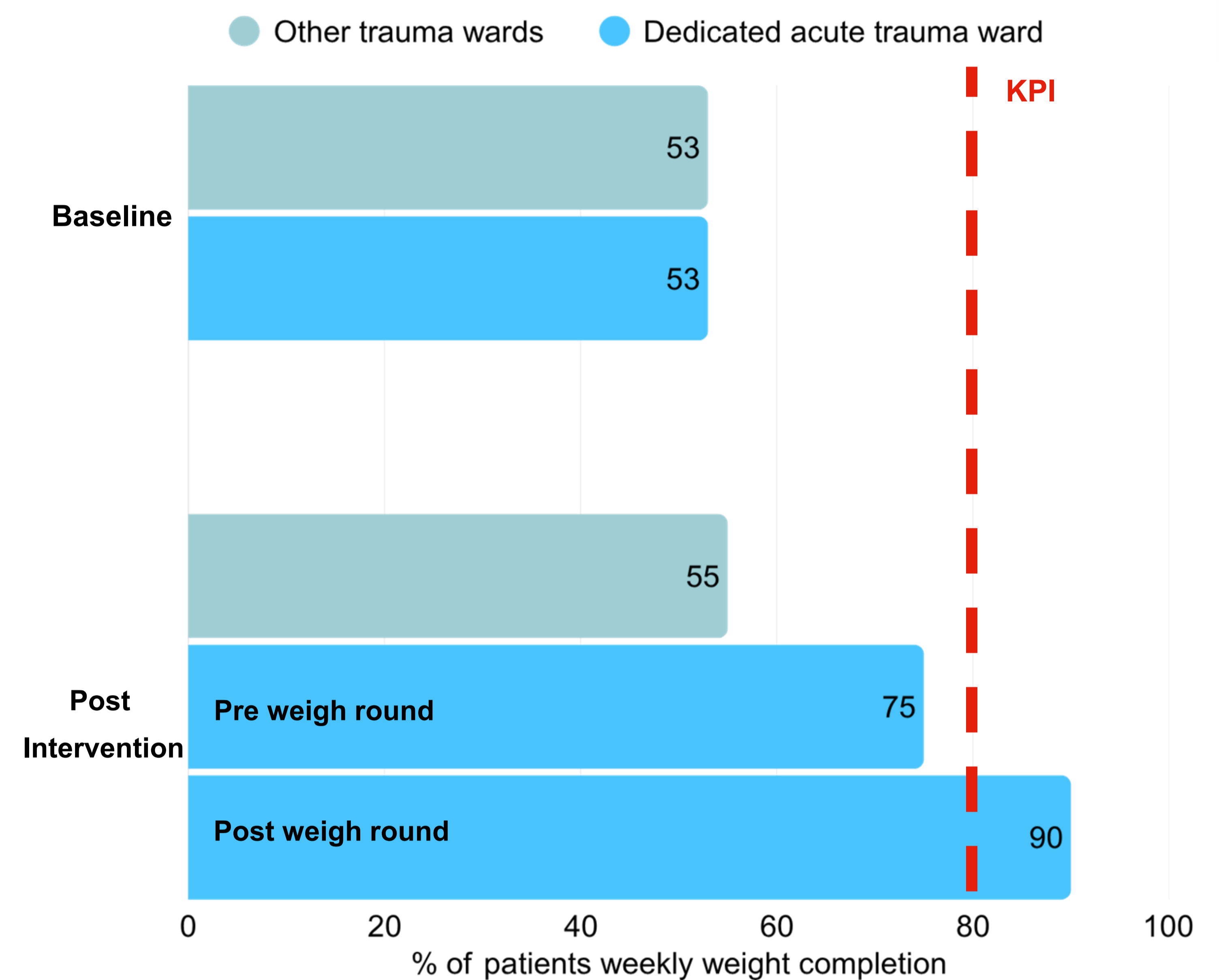
➔ Ultimately increasing risk of hospital-acquired malnutrition which is associated with multiple complications such as prolonged hospital length of stay and poorer functional outcomes.<sup>3</sup>

- Consistent weekly weighing is challenging and barriers on wards are multifactorial.<sup>4</sup>

Previously--

Education to nursing staff	Dedicated weigh days
Equipment access	<del>Sustainable change in weight completion</del>

### Results



Average estimate of time spent by MDT

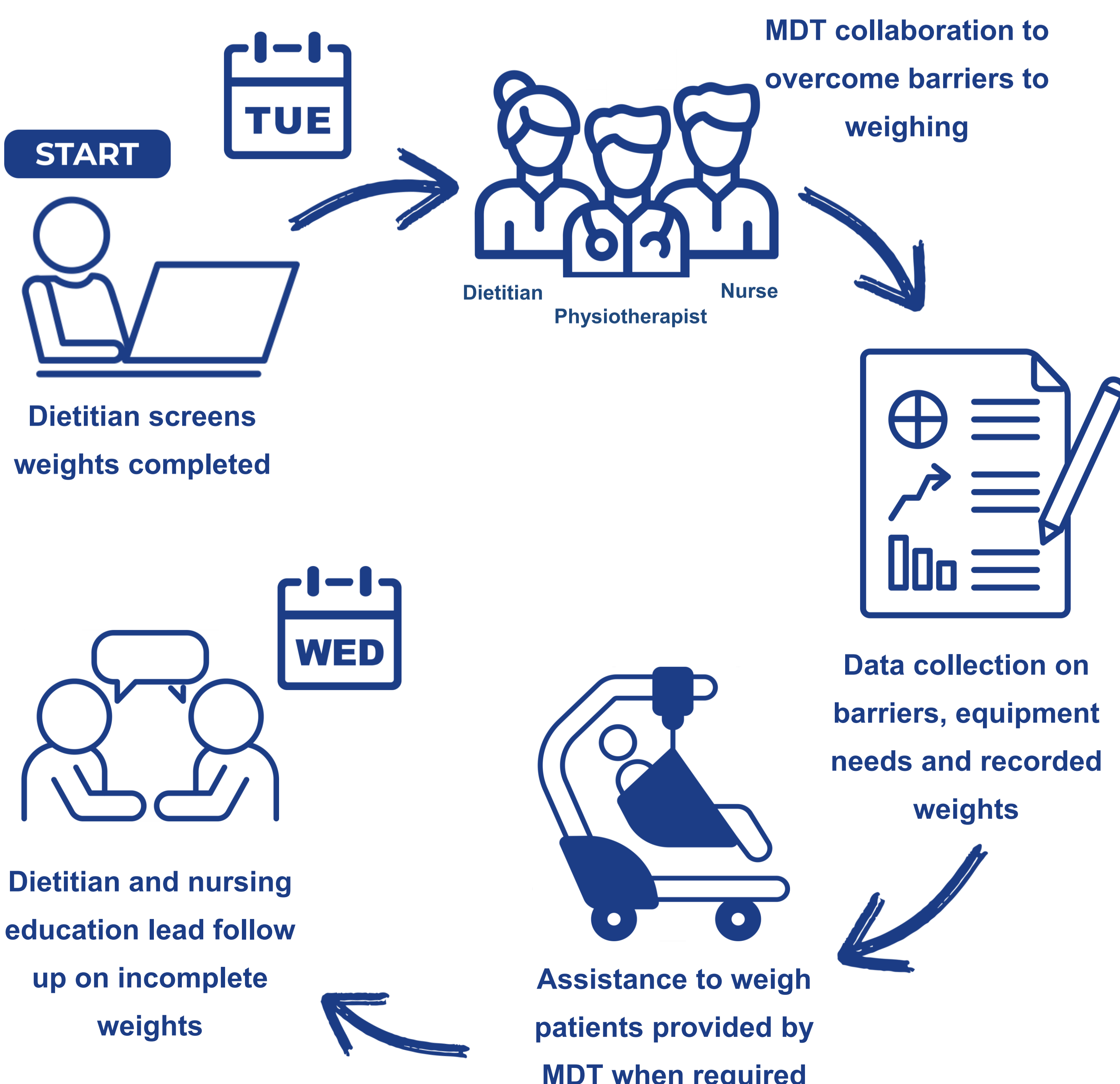


Positive MDT feedback



Positive culture shift

### Method of Implementation



### Conclusion

A dietetic-led multidisciplinary weigh round almost doubled the weekly weight completion on a dedicated trauma ward exceeding the hospital KPI whilst the other trauma wards remained static.

This was a novel solution utilising the MDT on a dedicated trauma ward to improve a common and widely observed gap in safe care.

### Next Steps...

- Exploring sustainability:
  - Training wider MDT staff (Allied Health and Nutrition assistants).
- Streamlining feedback loop to team.
- Exploring the impact of this intervention on the incidence of hospital-acquired malnutrition for acute trauma patients.



#### References:

1. Diane et al. *BMC Health Services Research*.2021;21(1288):6.
2. Australian Commission on Safety and Quality in Health Care.NSQHS.2021.
3. Dijkink et al. *Eur J Trauma Emerg Surg*. 2020; 46(5):993-994.
4. Lambert et al. *Clin Nutr ESPEN*. 2020; 36:157-161.