Nutritional care audit development project

Hospitals – Ward Level Questionnaire

Hospital site code: __ __ __

Date (dd/mm/yyyy):

This questionnaire looks at structures, processes and key posts relevant to the delivery on nutritional care in hospitals. Standards have been produced from national guidance and reports. A full bibliography for the standards in this audit can be found at: http://www.kcl.ac.uk/medicine/research/divisions/dns/projects/audit/index.aspx

The questionnaire should be completed by the ward Sister.

Please complete all questions, and provide supporting evidence where required. There is a comments column on the right hand side of each page. Please leave any specific comments here regarding the ease of completing individual questions. There is a further comments box at the end of the questionnaire. Please also indicate the time it took to complete the questionnaire.

An envelope has been provided with this questionnaire. Please return both the questionnaire and the supporting documents in this envelope.

Ward type: General medical Care of the elderly Other (please specify).........................

Number of beds: __

Number of patients: __

Confidentiality Statement

The information is strictly confidential and is available for review only to appropriate study personnel, appropriate regulatory authorities, and appropriate Ethics Committee(s).
**Section 1 - Staff training**
1. How many of your current staff have received training on nutritional care in the last 2 years?

<table>
<thead>
<tr>
<th>Staff group</th>
<th>Number of staff in post</th>
<th>Number who have received training</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare assistants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catering Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 2 - Availability of expertise**
2. Do you have access to the following healthcare professionals? *(tick one box for each healthcare professional)*

<table>
<thead>
<tr>
<th>healthcare professional</th>
<th>Attends the ward regularly, without a specific referral</th>
<th>Attends the ward for a specific referral only</th>
<th>Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietitian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech and Language Therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catering manager</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. How many patients currently on the ward have been identified as being at risk of malnutrition?

4. Of these, how many have been referred to a healthcare professional for nutritional assessment?

<table>
<thead>
<tr>
<th></th>
<th>Number of patients referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td></td>
</tr>
<tr>
<td>Dietitian</td>
<td></td>
</tr>
<tr>
<td>Nutrition nurse</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Not referred to a healthcare professional</td>
<td></td>
</tr>
</tbody>
</table>
5. How many patients currently on the ward have been identified as having swallowing difficulties?

6. Of these, how many have been referred to a healthcare professional for further assessment?

<table>
<thead>
<tr>
<th>Doctor</th>
<th>Number of patients referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech and language therapist</td>
<td></td>
</tr>
<tr>
<td>Dietitian</td>
<td></td>
</tr>
<tr>
<td>Specialist nurse</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Not referred to a healthcare professional</td>
<td></td>
</tr>
</tbody>
</table>

Section 3 - Identifying need

7. What types of scales are available for weighing patients? (tick all that apply)

- Stand-on bathroom scales (analogue)
- Stand-on bathroom scales (digital)
- Stand-on bathroom scales (digital – grade III or IV)
- Sit-on scales
- Hoist scales
- Bed scales
- No weighing scales

8. How many sets of weighing scales are available on the ward?

9. Of these, how many have been recalibrated in the last year?

10. How is weight recorded? (tick one box)

- Kilograms
- Stones and pounds

11. How often are patients weighed? (tick one box)

- Weekly
- Monthly
- As and when possible
- Not routinely weighed
12. How many patients currently on the ward were weighed on admission?

13. Do you record patients’ height? (tick one box)
   Yes ☐
   No ☐
   Don’t know ☐

14. How do you measure patients’ heights? (tick all that apply)
   Measured using a tape measure ☐
   Measured using a stadiometer ☐
   Recalled by patient ☐
   Estimated by staff ☐
   Not routinely measured ☐

15. How is height recorded? (tick one box)
   Feet and inches ☐
   Metres ☐

16. How many patients currently on the ward have had their height recorded?

17. Do you calculate patients’ Body Mass Index? (tick one box)
   Yes ☐
   No ☐

18. How many patients currently on the ward had their BMI recorded on admission?

19. Which nutrition screening tool is used?
   Malnutrition Universal Screening Tool (MUST) ☐
   Mini Nutritional Assessment (MNA) ☐
   Nutrition Risk Score (NRS) ☐
   Hospital’s own tool ☐
   Other (please specify) ..................................................... ☐
   Screening tool is not used ☐
20. Who is responsible for completing the nutrition screening tool? (tick all that apply)
- Ward sister
- Registered nurse
- Student Nurse
- Healthcare assistant
- Other (please specify)

20. When are patients screened using a nutrition screening tool? (tick all that apply)
- On admission
- Weekly
- Monthly
- Other
- Not screened

21. Is the nutrition screening tool linked to a care plan? (tick one box)
- Yes
- No

22. How often are nutrition care plans reviewed? (tick one box)
- Weekly
- Monthly
- Quarterly
- As and when necessary
- Not reviewed
- Other (please specify)
- Not applicable (care plan not used)

23. Is a more detailed nutritional assessment carried out for patients at risk of malnutrition? (tick one box)
- Yes
- No
- Not applicable (nutrition screening tool is not used)

24. Are patients and/or families notified of 'at risk' nutrition screening results? (tick one box)
- Yes
- No
- Not applicable (nutrition screening tool is not used)
Section 4 – Use of nutritional interventions

25. Please indicate how many patients on the ward today are receiving:

<table>
<thead>
<tr>
<th>Nutritional Intervention</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enriched meals or drinks</td>
<td></td>
</tr>
<tr>
<td>Texture modified meals or drinks</td>
<td></td>
</tr>
<tr>
<td>Non-prescription oral nutritional supplements (e.g. Build Up / Complan)</td>
<td></td>
</tr>
<tr>
<td>Prescription oral nutritional supplements (e.g. Fortisip, Ensure, Fresubin)</td>
<td></td>
</tr>
<tr>
<td>Enteral nutrition</td>
<td></td>
</tr>
<tr>
<td>Parenteral nutrition</td>
<td></td>
</tr>
</tbody>
</table>

Section 5 – Monitoring and review

26.a. Do you monitor patients’ food intake? *(tick one box)*

Yes [ ]
No [ ]

26.b. If so, for which patients is food intake monitored? *(tick one box)*

All patients [ ]
Those at risk of malnutrition [ ]
Not applicable (food intake is not monitored) [ ]

27.a. Are patients asked about their food preferences? *(tick one box)*

Yes [ ]
No [ ]

27.b. If so, are their food preferences recorded in their care plans? *(tick one box)*

Yes [ ]
No [ ]
Not applicable [ ]

28. Are patients’ needs related to eating and drinking assessed? *(tick one box)*

Yes [ ]
No [ ]

29. Are patients’ needs related to eating and drinking reviewed? *(tick one box)*

Yes [ ]
No [ ]
Not applicable [ ]
30. How often are patients’ needs related to food and drink reviewed? (tick one box)
Weekly □
Monthly □
As and when necessary □
Other (please specify) ........................................... □
Not applicable □

31. Are patients asked where they prefer to eat their meals? (tick one box)
Yes □
No □

32. Are staff made aware at each mealtime of those patients that require assistance with their meals? (tick one box)
Yes □
No □

33. Do you receive information about patients’ nutritional needs or preferences when they arrive from: (tick all that apply)
Another ward? □
Another hospital? □
A care home? □
Their own home? □
None of the above? □

34. Do you pass on information about patients’ nutritional needs or preferences when they move to: (tick all that apply)
Another ward? □
Another hospital? □
A care home? □
None of the above? □

35. In what form is this information passed on? (tick one box)
Written □
Verbal □
Both written and verbal □
Information is not passed on □
Section 6 – Menu planning and provision of support at mealtimes

36. Are patients asked what they would like to eat at each mealtime? (tick one box)
   Yes □
   No □

37. How far in advance of the meal do patients make their meal selection? (tick one box)
   1-2 hours □
   Half a day □
   The day before □
   Two days before □
   Other........................................... □

38. If a patient misses a meal, do they have to wait until the next mealtime before they receive any food? (tick one box)
   Yes □
   No □

39. Are there facilities (fridge/cupboard) for patients to store their own food / food brought in by friends or relatives? (tick one box)
   Yes □
   No □

40. Are there any educational rehabilitation programmes to teach patients how to eat independently? (tick one box)
   Yes □
   No □

41. Is a scheme such as protected mealtimes used when meals are served, in order to minimise disruptions during meals? (tick one box)
   Yes □
   No □

42. Are patients supported in taking meals in alternative locations? (tick one box)
   Yes □
   No □
43. Are ward staff, family, friends encouraged to assist at mealtimes where appropriate? *(tick one box)*
   Yes [ ]
   No [ ]

44. If so, who is encouraged to help? *(tick all that apply)*
   Nurses [ ]
   Healthcare assistants [ ]
   Family [ ]
   Friends [ ]
   Other *(please specify)* [ ]

45. Is a scheme such as ‘red trays’ used to identify patients that require assistance with their meals? *(tick one box)*
   Yes [ ]
   No [ ]

46. Is a scheme such as ‘red jugs’ used to identify patients at risk of dehydration? *(tick one box)*
   Yes [ ]
   No [ ]

47. Is food intake documented for? *(tick one box)*
   Everyone [ ]
   Only those at nutritional risk [ ]
   Nobody [ ]

48. Is fluid intake documented for? (tick one box)
   Everyone [ ]
   Only those at risk of dehydration [ ]
   Nobody [ ]

49. How many patients on the ward are currently designated ‘nil by mouth’?

50. Of these, how many patients are being monitored for signs of dehydration on a daily basis?
### Section 7 - Ward environment

#### 51. Signs and displays *(tick one box for each of the following questions)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Is there a sign displaying the serving times of meals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Is the kitchen clearly signposted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is the menu displayed in the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Is there any nutritional information e.g. healthy eating or malnutrition information on display to patients?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Is the day room / dining room clearly signposted?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 52. Information available *(tick one box for each of the following questions)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does the ward provide all patients with information about; i. Mealtimes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Food choices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. How to access food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Does the ward provide all patients with information about visiting hours?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 53. Assistance with personal hygiene *(tick either yes or no for each of the following questions)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do all patients have access to hand washing facilities and alcohol hand gel?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Are people assisted with hand hygiene and going to the toilet prior to meals being served, to ensure a pleasant meal environment is provided?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 54. Promoting independence *(tick either yes or no for each of the following questions)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does the ward provide adapted utensils to encourage patients to assist themselves with their meal and eat independently?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Are patients helped into a position that allows them to eat comfortably, minimising risk of swallowing problems?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 7 - Staffing (in whole time equivalents)

55. Please indicate the number of posts and the number of vacancies (in full time equivalents) for the following staff grades:

<table>
<thead>
<tr>
<th></th>
<th>Number of posts filled</th>
<th>Number of vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support worker</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for taking the time to complete this form. We would welcome any feedback on this questionnaire.

Do you have any further comments on the nutritional care provided by this hospital?

How easy was the questionnaire to complete?

How long did it take you to complete this questionnaire?

Please contact Aidan Cassidy (Project Administrator) to arrange collection of completed forms.

Tel: 0207 8484345
Email: nutrition-audit@kcl.ac.uk