Quality Nutrition, Quality Care: Improving Pet Health One Calculation at a Time!

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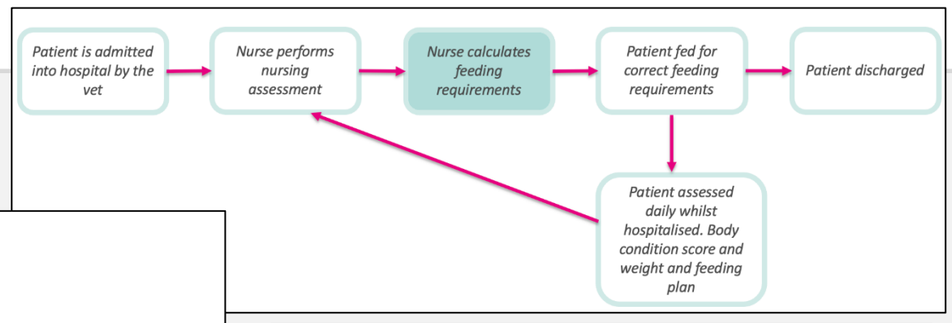
PROBLEM
1 in 2 of our patients are under nourished whilst they are hospitalised with us. This puts them at risk of complications, longer stays and distress for them and their carer.

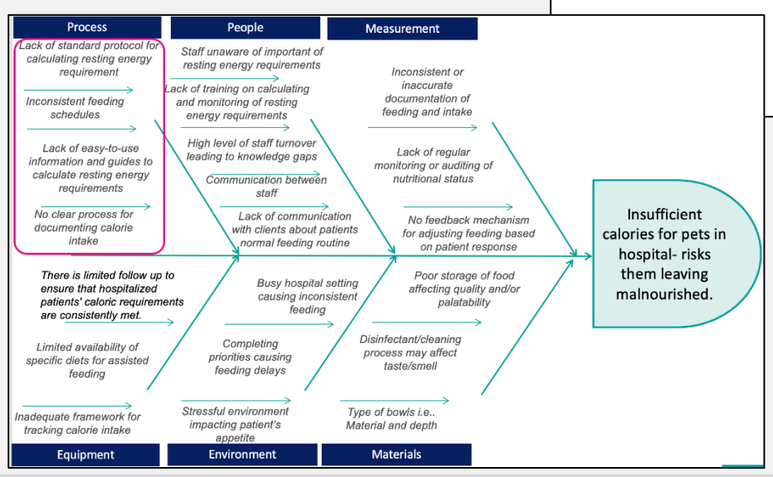
BACKGROUND

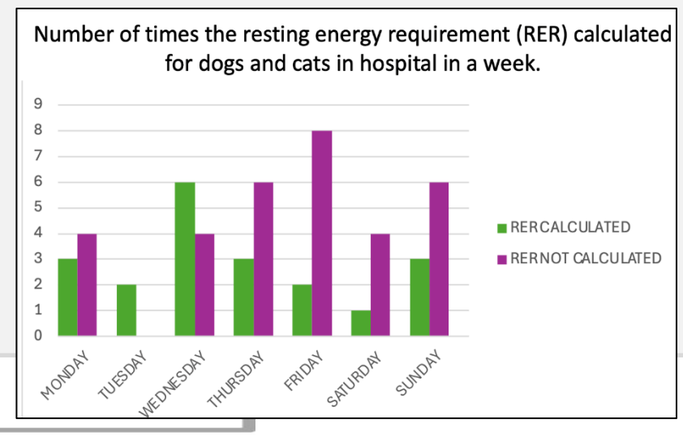
Patients with different requirements due to life stage, or health conditions often have miscalculated, or no feeding requirements calculated. Nutrition is the fifth vital sign and often is overlooked.

'Nutrition is a vital component that nurses can directly be responsible for the patient' RVN Leeds Birstall VetsforPets

DIAGNOSTICS







AIM & MEASUREMENT DEFINITION

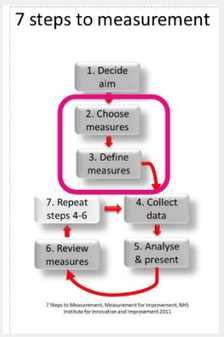
Aim
By March 2025, the calorie requirements for at least 90% of hospitalised canine and feline patients are consistently calculated and accurately recorded

Chosen measure
Retrospective review of hospitalisation sheets of canine and feline patients to assess whether the RER (Resting Energy Requirement) kcal box has been consistently completed.

Inclusions
All feline and canine patients.
All life stages and sex
Patients that are admitted into the VetsforPets Leeds Birstall hospital for a medical stay
All breeds to be included

Exclusions
Patients admitted for day surgical procedures such as neutering
Patients that are an excluded species such as a rabbit, guinea pig or hamsters.

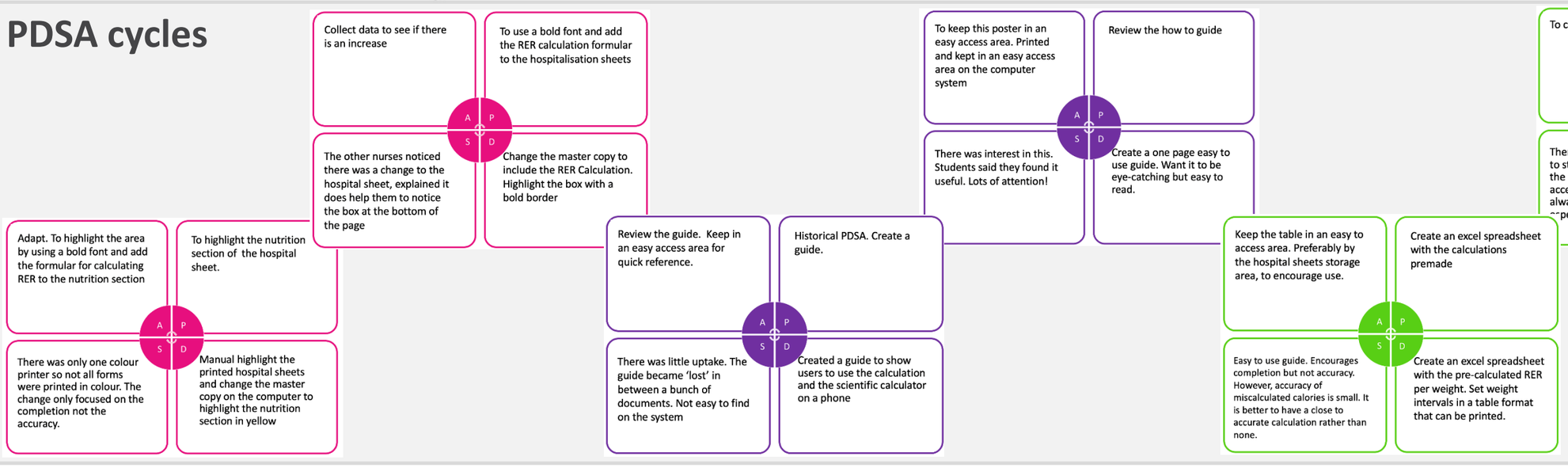
Sampling method and frequency
Data could either be collected over several patients (as this can vary depending on day/week)
Or can can be reviewed over a set time frame for example all patients admitted within a 7-day period. The data will be collected at the time of discharge, but plot graph based on time of admission



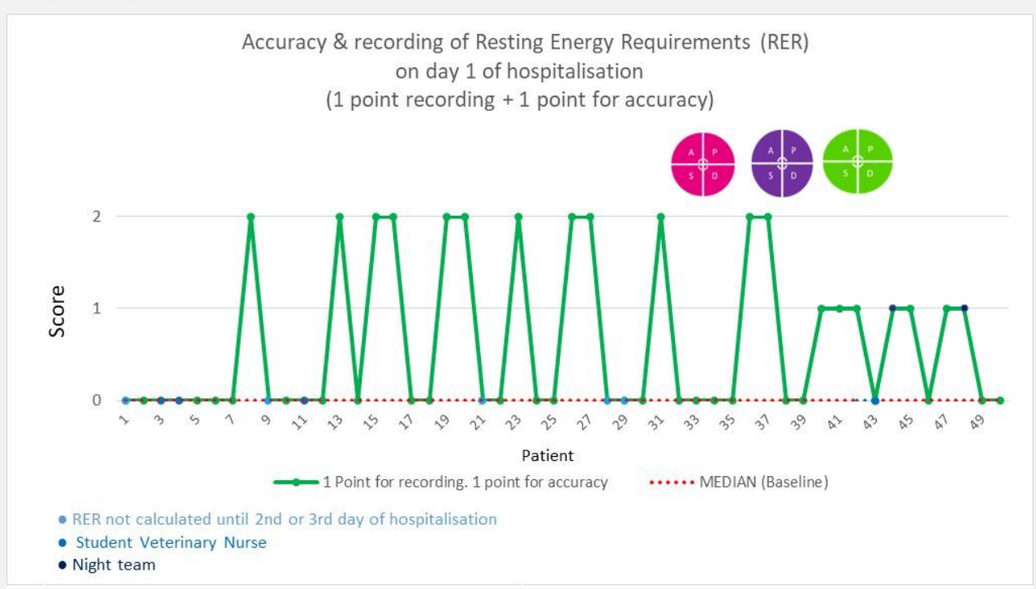
CHANGE IDEAS

- Changing the location of the calorie requirement box on the hospital sheet
- Having separate nutrition monitoring forms
- Having a pre -populated hospital sheet that calculates RER for you
- Quick look up table for calculating RER
- Highlighting boxes to prompt people
- Adding the calculating to the hospital sheet for quick reference
- Totally changing the hospital sheets to a new format
- Using an automated system to fill out boxes

PDSA cycles



RUN CHART



CONCLUSIONS

Whilst the aim was not achieved (9 out of 10 accurate records), the number of RER entries increased from 1 in 4 to 1 in 2 with a minor trade-off on accuracy of RER.

- **Pre-printed Chart**: The pre-printed chart was successful in encouraging more team members to document RERs, which helped increase the overall number of entries.
- **Student Nurses**: Student nurses appeared to fill out the chart more accurately, likely due to their focused training or understanding of the importance of accurate data entry.
- **Night Shift Documentation**: Patients admitted during the night often didn't have their RER filled out on day 1, leading to entries only being completed on the second day of hospitalisation. This delay caused a gap in accurate and timely data. Night staff have recorded the RER on two occasions since change ideas were introduced.

REFLECTIONS & LEARNING

- **Balancing Speed and Accuracy**: It was an important lesson to accept that in some cases, speed (increasing volume) can be just as valuable as accuracy, especially when it doesn't significantly compromise patient care.
- **Staff Engagement**: Engaging the team in a simple, clear process—like the pre-printed chart—was a successful change.
- **Adaptation and Flexibility**: The Model of Improvement highlighted the importance of being flexible and adaptable. I learned that adjusting my expectations (like tolerating minor inaccuracies) was sometimes necessary for achieving broader goals (like increased documentation).

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