

# Review of: "Knowledge, Perception and Challenges of Implementing Nutrition Screening: A Survey of Healthcare Professionals"

Marian A.E. de van der Schueren<sup>1</sup>

<sup>1</sup> Hogeschool Arnhem and Nijmegen

Potential competing interests: No potential competing interests to declare.

Dear authors,

Thank you for giving me the opportunity to review your interesting manuscript on malnutrition risk screening on surgical wards in your hospital.

We all acknowledge that nutrition risk screening is important, gives the opportunity to start timely interventions, and, herewith, may probably reduce postoperative complications. In our country, the Netherlands, nutrition risk screening became mandatory in 2008 for all patients admitted to the hospital. This has now been fully implemented.

However, the length of stay has shortened and the window for timely interventions is in the preoperative and postoperative period – at home. In your introduction, you suggest nutrition risk screening already in the outpatient setting. I concur with this idea, but in the Netherlands we have experienced many difficulties implementing this because logistics become much more difficult (whom to train, GPs community nurses?) in the home situation. You mention HCPs as your target group. Without having read the rest of the manuscript I am curious to understand which professions you questioned.

From the methods section it becomes clear that questionnaires were returned by mostly nurses and some other HCP, all from the hospital, and all involved in screening. This seems to be somewhat deviating from the introduction, in which I got the impression that you approached HCP in the pre-clinical period.

In my opinion, analyses are restricted to descriptives. I don't think I have seen any univariate analyses?

The results can be better interpreted if it becomes clear whether the hospital has a policy on nutrition risk screening, if the hospital advises a specific screening tool, and how HCPs have been trained. You describe participants were selected if they were involved in nutrition risk screening. Isn't malnutrition risk screening part of the malnutrition guidelines? It seems a bit odd to me that HCP indicate that they are aware of malnutrition guidelines, but do not screen.

My curiosity is confirmed by table 3. Participants acknowledge that they need more information on nutrition risk screening and subsequent treatment.

It is interesting to see that some HCPs do not screen as they did not receive a doctor's order. For your future protocols, I

would advise you to capture that this can be done without a doctor's order, as part of the admission procedure.

Unfortunately, in the discussion you do not come back to your previously mentioned aim: "additionally, the findings of this study serve as data for the development of a standardized nutrition care pathway and feeding protocols in Hospital Sultan Abdul Aziz Shah (HSAAS)". How are you going to use your findings, what do they imply for the protocols to be developed?

In conclusion: you clearly describe the lack of knowledge and implementation of malnutrition risk screening in your hospital. The manuscript would benefit from some background information on practices regarding malnutrition risk screening and treatment: as it is described now, it is difficult to what HCPs should have known and what they actually did. Finally, a translation towards the future would be nice, how are you going to use the information?