

Abstract

The thesis focuses on the monitoring of the nutritional status and nutritional care during hospitalization in selected wards of the General University Hospital (VFN) using indicators monitored within the Nutrition Day (nDay). The theoretical part introduces the topic of malnutrition as the main focus of nDay. It provides an overview of classification of malnutrition, diagnostic criteria, and describes the clinical assessment of nutritional status including nutritional screening tools and nutritional support. The nutrition team and its competencies are reviewed. Furthermore, it provides insights into the topic of quality assessment of health care, standards in nutritional care and monitoring of nutritional care, the nDay and related indicators. The practical part aims to evaluate the nutritional care provided in selected wards of VFN using nDay data.

Methodology: The data were collected using a questionnaire survey focusing on 16 VFN's departments. The standardized questionnaire to monitor nutritional care and the incidence of malnutrition formulated for the purpose of Nutrition Day was used. At first, data was collected related to the hospital, wards and patients. After one month, data was completed with description what happened to patients. The data provided by the nDay database from previous surveys (2017, 2019 and 2021) were included. Multiple level analyses were performed: A) ward level (2023), B) comparison of selected wards (2023), C) trends in selected indicators over time (2017-2023), and D) comparison of patients with and without malnutrition.

Results: Add A) The different wards follow similar strategy in providing nutritional care. Nutritional standards were implemented, incl. MUST screening tool, weighing patients at the beginning of hospitalization, and collecting information on nutritional status. Significant differences in the particular wards, such as the absence of educational materials on malnutrition and weight monitoring during hospitalization, can easily be addressed with the ward concerned. Add B) When comparing wards, there were large differences between ward types, with a high prevalence and risk of malnutrition in internal medicine (55%) and oncology (28%), or low dietary intake in surgery (91% of patients) and oncology (88% of patients). Add C) The development of the indicators in time displayed an increase in the implementation of own hospital standards in comparison with the use of international ones. The number of nutritional interventions and activities provided to support patients' diets showed a significant increase. The high number of special diets and oral nutritional supplements provided instead of basic diets in the early postoperative period might cause poor nutritional intake in surgery, in addition to the higher incidence of gastrointestinal dysfunction after surgery. All wards recognized an increase in patient satisfaction with hospital diet, although the trend was not always stable. Add D) There were large differences in length of hospital stay between patients with malnutrition (24 days) and without malnutrition (13 days). Patients with malnutrition were more likely to be re-hospitalized and more likely to use artificial nutrition.

Conclusion: This work demonstrates the use of nDay standard tools. The results highlight the malnutrition importance and its impacts on patients and health system. The long-term nutritional indicators monitoring address the importance to solve the malnutrition in time and at the same time monitor the success of measures taken.

Key words: malnutrition, nutritional status assessment, nutritional care standards, nutritional support, enteral nutrition, parenteral nutrition, quality of care, Nutrition Day