<u>A Précis of the publication</u>: *Validity and reliability of the new Canadian Nutrition Screening Tool in the 'real-world' hospital setting.*

Manon Laporte, Heather H. Keller, Hélène Payette, Johane Allard, Donald R. Duerksen, Paule Bernier, Khursheed Jeejeebhoy, Leah Gramlich, Bridget Davidson, Elisabeth Vesnaver and Anastasia Teterina. *European Journal of Clinical Nutrition* published online 17 December 2014 doi:10.1038/ejcn.2014.270

The Canadian Malnutrition Task Force (CMTF) in its 3 year study Nutrition Care in Canadian Hospitals (NCCH) undertook the two part task of

1) developing a simple nutrition screening tool, namely the Canadian Nutrition Screening Tool (CNST), that would be validated against subjective global assessment (SGA) – the gold standard for assessing malnutrition – and,
2) testing the tool for validity and inter - rater reliability in the 'real-world' by having non-nutrition personnel complete the form

The results from the first part of the study showed promising validity of the tool (sensitivity 91.7% *{correctly identifies patients at nutrition risk or malnourished}* and specificity 74.8% *{correctly identifies patients who are not at nutrition risk or malnourished})*. The second part of the study showed good reliability (Kappa=0.88), sensitivity (72.9%) and specificity (85.9%) of the CNST when completed mainly by untrained nursing personnel, and this was without having to include a Body Mass Index calculation. The CNST has good predictive validity: length of stay (P<0.001), 30-day readmission (P=0.02); x^2 5.92) and mortality (P<0.001).

To our knowledge, the CNST is the first tool designed for hospital use whose validity and reliability have been tested by a large number of non-nutrition personnel, which more closely represents the reality of a hospital setting. The validation and reliability assessment process of the CNST overcomes the limitation observed with other screening tools that were tested by researchers or dietitians who also performed the nutrition assessment, leading to inflated validation results. The favorable validity and reliability results of this simple tool support its inclusion in the nursing admission questionnaire for initial screening. (The nurse survey that was conducted as part of the NCCH study indicated that 91% of nurses reported that they could incorporate a simple nutrition screen as part of the admission process.) As part of the nutrition care process, patients screened at nutrition risk will require a nutrition evaluation, in which the first step would be completion of SGA by a dietitian, a physician or other trained professionals. For patients classified as malnourished (SGA B or C), comprehensive nutrition assessment and treatment are indicated.

To see the tool, go to: http://nutritioncareincanada.ca/resources/

To read the full paper, please go to:
http://www.nature.com/doifinder/10.1038/ejcn.2014.270