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An Evaluation of the Patients' Access to Adequate Nutritional Screening in a Tertiary Care Hospital in Order to Receive the Proper Dietary Guidelines

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Abstract:

- ***Introduction:***

A complicated topic is nutritional care for the critically ill. The comprehension of the metabolic response to critical disease and several facets of nutritional treatment, such as tracking the metabolic response and calculating calorie, protein, and micronutrient requirements, have undergone significant modifications due to a number of recent research. Highlighting areas of agreement and disagreement, summarising current research, and establishing research priorities are the objectives of this study. Our understanding of the metabolic response to stress and the best ways to manage nutrition in critically ill patients have been called into question due to the outcomes of recent large-scale clinical trials. This study provides an update in this area, pointing out and addressing areas where consensus has been reached, as well as those where controversy still exists and suggesting topics for further investigation. Dieticians and nutritionists provide dietary services after the initial nutritional screening, which include consultation with other medical professionals, to address the nutritional needs of individuals. The study's conclusions is useful in determining how important diet is for patients' recuperation at teaching hospitals. In a tertiary care hospital, this study carried out a thorough assessment of patients' access to nutritional screening and satisfaction with dietary services. There were two main goals: the first was to look into how clinicians go about doing initial nutritional screenings, and the second was to find out how satisfied patients were with the hospital's dietary services. In order to accomplish these goals, a comprehensive analysis of pertinent research was carried out, including studies on nutritional screening instruments, techniques for gauging patient satisfaction with hospital food services, and variables impacting patient happiness. The analysis and interpretation of the study were supported by a strong theoretical foundation that this literature review offered. Aims & Objectives of the study is to find out the process of initial Nutritional screening by the clinicians for better dieticians' recommendations and to study the satisfaction level among the patients availing the dietary service in hospital.

- ***Methodology:***

This study will be undertaken with the principal objective to measure the adequacy of initial nutritional screening and food satisfactions to patients in the hospital though a structured checklist over 6 months' period of time. To evaluate patient satisfaction and the promptness of nutritional screening, data from several hospital departments were gathered and examined. Significant differences in the initial nutritional screening procedure between departments were found by the analysis. Some departments screened new admissions within 24 to 48 hours, but others took longer and took longer to screen—the average department taking more than 72 hours. This variation made it clear that a more uniform method of nutritional screening was required in order to guarantee prompt evaluations for every patient. Patient satisfaction levels were found to differ accordingly, with greater levels reported in departments that followed tailored dietary regimens and swiftly performed nutritional tests. Quality of food, promptness of service, staff attention to patient demands, and

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applicability of dietary recommendations were factors that affected patient satisfaction. These results underlined the significance of attending to the comprehensive patient experience within dietary services in addition to the technical aspects of nutritional evaluation. The study's conclusions led to the proposal of various proposals for enhancement. These suggestions included establishing uniform screening procedures for all departments, improving clinical and dietary staff training programs, stepping up patient information campaigns, and setting up feedback systems for ongoing development. Overall, the results of this study have important implications for improving patient happiness and the standard of nutritional care in hospital settings. Through the implementation of suggested enhancements and the resolution of recognized deficiencies, the hospital can endeavor to enhance patient satisfaction and attain superior health results for patients utilizing nutritional services.

Keywords*: Nutritional Screening, Patient Satisfaction, Tertiary Care Hospital*.

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I. INTRODUCTION

A complicated topic is nutritional care for the critically ill. The comprehension of the metabolic response to critical disease and several facets of nutritional treatment, such as tracking the metabolic response and calculating calorie, protein, and micronutrient requirements, have undergone significant modifications due to a number of recent research. Highlighting areas of agreement and disagreement, summarising current research, and establishing research priorities are the objectives of this study. Our understanding of the metabolic response to stress and the best ways to manage nutrition in critically ill patients have been called into question due to the outcomes of recent large-scale clinical trials. This study provides an update in this area, pointing out and addressing areas where consensus has been reached, as well as those where controversy still exists and suggesting topics for further investigation. Dieticians and nutritionists provide dietary services after the initial nutritional screening, which include consultation with other medical professionals, to address the nutritional needs of individuals. The study's conclusions is useful in determining how important diet is for patients' recuperation at teaching hospitals.

Considerable research and development has gone into evaluating nutritional services and nutrition screening instruments in healthcare settings. For people to be identified as malnourished and to guarantee that they receive the right kind of nutritional care, nutrition screening is crucial. Early research on the subject of nutritional evaluation, including that done by Baker et al. (1982a, 1982b), demonstrated the value of trustworthy screening techniques by contrasting clinical judgment with objective measurement. Further investigation has broadened these bases by creating and confirming a number of instruments and methods to enhance precision and dependability (Burden et al., 2001; Campbell & Kelsey, 1994).

In vulnerable populations such as children and surgery patients, nutritional assessments and interventions are especially important. While Brown and Stegman (1988) concentrated on surgical patients, Baer and Harris (1997) stressed the importance of pediatric nutrition assessment in identifying children who are at-risk. The significance of including feeding and nutrition needs into early intervention programs is further highlighted by Baroni and Sondel's (1995) effective partnership models.

Apart from clinical evaluations, patient satisfaction with food services constitutes a crucial facet of healthcare excellence. Research has examined patient satisfaction in several healthcare environments, contrasting the results of government and private medical facilities (Arora, Thakur, & Gupta, 2022; Muraal & Davar, 2014). Hospital diet acceptability and quality are factors that affect satisfaction levels; studies have shown that food services need to be continuously improved (Sahin et al., 2006; Watters et al., 2003). Lai and Gemming's (2021) systematic evaluations offer thorough insights into methods for gauging patient satisfaction with healthcare food services.

In general, bettering patient outcomes and satisfaction requires the creation and application of efficient nutrition screening instruments and nutritional services. To improve nutritional care in healthcare settings, more study and validation of these instruments are needed, along with patient input (Arrowsmith, 1999; BAPEN, 2000; Sizer, 1996).

- *Aims & Objectives*

- To find out the process of initial Nutritional screening by the clinicians for better dieticians' recommendations
- To study the satisfaction level among the patients availing the dietary service in hospital

- *Scope*

In a tertiary care hospital, nutritional screening and dietary guideline implementation are currently in a level of detailed comprehension, which is the goal of this thorough review. With improved nutritional management, the study will ultimately enhance patient care and satisfaction by highlighting areas that require improvement.

II. METHODOLOGY

This study will be undertaken with the principal objective to measure the adequacy of initial nutritional screening and food satisfaction to patients in the hospital though a structured checklist over 6 months’ period of time.

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- Study area: Teaching Hospital
- Sampling: Simple random sampling method
- Statistical analysis: Descriptive statistics will be used

- *Inclusion Criteria:*

- *In patients in Teaching Hospital*

- *Exclusion Criteria:*

- *Critical area Patients are excluded*

The study emphasizes how satisfied patients were overall with the dietary services, and it includes a nutritional screening remark to further enhance the experience and enhance the hospital's reputation. Finding out how satisfied patients are with the dietary services is essential. Through preliminary nutritional screening

III. OBSERVATIONS AND DISCUSSION

The problem with dietary references to the patients in a tertiary care hospital pertains to accurately and effectively providing nutritional recommendations and guidelines to patients based on their medical conditions, treatment plans, and individual dietary needs.

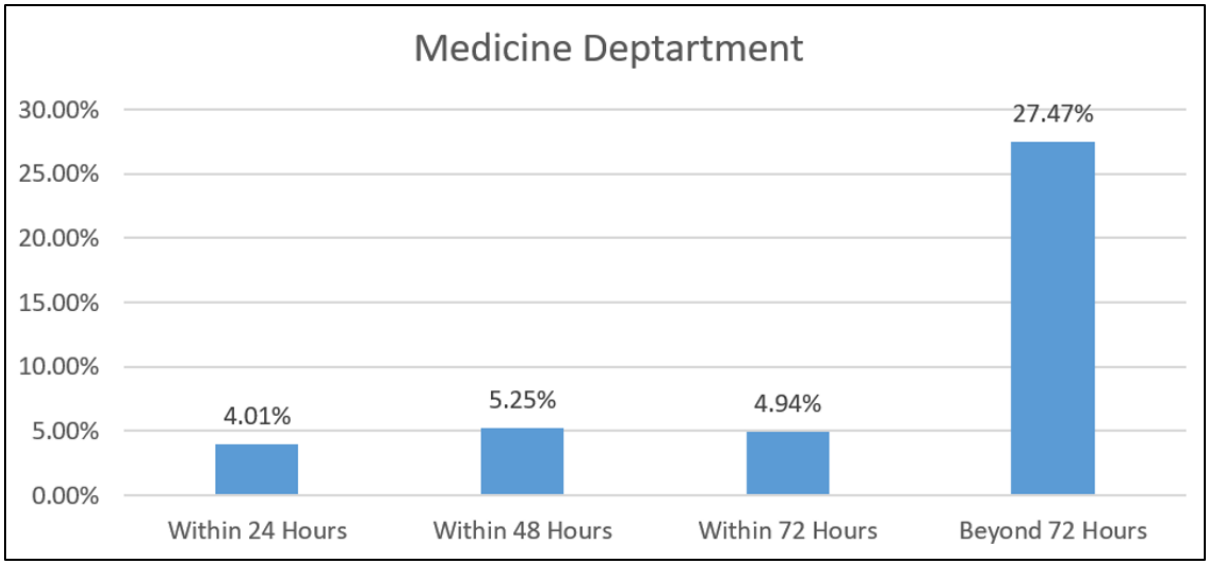
Table 1 Measuring Parameters

Individualised Nutritional Assessment:	Ensuring that each patient's nutritional status is adequately assessed and that their individual dietary requirements are established, taking into account factors such as age, medical history, underlying health conditions, allergies, and any special dietary restrictions.
Medical Condition Consideration:	Provide dietary advice to the patient's medical condition and treatment plan.
Integration with therapy:	Coordinating dietary guidelines with overall medical therapy to improve patient outcomes and aid in the healing process.
Clear Communication:	Effectively communicating nutritional information to patients and their families, explaining any dietary limitations, and answering questions to guarantee compliance.
Monitor the patients	Establishing methods to monitor patients' food intake, progress, and responsiveness to nutritional therapies, as well as making appropriate adjustments based on their changing health state.
Interdisciplinary Collaboration:	Encouraging collaboration among dietary staff, medical teams, and other professionals in order to develop a holistic care plan.
Education and assistance:	Providing educational tools and continuous assistance to patients and their families in order to improve comprehension and adherence to dietary guidelines both during and after hospitalisation.
Standards Adherence:	Ensuring that dietary references and recommendations

In order to enhance patient health outcomes, Table 1 demonstrates how these characteristics collaborate to succeed to ensure a comprehensive approach to nutritional care. This includes addressing individual needs and combining dietary management with overall medical therapy.

- *Analysis of Department Specific Nutritional Screening*

The data shows alarming rates of non-compliance with timely nutritional evaluations in all divisions. There may be gaps in the healthcare delivery process as a considerable proportion of patients are not receiving nutritional assessments in the allotted period. Patient care may be jeopardized if screenings are postponed past the vital first 24 to 72 hours of admission, since early dietary interventions are key to promoting recovery and maximizing treatment results. This non-compliance underscores the urgent need to improve staff adherence to nutritional screening criteria and expedite protocols. To guarantee that every patient receives the support they require for their nutritional needs and to improve overall quality of care across medical specialties, it is essential to increase compliance with timely evaluations.



Graph 1 Medicine Department Initial Nutritional Screening Compliance

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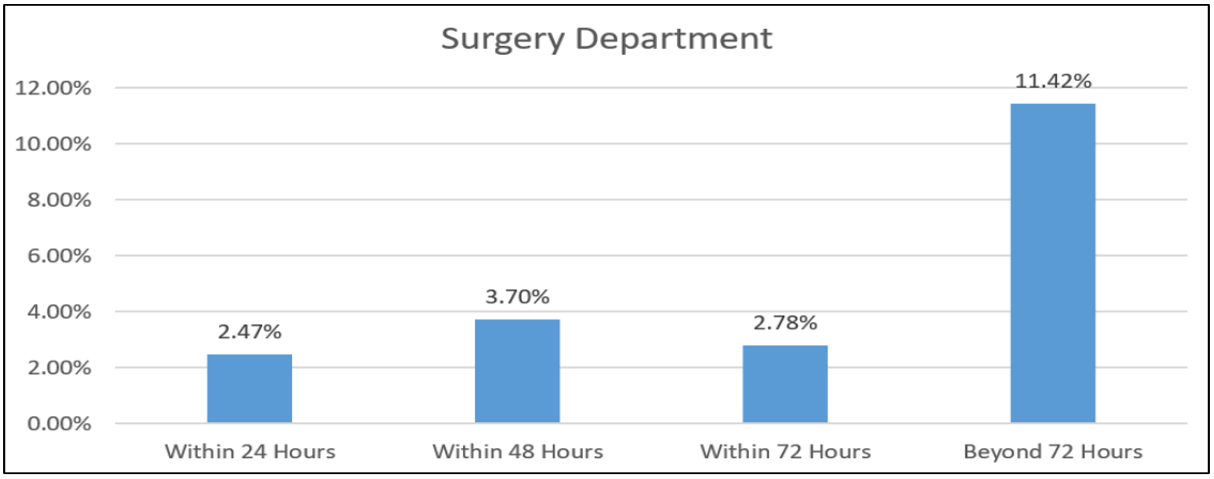
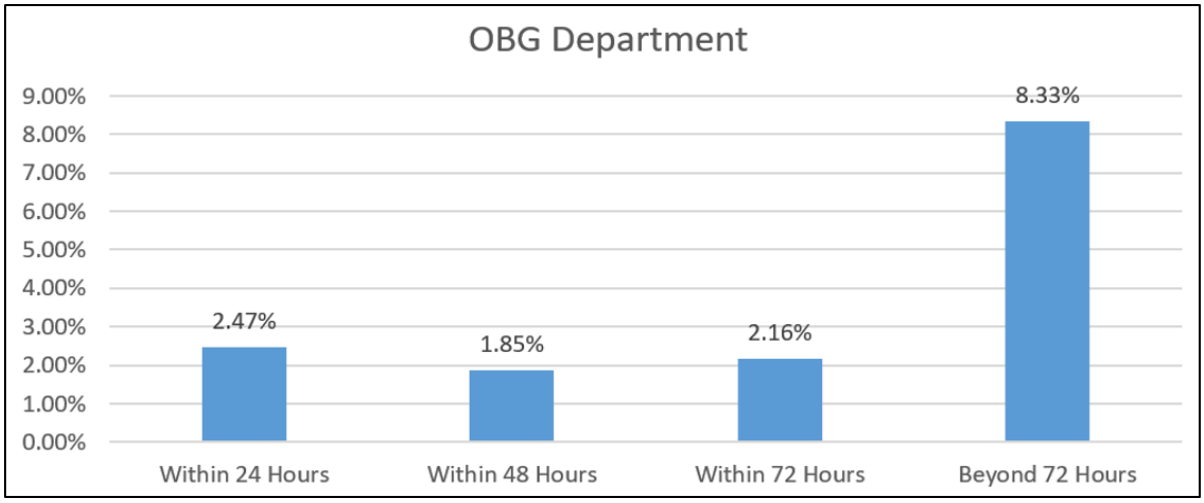
Graph 1. Shown that, within the first 24 hours after admission, 4.01% of patients in the Medicine department undergo nutritional screening. This early screening shows a significant initial effort to identify and quickly treat patients' nutritional needs, which is essential for timely intervention and the best possible care for the patient. The first 48 hours see a rise in the screening rate to 5.25%. This enhancement demonstrates the department's dedication to making sure more patients have prompt nutritional assessments during the critical initial two days, which will lead to more individualized nutritional therapies and better patient outcomes. Almost 5% of patients undergo screening in less than 72 hours, demonstrating ongoing attention in the evaluation of nutrition. This shows a consistent attempt to assess patients' nutritional needs, which can greatly improve the efficacy of dietary recommendations and patient interventions.

Despite the fact that 27.47% of patients get checked after 72 hours, this high proportion shows how meticulously the department makes sure that all patients, even those who need nutritional screening later, do so. It emphasizes the department's commitment to providing all-encompassing patient care by guaranteeing that, despite any initial delays, no patient's dietary needs be disregarded.



Graph 2 Surgery Department Initial Nutritional Screening Compliance

Graph 2. Explains, within the first 24 hours of admission, a small number (2.47%) of patients in the Surgery department undergo nutritional screening. This suggests that a small proportion of patients are not receiving the timely nutritional needs assessment that is necessary to start early nutritional therapy, particularly in postoperative care.In the initial 48 hours, the completion rate rises to 3.70%. This indicates that more patients are likely to be assessed for their nutritional status during the crucial first two days after the evaluation, as evidenced by the improvement in the timeliness of nutritional assessments. The percentage is still modest, though, so there is still opportunity for development. Within 72 hours, about 2.78% of patients are screened. Although there is still work being done to determine the nutritional needs of the patients, the proportion is still low, meaning that many patients are not being promptly screened for nutritional needs within three days of admission.11.42 percent of patients are tested for more than 72 hours. Although this indicates that a sizable portion of patients do, in the end, obtain nutritional evaluation, it is troubling that the wait is longer than 72 hours. It implies that a large number of patients may not be evaluated promptly, which could postpone critical dietary interventions and have an impact on patient outcomes.



Graph 3 OBG Department Initial Nutritional Screening Compliance

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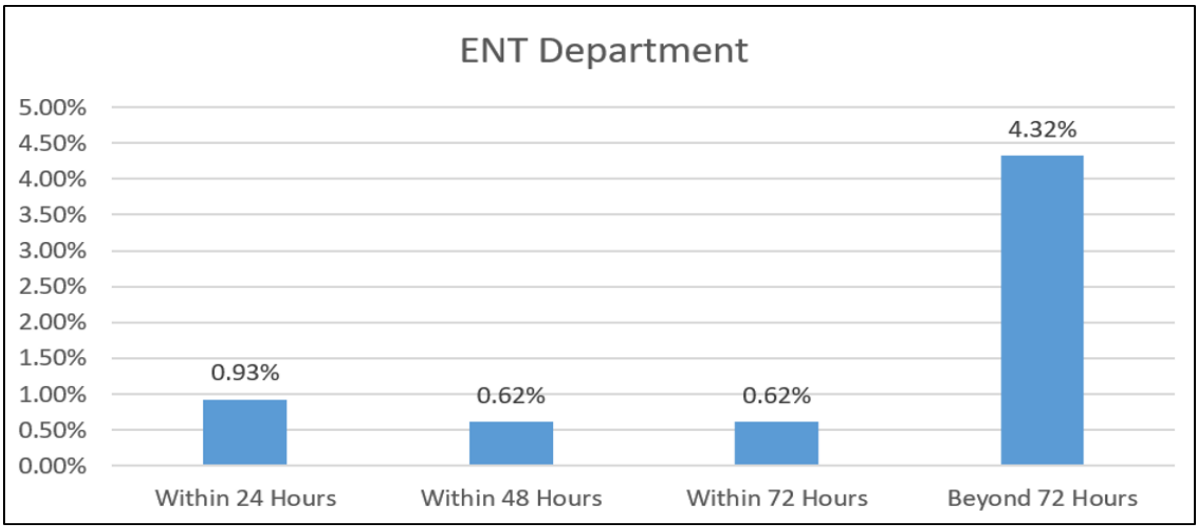
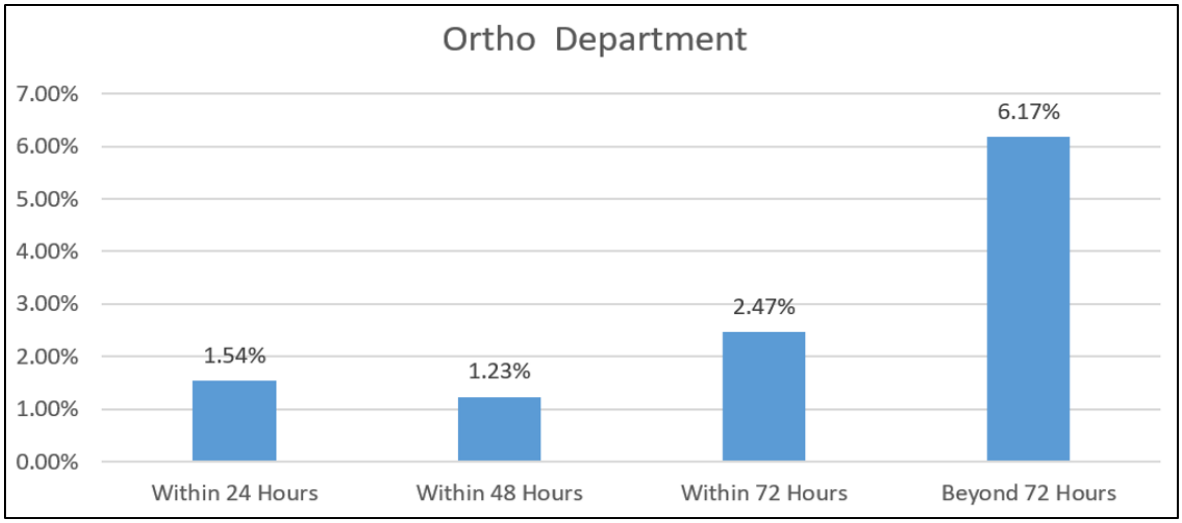
Graph 3 States, within the first 24 hours of admission, a modest percentage (2.47%) of patients in the OBG department undergo nutritional screening. This suggests that a small proportion of patients are not receiving the timely nutritional needs assessment that is necessary to start early nutritional interventions and maintain the health of both the mother and the fetus. The first 48 hours see a small decline in the completion rate to 1.85%. The data indicates a marginal decrease in the number of patients undergoing screening during the first two days after admission, underscoring the necessity for enhancing the early provision of nutritional assessments. After 72 hours, the percentage rises to 2.16%. Even though considerable effort was made to complete nutritional evaluations in less than three days, the total percentage is still low, suggesting that many patients are not getting nutritional exams in a timely manner. After 72 hours, a greater proportion of patients (8.33%) undergo screening. This implies that a sizable portion of patients may be facing delays in receiving nutritional assessments, which may affect when the required dietary interventions are started on time.



Graph 4 Medicine Department Initial Nutritional Screening Compliance

Graph 4 Shows, within the first 24 hours of admission, just 0.93% of patients in the ENT department undergo nutritional examination. This suggests that a small proportion of patients are not receiving the timely evaluation of their nutritional needs that is necessary for early intervention, particularly for those with illnesses that may directly impair their capacity to swallow and eat. After 48 hours, the completion rate drops marginally to 0.62%. This indicates a need for improvement in guaranteeing timely nutritional assessments since it implies that even fewer patients are being examined within two days of arrival.

After 72 hours, the proportion stays the same at 0.62%. This consistency points to a recurring problem with the timeliness of screenings, suggesting that there is no appreciable increase in the number of patients being evaluated for nutritional needs within three days. Patients who are screened for longer than 72 hours have a greater rate (4.32%). This suggests that most nutritional evaluations take place more than three days following the initial examination. Due to the possible direct impact on patients' nutritional intake and status, these delays may affect the prompt implementation of appropriate nutritional therapies, which are especially crucial in the ENT department.



Graph 5 Ortho Department Initial Nutritional Screening Compliance

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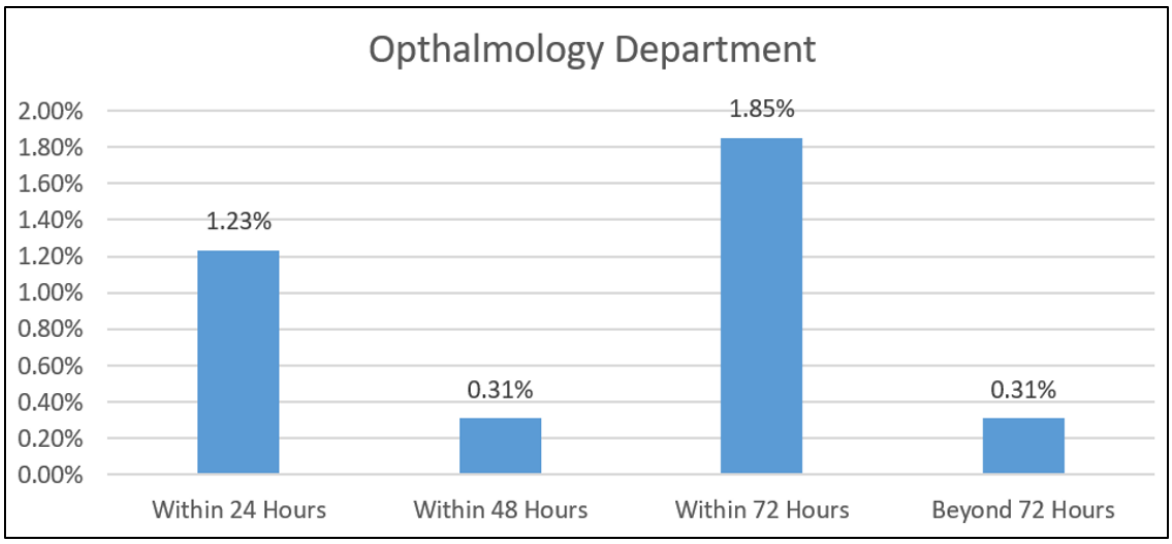
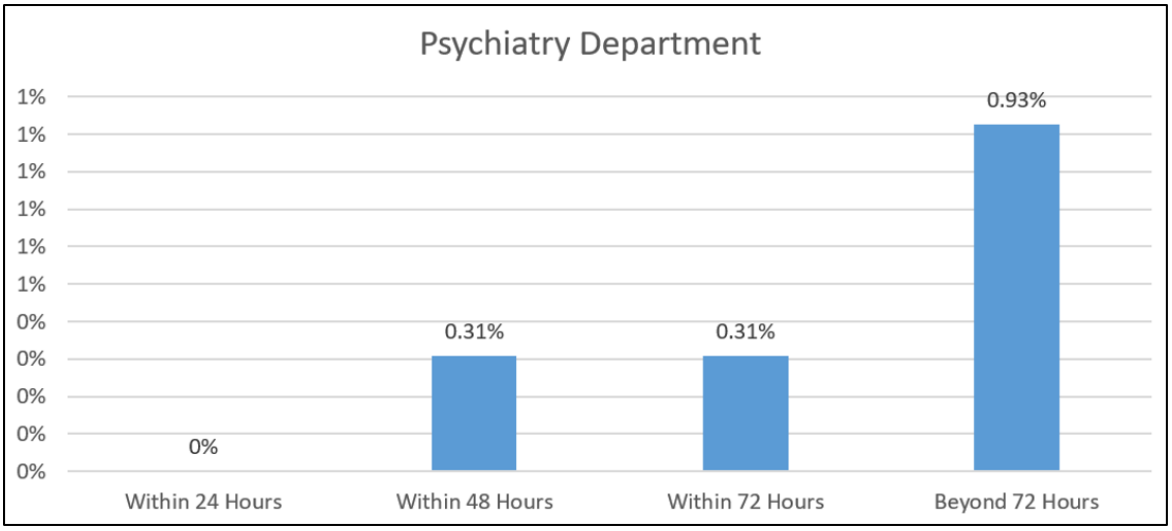
Graph 5 Explains, within the first 24 hours of admission, a minor portion of patients (1.54%) in the orthopedics department undergo nutritional evaluation. This suggests that only a small proportion of patients are being evaluated for their nutritional needs as soon as possible, which is necessary to start early nutritional interventions. This is especially true for orthopedic patients, who may benefit from good nutrition for bone repair and rehabilitation. The first 48 hours see a small decline in the completion rate to 1.23%. This implies that fewer patients are being examined during the first two days of admission, which suggests that there is room for improvement in terms of guaranteeing earlier nutritional examinations. After 72 hours, the proportion rises to 2.47%, indicating a slight improvement in the timely completion of nutritional assessments in less than three days. Although this indicates that nutritional assessments are still being conducted, the low total percentage indicates that many patients are still not getting timely evaluations. After 72 hours, a greater proportion of patients (6.17%) undergo screening. This suggests that a sizeable percentage of patients are not receiving nutritional assessments in a timely manner, which may have an effect on the timely implementation of nutritional therapies that are critical for orthopedic patients' rehabilitation.



Graph 6 Ophthalmology Department Initial Nutritional Screening Compliance

Graph 6 shown, within the first 24 hours of admission, 1.23% of patients in the ophthalmology department undergo nutritional screening. In order to start early nutritional therapies that can support ocular health and recovery, it is critical that a small number of patients are swiftly examined for their nutritional needs. Within the first 48 hours, the completion rate falls to 0.31%, a considerable decrease. This indicates a major area for improvement in ensuring prompt nutritional assessments, since very few patients appear to be getting assessed for nutritional needs within two days after admission. In just 72 hours, the percentage rises to 1.85%, indicating a three-day improvement in the promptness of nutritional assessments. Still, the percentage is low overall, meaning that many patients continue to not receive nutritional examinations in a timely manner. At 0.31%, the proportion of patients who are checked for more than 72 hours is still low. This implies that even while most screens take place in the first three days, a small percentage of patients still have delays in their nutritional assessments. This could have an impact on when the appropriate dietary interventions are started on time.



Graph 7 Psychiatry Department Initial Nutritional Screening Compliance

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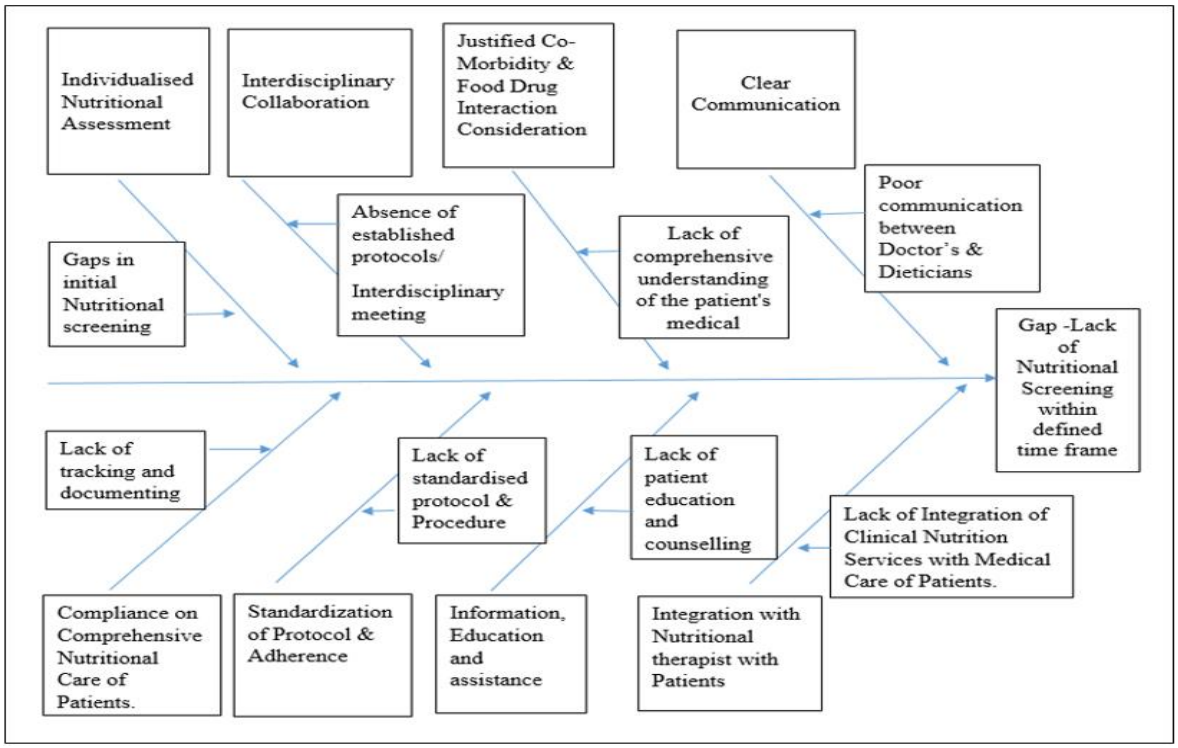
Graph 7 stating that, within the first twenty-four hours of the patient's admission, no nutritional assessments were performed in the psychiatry department. This implies that nutritional evaluations may not be given enough weight or priority when patients are first admitted, which may result in the nutritional requirements of mental patients being neglected in the critical early phases of hospitalization. Within 48 hours of admission, 0.31% of patients have their nutritional needs assessed. The overall percentage is still quite low, despite the fact that there appears to have been some effort made to perform screens within the first two days. This could mean that many patients are not obtaining prompt nutritional assessments. After 72 hours, the percentage remains the same at 0.31%. This implies that, even in spite of some insignificant attempts to do screenings during the first three days of admission, nutritional assessments are consistently neglected or not given priority. Patients who are examined after 72 hours are screened at a greater rate (0.93%). Even though this is a higher percentage than in previous periods, it is still quite low, suggesting that many patients would face delays in nutritional assessment and that this could affect their course of therapy and recovery in general.

Graph 8 Overall Food satisfaction

Graph 8 - Shows food satisfaction result showed 49% of the food served was as good as they expected, 39% of patients answered that the staffs are neat and clean, 42% told the food tastes good and palatable whereas 43% staffs behave polite and friendly with the patients. 32% of them answered that the adequate food is being provided to the wards and 45% of the patients are happy with serving time. Overall satisfaction with hospital food delivery was found to be 41% good and 19% excellent.

➢ *Root Cause Analysis*



Graph 9 Cause and Effect Diagram

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Every component included in the diagram of causes and effects. Every component stands for a possible underlying factor that contributes to insufficient nutritional screening and incorrect dietary recommendations. A number of significant factors are contributing to the gaps in patients' access to appropriate nutritional assessment and dietary guidance, as shown by the root cause analysis utilizing the Cause and Effect Diagram Graph 9. These areas include poor interdisciplinary collaboration, gaps in initial nutritional assessments, lack of integration of clinical nutrition services, inadequate patient education and counseling, lack of standardized protocols, inadequate tracking and documentation of nutritional care, and communication issues between healthcare providers.

Table 2 Corrective actions based on the gaps identified

Gap	Corrective Actions
Lack of Justified Co- Morbidity & Food Drug Interaction	1. Conduct comprehensive initial & ongoing patients' Nutritional assessments to understand medical history and current conditions.
	2. Provide ongoing training for healthcare professionals on the impact of Nutrition in Quality Care of medical conditions.
	3. Implement standardized Nutritional protocols for patient in Quality Care of Patients by regular training of healthcare providers.
Lack of Individualized Nutritional Assessment	1. Establish multidisciplinary teams involving nutritionists/dietitians in treatment planning.
	2. Create integrated care pathways that incorporate nutritional interventions into therapy plans.
	3. Ensure clear roles and responsibilities for each healthcare provider involved in the patient's care.
Lack of Communication	1. Implement standardized documentation and communication tools for sharing nutritional information.
	2. Provide communication training for healthcare providers to enhance clarity and effectiveness.
	3. Offer language interpretation services to overcome communication barriers with patients.
Poor Compliance on Comprehensive Nutritional Care of Patients.	1. Develop standardized protocols for regular monitoring of patients' nutritional status.
	2. Utilize technology solutions for tracking dietary intake and nutritional progress.
	3. Enhance patient engagement through education and incentives for adherence to monitoring procedures.
Lack of Interdisciplinary Collaboration	1. Establish regular interdisciplinary meetings and case conferences to discuss patient care.
	2. Foster a culture of collaboration through team-building activities and shared learning opportunities.
	3. Provide training on collaborative care models and effective communication strategies.
Lack of Information, Education and assistance	1. Develop patient education materials in multiple formats and languages for accessibility.
	2. Offer support services such as nutritional counseling and cooking classes to assist patients.
	3. Train healthcare providers in patient-centered communication and motivational interviewing.
Partial Standardization of Protocol & Adherence	1. Develop and disseminate evidence-based guidelines and protocols for nutritional assessment.
	2. Provide ongoing education and training to ensure awareness and adherence to established standards.
	3. Implement quality assurance measures to monitor compliance with standards and guidelines.

Table 2 indicates, through better evaluations, communication, education, and interdisciplinary teamwork, these corrective measures aim to improve the overall quality and coordination of patient care by addressing specific deficiencies in nutritional care.

➢ *Post Study Analysis*

There has been a noticeable improvement in the promptness of nutritional testing in every area. Healthcare facilities are exhibiting a proactive approach to immediately treating patients' dietary needs, as seen by the increasing completion rates within the first 24 to 72 hours of admission. Since early nutritional assessments are crucial for

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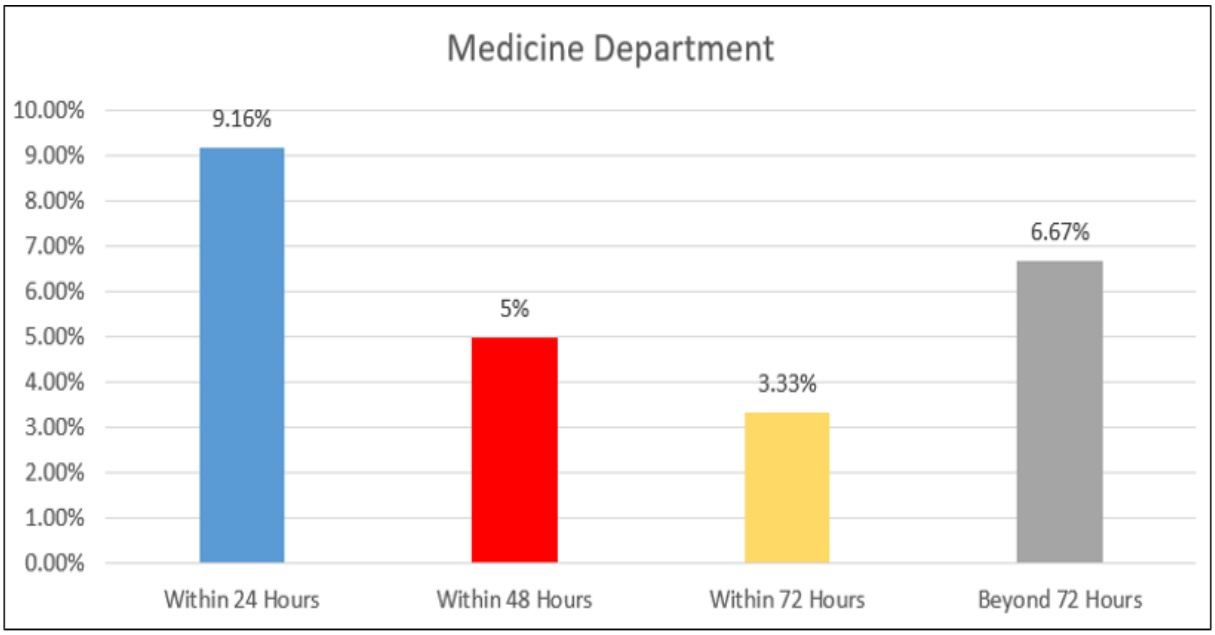
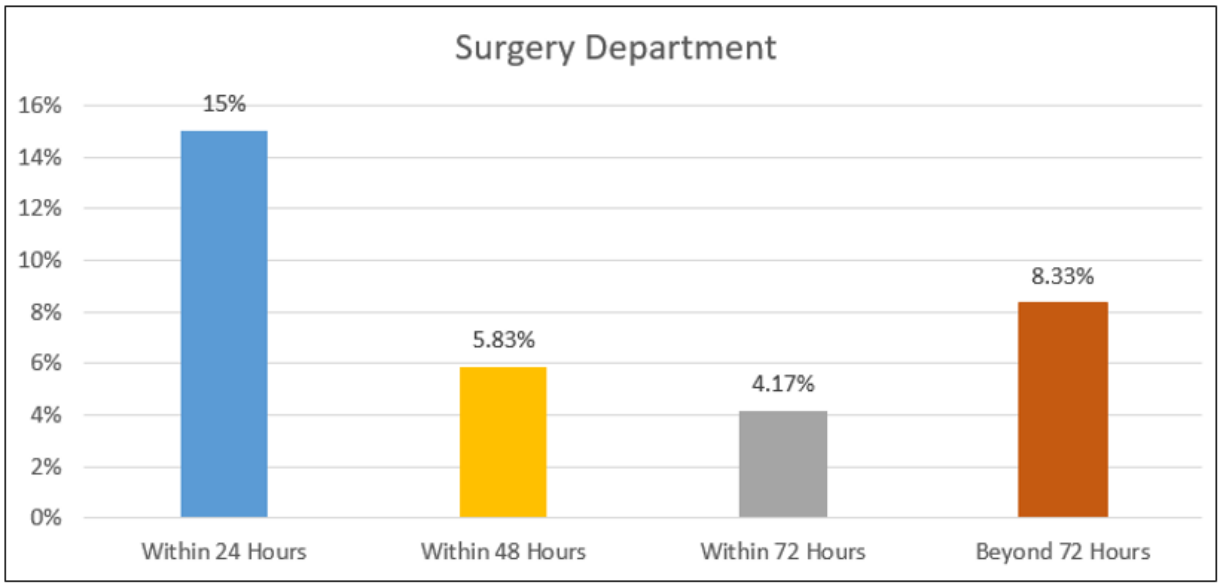
customizing therapies and promoting optimal recovery, these advancements represent a commitment to improving patient care and results. In addition, the lower percentage of screenings that take longer than 72 hours to complete shows a noteworthy advancement in guaranteeing that all patients obtain prompt nutritional assessments, which is consistent with a comprehensive strategy to healthcare delivery. All things considered, these improved results highlight how committed healthcare professionals are to putting complete patient care first and encouraging improved health outcomes across a range of medical specializations.



Graph 10 Post Study Analysis of Medicine Department Initial Nutritional Screening Compliance

Graph 10 shows, within the first 24 hours after admission, 11 out of the total patients underwent nutritional screening. This high percentage suggests that nutritional needs were quickly identified, which is essential for starting timely nutritional interventions and enhancing patient outcomes. Six patients, out of the total, were screened in less than 48 hours. This indicates that there may be some delays in comparison to the 24-hour guideline, even if they are still within a tolerable range. Several operational issues, such staff availability or patient volume, may be to blame for this. Only four patients out of the total had screening completed in less than 72 hours. 72-hour delays could be a sign of problems including insufficient staffing, poor prioritization, or inefficient procedures that could jeopardize patient care. Eight patients, or a large percentage of the total, had nutritional screenings delayed for longer than 72 hours. The prolonged postponement is cause for concern as it could potentially hinder the prompt execution of dietary guidelines and therapies, hence influencing patient recuperation and elevating the likelihood of problems stemming from malnourishment.



Graph 11 Post Study Analysis of Surgery Department Initial Nutritional Screening Compliance

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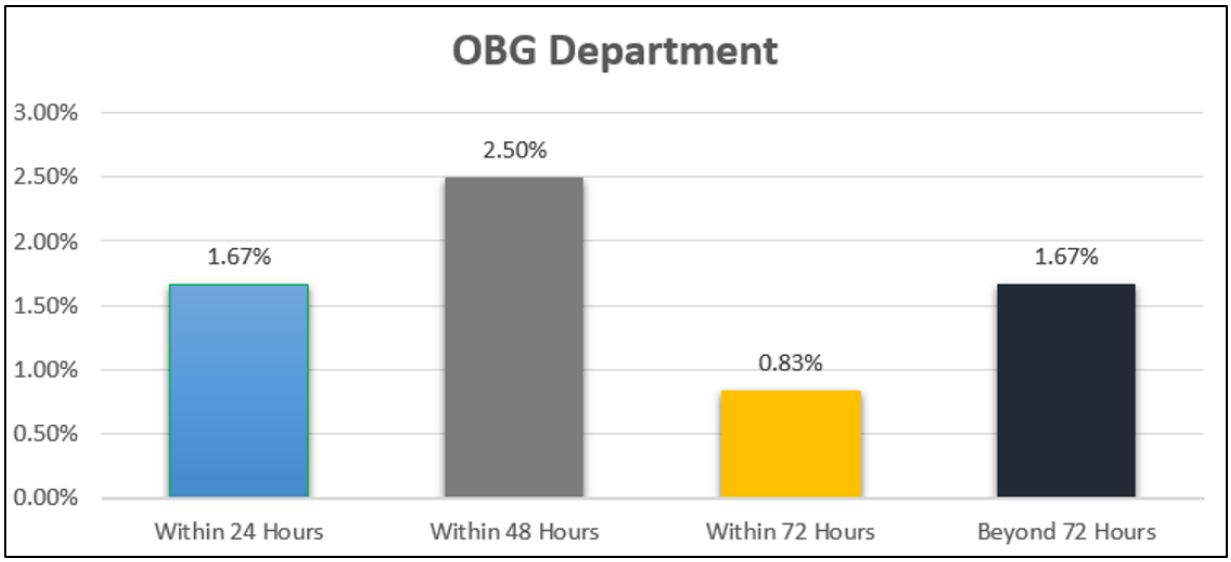
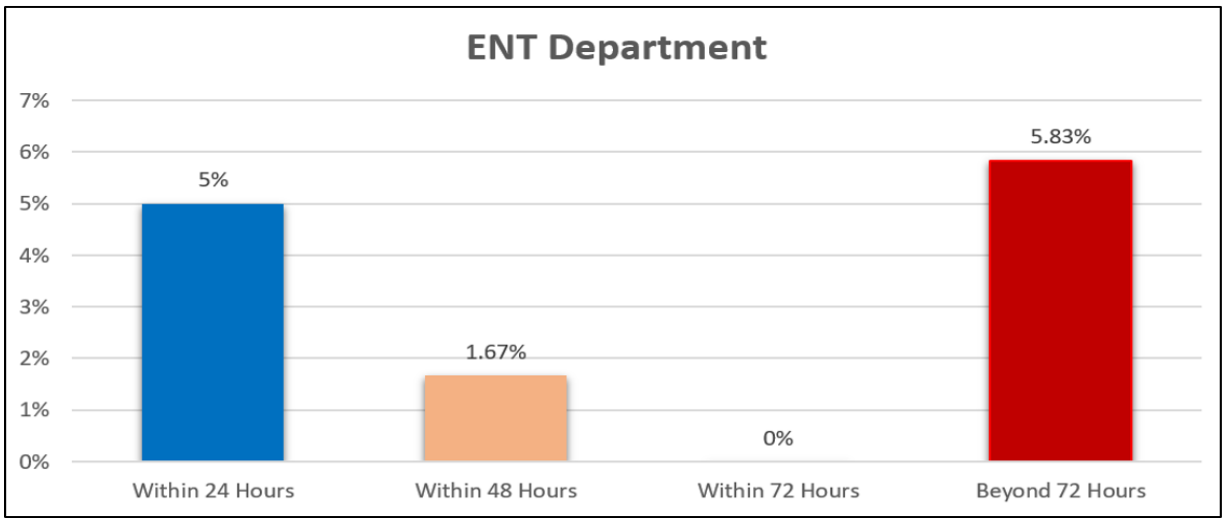
Graph 11 Explains, within the first 24 hours of admission, a considerable proportion of patients (18 out of the total) underwent nutritional screening. For surgical patients, who frequently have higher nutritional needs and may be more susceptible to problems from malnutrition, this suggests a solid performance in early nutritional assessment. Within 48 hours, seven of the total patients underwent screening. Compared to the 24-hour standard, this shows some delays, even if it is still rather timely. Ensuring speedier tests may provide dietary modifications in a timelier manner. Five of the total individuals were tested in less than 72 hours. 72-hour delays point to potential systemic problems that should be addressed in order to guarantee more rapid and consistent nutritional assessments. Ten of the patients had delays in nutritional assessment that lasted more than seventy-two hours. For surgical patients in particular, who may need immediate nutritional therapies to promote recovery and avoid problems, this prolonged delay is worrisome.



Graph 12 Post Study Analysis of OBG Department Initial Nutritional Screening Compliance

Graph 12 stating that within the first 24 hours after admission, a mere 2 patients out of the total received nutritional screening. This low percentage suggests that there may be a vacuum in the early identification of nutritional needs, which is critical to timely intervention particularly for patients who are pregnant or recently gave birth and have special nutritional demands. Within 48 hours, three patients a somewhat larger but still little group were screened. Although this screening rate is superior to the 24-hour screening rate, it still implies that a sizable portion of patients have delays that may impact appropriate

Nutritional assistance. Just one patient out of the whole group had screening completed in less than 72 hours. This suggests that there would likely be more delays in the nutritional screening procedure, which could jeopardize the OBG department's patients' overall care and nutritional management. Just two patients two out of the total had nutritional screening delays that lasted longer than seventy-two hours. These delays are alarming because they imply that certain patients might not receive nutritional assistance in a timely manner, which is crucial for the health of both the mother and the fetus in the context of OBG.



Graph 13 Post Study Analysis of Surgery Department Initial Nutritional Screening Compliance

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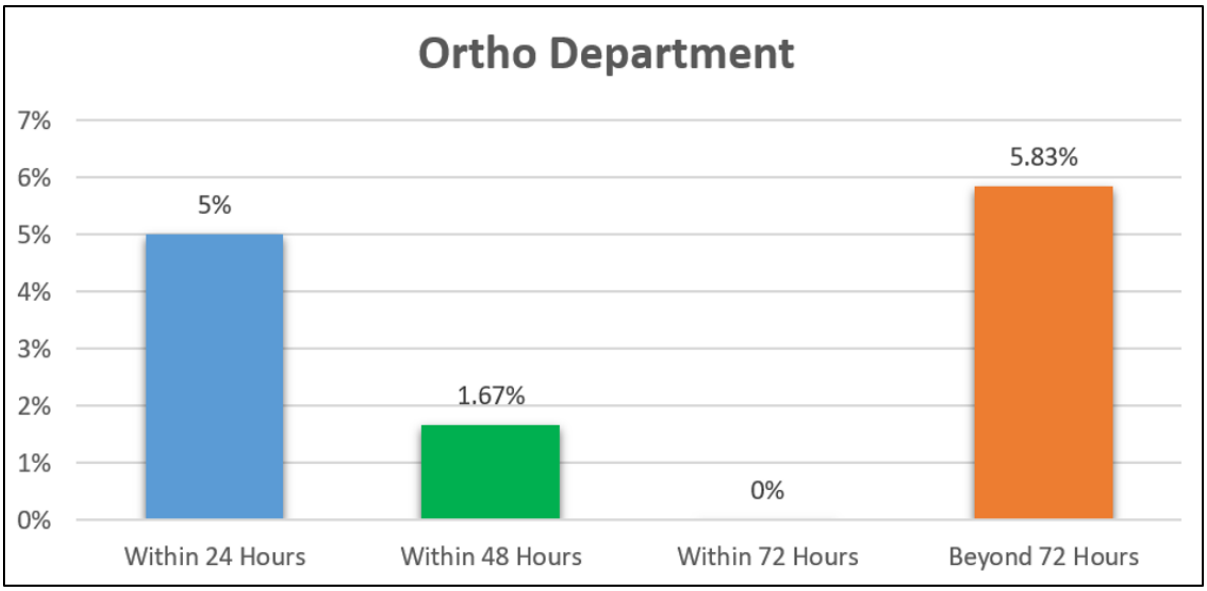
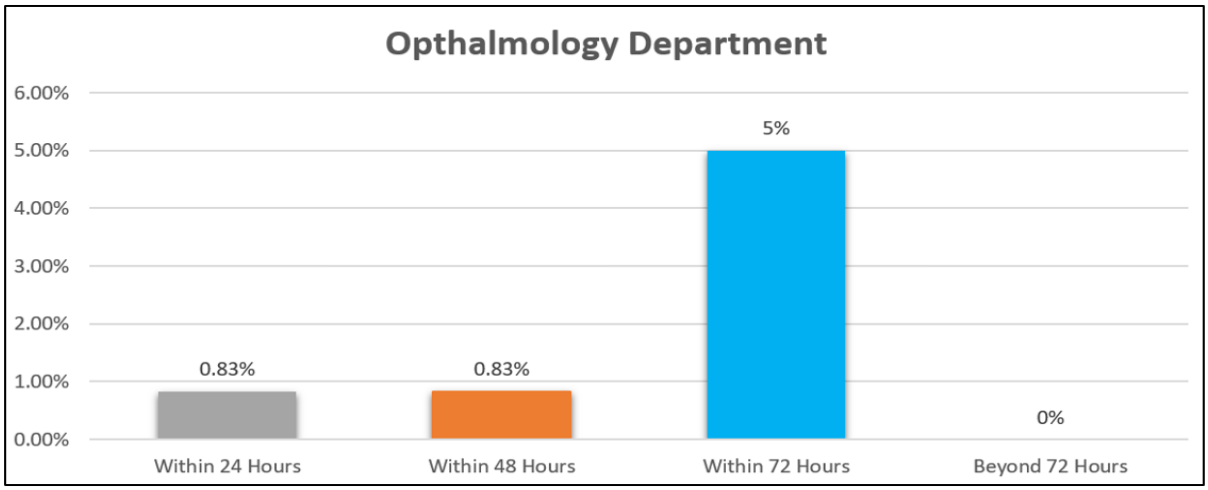
Graph 13 shows, within the first 24 hours of admission, a moderate percentage of patients (6 out of the total) underwent nutritional screening. Although the screening procedure appears to be proceeding quite quickly, the percentage suggests that there is still need for improvement in order to guarantee a greater number of patients receive early assessments. Just two of the patients in total underwent screening in less than 48 hours. This implies notable postponements in contrast to the intended 24-hour benchmark and underscores the want for enhanced screening procedures to guarantee prompt nutritional evaluation. Nutritional screening was not completed for any individuals in less than 72 hours, suggesting that screening is frequently performed much later if it is not completed in the first 48 hours. The absence of screening times in the middle range indicates a weakness in the continuous screening procedure. Seven patients, or a significant portion of the total, had nutritional screening delays longer than 72 hours. The prolonged postponement is cause for concern as it could potentially hinder the prompt execution of dietary instructions and nutritional therapies, hence influencing patient recuperation and general health results in the ENT department.



Graph 14 Post Study Analysis of Ortho Department Initial Nutritional Screening Compliance

Graph 14. shown, six of the patients in total underwent nutritional screening in the first twenty-four hours after their arrival. This suggests that only a small percentage of patients are receiving the timely nutritional needs assessment that is necessary for effective intervention, particularly in orthopedic patients who may have unique dietary demands to promote healing and recovery. Within 48 hours, two patients, out of the total, underwent screening. This indicates notable setbacks in comparison to the ideal 24-hour screening window, underscoring inadequacies in the nutritional assessment procedure during the initial 48 hours of admission. Within 72 hours, no patient underwent nutritional evaluation. The fact that patients who are not checked during the first 48 hours are not evaluated by the 72-hour mark suggests that there is a major gap in the screening process. Seven individuals out of the total had nutritional screening delays that lasted longer than 72 hours. This prolonged postponement is a challenge as it could potentially impact the prompt execution of dietary recommendations and crucial nutritional therapies, which are critical for orthopedic patients' recovery.



Graph 15 Post Study Analysis of Ophthalmology Department Initial Nutritional Screening Compliance

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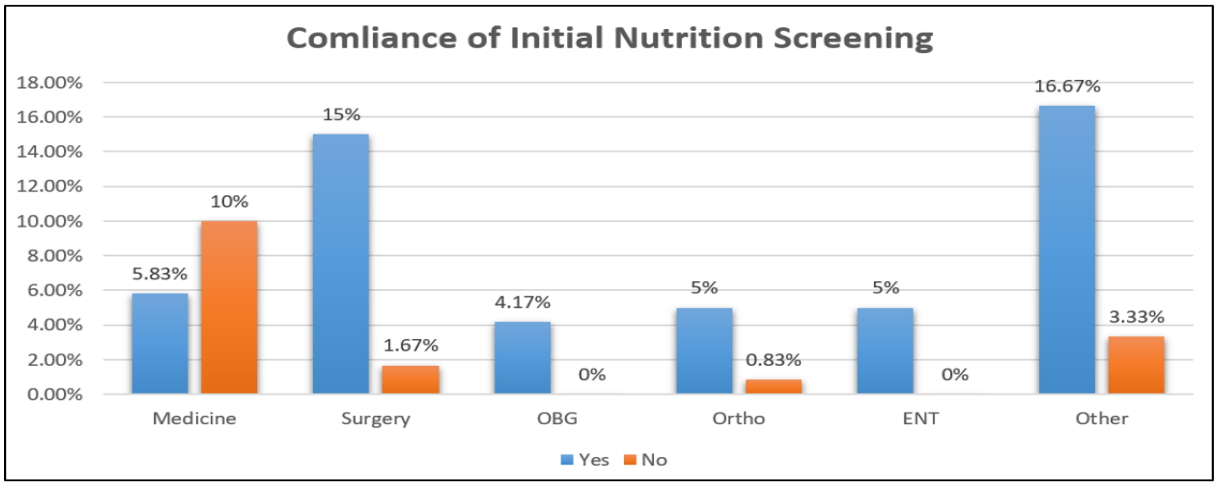
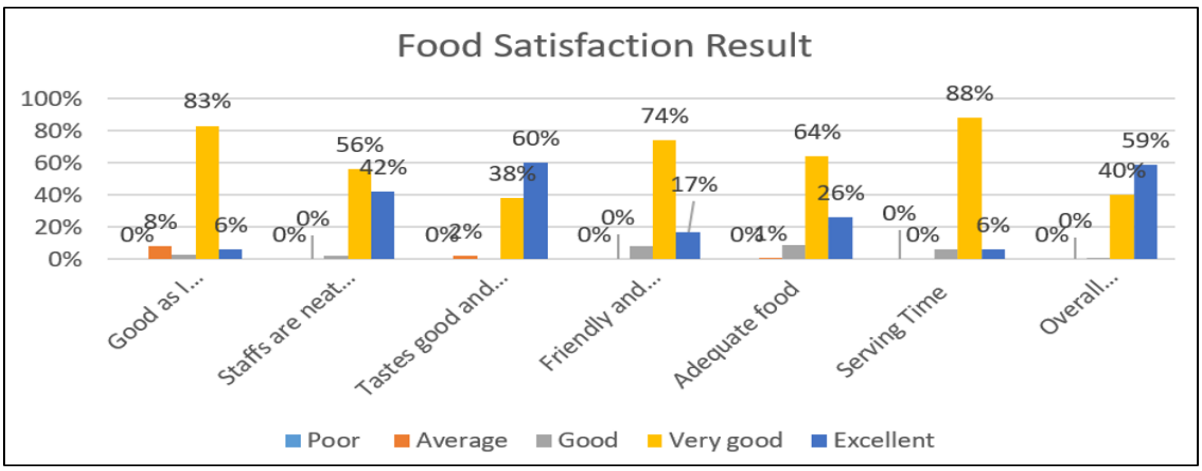
Graph 15 explains, within the first 24 hours of admission, a relatively tiny percentage of patients 1 out of the total received nutritional screening. This suggests that very few patients in the ophthalmology department are receiving a rapid assessment of their nutritional needs a crucial first step in guaranteeing that dietary therapies are administered on time. Similarly, only one patient out of the entire group was screened in less than 48 hours. This points to procedural inefficiencies and shows a persistent tendency of nutritional screening delays over the first two days of hospitalization. Within 72 hours, six patients out of the total received nutritional screening. This suggests that, despite occasional delays, a greater proportion of patients ultimately have their nutritional needs evaluated within three days of admission. Nonetheless, the efficacy and timing of dietary interventions may still be impacted by this delay. There were no patient delays in nutritional screening that lasted more than 72 hours, indicating that all screenings delayed or not are finished within this window of time.



Graph 16 Post Study Analysis of overall Department Initial Nutritional Screening Compliance

Graph 16. shown that, The Medicine department has achieved progress in spite of the difficulties, as seen by the noteworthy 5.83% of nutrition screening done. This establishes a benchmark for future development and shows a fundamental understanding of the significance of nutritional assessments. With a 15% completion rate, the Surgery department does exceptionally well and demonstrates good adherence to nutritional screening guidelines. By ensuring that surgical patients receive early and proper nutritional treatment, this commitment can greatly improve their chances of recovery.

Nutrition screening completion rates for the OBG department are 4.17%, with no cases of non-complete. This shows that when nutritional screening is determined to be required, it is carried out thoroughly, demonstrating a commitment to patient care that might be expanded upon. The nutrition form completion rate in the orthopedics department is a promising 5%, with very little non-complete. This indicates an increasing understanding of the value of nutritional evaluations in promoting the overall health and recovery of orthopedic patients. The nutrition form completion rate for the ENT department is 5%, with no non-completions. This shows that nutritional evaluations are consistently carried out as required, guaranteeing that patients' dietary requirements are satisfied. With the greatest completion rate of any department, 16.67%, other departments take the lead. This strict adherence to nutritional screening guidelines shows how best practices may be implemented successfully, establishing an example for other departments to follow.



Graph 17 Post Study Analysis of Food Satisfaction level

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Graph 17 Shows food satisfaction post Study showed 83% of the food served was as good as they expected, 42% of the patients answered that the staffs are neat and clean, 60% told the food tastes excellent and palatable whereas 88% answered kitchen staff behave politely and friendly with the patients. 64% of them answered that the adequate food is being provided to the wards and 88% of the patients are happy with serving time. Overall satisfaction with hospital food delivery was found to be 40% good and 59% excellent.

➢ *Findings & Results:*

"The most recent results show a noteworthy dedication to improving patient care and outcomes, as evidenced by the notable improvement in the timeliness of nutritional tests across all departments. Healthcare facilities are exhibiting proactive attempts to rapidly meet patients' dietary needs, as seen by increasing completion rates within the critical first 24 to 72 hours of admission. Since early nutritional assessments are necessary to customize therapies and promote the best possible recovery, these advancements represent a proactive approach to healthcare delivery. Even more encouraging is the lower number of screenings that were completed after 72 hours, which shows significant advancements in guaranteeing that all patients receive prompt nutritional assessments. These encouraging patterns highlight how committed healthcare professionals are to delivering all-encompassing patient care and encouraging improved health outcomes across a range of medical specializations. Going forward, persistent work

IV. DISCUSSION

Several factors impacting patient satisfaction with dietary services and the screening procedure itself must be taken into account when evaluating patients' access to sufficient nutritional screening in tertiary care hospitals. Results from pertinent studies that are referenced in the following sources will be incorporated into this discussion:

Evaluating nutritional screening and how well it works to accurately identify patients' nutritional needs is crucial to achieving the first goal. The use of nutrition screening instruments by nurses is critically examined by Arrow smith (1999), who also highlights the benefits and drawbacks of using these instruments in clinical settings. Insights into various nutritional evaluation methods are provided by Baker et al. (1982a, 1982b), who emphasize the significance of precise measuring techniques in determining patients' nutritional status. Furthermore, BAPEN (2000) provides helpful guidelines on the use of screening tools in healthcare settings with the explanatory notes for the Screening Tool for Adults at Risk of Malnutrition.

Arora et al.'s (2022) evaluation of patient satisfaction with dietary services in public and private hospitals provides insightful information on the variables affecting patients' opinions of food services. Sahin et al. (2006) investigate the variables influencing patients' satisfaction with meal services in a military hospital, offering suggestions for better foodservice delivery. Additionally, Muraal and Davar (2014) assess the acceptance and contentment of patients with diets in government hospitals, which might guide the development of patient satisfaction initiatives with nutritional services.

The assessment of patients' access to sufficient nutritional screening at a tertiary care hospital might yield important insights into the efficacy of the screening procedure and patient satisfaction with dietary services by combining the results of various studies. This holistic approach ensures a full grasp of the elements impacting nutritional care delivery in the hospital setting, ultimately promoting improvements in patient care and results.

A tertiary care hospital's assessment of its patients' access to nutritional screening can take into account a number of factors by incorporating the results of these studies. These factors include the efficiency of the screening instruments, compliance with regulations and guidelines, patient satisfaction with food services, and the early detection of patients who may be malnourished. By taking a comprehensive approach, it is ensured that the nutritional screening process is thoroughly evaluated and that opportunities for improving the provision of appropriate nutritional treatment to hospitalized patients are identified.

V. RECOMMENDATIONS

Following are some suggestions derived from the study's goals and conclusions:

➢ *Improve the Process of Nutritional Screening:*

- Use the standardized nutritional screening instruments that the British Association for Parenteral and Enteral Nutrition (BAPEN) and other organizations propose using to make sure that patients at risk of malnutrition are consistently and accurately identified.
- To increase clinicians' proficiency in doing preliminary assessments, organize frequent education and training workshops on the appropriate use of nutritional screening instruments.

➢ *Involve Dieticians in Patient care from an early age:*

- Include dieticians in the first nutritional screening procedure to help improve the working relationship between dieticians and clinicians.
- Make sure that patients who have been diagnosed as being at risk for malnutrition are promptly referred to dieticians for a thorough dietary assessment and customized dietary advice.

➢ *Enhance Patient Engagement and Education:*

- Create educational resources to help patients understand the value of nutrition in healthcare and the part dietary services play in their healing.
- Promote a patient-centered approach to care by asking patients about their preferences and encouraging them to actively participate in the planning of their diet.

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➢ *Improve the Quality of Food Service:*

Assess patient satisfaction with dietary options and the quality of the food service on a regular basis. Take care of any shortcomings or potential areas for enhancement in the provision of foodservice, including menu diversity, food presentation, and dietary restriction observance.

➢ *Establish feedback mechanisms:*

Provide patient input regarding their experiences with dietary services by establishing feedback channels, such as focus groups or patient satisfaction surveys. In order to address patient complaints and preferences, use feedback to pinpoint areas that need improvement and to carry out focused treatments.

➢ *Encourage multidisciplinary collaboration:*

- Encourage collaborative efforts amongst medical experts, such as dieticians, nurses, physicians, and food service personnel, to guarantee patients receive comprehensive and well-coordinated nutritional care.
- To promote smooth transitions and continuity of care, encourage regular contact and information sharing across the many departments involved in patient care.

The tertiary care hospital can improve patient outcomes through efficient nutritional care delivery, improve patient satisfaction with dietary services, and improve the nutritional screening process by putting these ideas into practice.

VI. CONCLUSION

The hospital can raise patient satisfaction and overall quality of care by filling in the gaps found in the nutritional screening procedure. More patient satisfaction and improved health outcomes can result from prompt and accurate nutritional assessments combined with tailored dietary therapy. Providing a road map for improving nutritional care, the study highlights the necessity of ongoing assessment and development in medical procedures.

By emphasizing these areas, the hospital will be able to promote patient health and well-being by setting the standard for comprehensive nutritional care.

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