INTRODUCTION
A redesign of the nutrition model of care in an acute hospital with an integrated approach to malnutrition was developed in response to a malnutrition prevalence of 30-40%; low rates of malnutrition screening; inadequate nutritional intakes; and a menu targeting chronic disease prevention.

METHODS
Clinical redesign methodology was used to engage hospital staff across professions. Multidisciplinary nutrition action teams (working groups) were formed and priority areas identified based on evidence. Use of evidence to implement systems

- Enhanced Recovery after Surgery Protocols: Reduced fasting times through pre-admission patient education and "prep pack"
- Fractured NOF nutrition pathway: Multidisciplinary management of nutrition-impact symptoms, automatic high protein diets, all-day access to nourishing fluids
- Geriatric and Rehabilitation: Medicine

Patient satisfaction with the menu was evaluated using a validated patient satisfaction survey. Multidisciplinary nutrition action teams developed and implemented systems and procedures in line with evidence. Key nutrition indicators were evaluated regularly and reported to wards and the safety and quality unit using a nutrition indicators audit tool.

RESULTS
Nutrition led malnutrition screening increased from 53%-88%; weights on admission from 47%-86%; timely feeding assistance increased from 55%-92%; an increase in protein and energy content through a menu and system changes from an average of 15.4 hours to 3.2 hours (n=30) and a 30% increase in patients coded with a diagnosis of malnutrition each month (from 30-40 patients).

Assessment of energy and protein intake of hospital inpatients was completed. The menu was reviewed for adequacy. An increase in protein and energy content through a menu and system changes was implemented.

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Enhancing the nutritional intake, satisfaction and outcomes of our patients through improved multidisciplinary nutrition systems

CONCLUSION
Aligning the hospital team with a multidisciplinary systems approach to nutrition care can improve malnutrition screening and diagnosis, patient satisfaction with foodservices and nutritional intake. Clinical redesign and a multidisciplinary approach to developing and evaluating systems can assist in embedding change and implement evidence in acute care.