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Executive Summary: Organization Change Process Initiative Usability and Integration of a Nutrition Screening Tool in Outpatient Mental Health Care

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Executive Summary: Organization Change Process Initiative

Usability and Integration of a Nutrition Screening Tool in Outpatient Mental Health Care

by

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Summary

This doctoral, practice-focused quality improvement project used a mixed-methods design to evaluate the usability, acceptability, and clinical integration of a nutrition screening tool in a mental health outpatient clinic. The project addresses a key practice gap, the lack of evaluation of the implementation of a systematic nutrition screening for individuals with severe mental illness (SMI), which contributes to worsening psychiatric symptoms and delayed recovery. Aligning with nursing's holistic and patient-centered framework, the initiative aimed to strengthen interprofessional collaboration and preventive care. The guiding practice-focused questions addressed: How usable and acceptable is the clinical practice guideline (CPG) tool among clinic staff, and What is its frequency of use in practice. Quantitative data were gathered through staff Likert-scale surveys and an AGREE II evaluation, while qualitative feedback was sought on perceptions, barriers, and facilitators of implementation.

Findings showed that the tool was used in 80% of eligible encounters, and all staff reported it was easy to use, fit well into the workflow, and was helpful for patient care. The AGREE II item scores (6.5–7.0) reflected CPG high clarity, applicability, and usability. Time constraints during peak clinic hours was reported as the main barrier to consistent use. Recommendations included integrating the tool into the electronic medical record (EMR), offering targeted staff education, and adapting it to better address the needs of autistic individuals. This CPG promotes sustainable nutrition screening in mental health settings and advances nursing's role in holistic, equitable, and preventive care while supporting early risk identification, interdisciplinary collaboration, and positive social change through improved patient outcomes.

Background

Individuals with severe mental illness (SMI) frequently experience poor dietary habits and nutrient deficiencies, which can exacerbate psychiatric symptoms such as depression, anxiety, and cognitive dysfunction (Hancox et al., 2022; Nazarian et al., 2025). Despite strong evidence supporting nutrition assessment, routine screening is largely absent in outpatient mental health settings (Hotzy et al., 2022; Teasdale et al., 2021). This underutilization represents a critical practice problem, delaying early identification of nutritional risks, limiting dietitian referrals, and reducing opportunities for holistic, patient-centered interventions.

Addressing this gap is essential to nursing practice because it aligns with holistic care principles, strengthens interprofessional collaboration, and supports evidence-based, preventive interventions. Implementing systematic nutrition screening enables nurses to identify at-risk patients, provide targeted interventions, and improve mental health outcomes (Burrows et al., 2022). By evaluating the usability, acceptability, and integration of a nutrition screening tool in an outpatient mental health clinic, this project aimed to advance evidence-based practice and promote sustainable, equitable, and patient-centered care in psychiatric nursing (Burrows et al., 2022).

Project Development

This quality improvement initiative utilized a mixed-methods approach (see Logullo et al., 2022; Proudfoot, 2023) to evaluate a nutrition screening tool in an outpatient mental health clinic. A structured baseline assessment conducted through staff and management surveys revealed the absence of any formal nutrition screening or standardized assessment process. Identified barriers included time constraints and competing clinical demands, emphasizing the need for an efficient, sustainable intervention.

Following a comprehensive literature review including systemic reviews, and evidence-based screening tools for psychiatric populations (Burrows et al., 2022; Hotzy, Risch, & Mötteli, 2022; Nazarian et al., 2025), a suitable tool was adapted and integrated into clinic workflows. Key stakeholders including five clinical staff members, nurse practitioners, and clinic leadership participated in tool selection, workflow assessment, and iterative feedback, ensuring contextual alignment and staff ownership. Targeted training sessions were delivered through lunch-and-learn meetings, phone consultations, and in-person instruction, focusing on practical use, patient-appropriate assessment, and time-management strategies during peak hours. This structured process promoted staff engagement and supported sustainability as the tool was implemented for all eligible patient encounters over an eight-week period in a non-EMR environment.

Implementation progress and usage frequency were tracked through weekly management debriefs, provider input, and real-time discussions with staff. The primary outcome variables were usability, acceptability, workflow integration, and frequency of use. Deidentified, anonymous data were collected via 5-point Likert-scale staff surveys and the AGREE II instrument, which evaluated the tool's clarity, scope, applicability, and development rigor (Brouwers et al., 2020). Pre-implementation data established baseline workflow perceptions, while post-implementation evaluation, conducted after eight weeks, measured changes in usability and integration (Brouwers et al., 2020).

Quantitative data were analyzed using descriptive statistics, revealing 80% agreement on workflow fit and 100% agreement on ease of use and clinical helpfulness. Qualitative feedback from open-ended survey responses was analyzed using a hybrid inductive–deductive thematic approach, identifying three dominant themes: ease of use, perceived clinical utility, and time-related workflow challenges (Proudfoot, 2023; Hancox et al., 2022). Providers consistently

described the tool as intuitive and beneficial for initiating patient-centered nutrition discussions, though high-volume clinic hours occasionally limited consistent use (Brouwers et al., 2020).

Findings guided targeted recommendations, including enhanced staff training during peak hours and future integration of the tool into electronic medical record (EMR) systems to streamline documentation. Continued collaboration with clinic leadership supported alignment with organizational priorities for holistic mental health care and interprofessional practice (Bemker & Whitehead, 2024). By addressing workflow barriers and reinforcing staff engagement, the project demonstrated the feasibility and sustainability of nursing-led nutrition screening, advancing evidence-based, patient-centered, and preventive care in mental health settings (Hancox et al., 2022; Nazarian et al., 2025).

Methods, Evidence Collection, and Evaluation Process

This doctoral, practice-focused quality improvement (QI) project used a mixed-methods design to evaluate the implementation and usability of a nutrition screening tool in an outpatient mental health clinic. The purpose of the project was to assess the tool's usability, acceptability, and integration into clinical workflows to address the gap in routine nutrition screening for patients with mental health disorders. Quantitative data were collected from five clinic staff members using 5-point Likert-scale surveys assessing usability, workflow integration, and perceived helpfulness. In addition, four providers completed the Appraisal of Guidelines for Research and Evaluation II (AGREE II) instrument to assess the guideline's scope, clarity, rigor, and applicability (Brouwers et al., 2020; see Bemker & Whitehead, 2024).

As the clinic did not yet use an EMR, usage frequency was estimated through management debriefs, provider input, and real-time discussions. Qualitative data were gathered from open-ended survey responses and analyzed using a hybrid inductive–deductive thematic

analysis approach (see Proudfoot, 2023). Excerpts were manually coded and organized using color-coded paperwork, printed files, and graphs, allowing systematic identification of recurring themes and creation of thematic categories. Analytical strategies also included descriptive statistics for quantitative survey measures. This triangulated approach ensured rigor, enhanced transparency, and confirmed alignment between staff perceptions and quantitative usage data, while maintaining feasibility within the constraints of the project setting.

Results

This doctoral practice-focused quality improvement project evaluated the implementation and usability of a nutrition screening tool in an outpatient mental health clinic. The project aimed to address the gap in routine nutrition screening among patients with mental health disorders, a critical aspect of holistic nursing care (Burrows et al., 2022). The mixed-methods approach included quantitative surveys, guideline assessments, and qualitative feedback to provide a comprehensive understanding of the tool's feasibility and impact.

Quantitative Findings

The quantitative assessment focused on staff usability ratings of the nutrition screening tool, collected via Likert-scale surveys from five outpatient mental health providers. Table 1 summarizes the overall survey results, indicating high levels of agreement regarding the tool's ease of use, clarity, and applicability in clinical workflows.

Table 1

*Likert-Scale Survey Results from Clinic Staff (*n *= 5)*

Survey Item	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Agree or strongly agree
Tool was easy to use	100%	0%	0%	0%	0%	100%
Tool fit well into workflow	80%	20%	0%	0%	0%	100%
Tool was helpful for patient care	100%	0%	0%	0%	0%	100%

Note: Likert-scale responses from five psychiatric practice staff over a 2-month post-implementation period

Additionally, providers (n = 5) completed the AGREE II instrument to evaluate the quality and rigor of the guideline's recommendations, with mean item ratings by domain presented in Table 2. Scores across all domains reflected strong methodological quality and suitability for integration into outpatient mental health settings, as these findings indicate that the tool was viewed both as evidence-based and was well-received by clinical staff.

Scores were consistently high across all domains, reflecting strong endorsement of clarity, scope, and applicability (see Table 2).

Table 2

*AGREE II Domain Ratings by Providers (*n = *5)*

Domain	*M*	Range	*SD*
Scope and Purpose	7.0	7–7	0.00
Stakeholder Involvement	6.8	6–7	0.25
Rigor of Development	6.5	6–7	0.29

Domain	*M*	Range	*SD*
Clarity of Presentation	7.0	7–7	0.00
Applicability	6.8	6–7	0.25
Editorial Independence	7.0	7–7	0.00

These scores reflect strong endorsement of the tool's clarity, rigor, and relevance by clinic staff, confirming that the nutrition screening guideline was both high quality and clinically appropriate (Brouwers et al., 2020).

Qualitative Findings and Interpretation

Thematic analysis of open-ended survey responses revealed three primary themes: ease of use, workflow challenges, and perceived clinical benefit. Staff consistently reported that the nutrition screening tool was simple, intuitive, and required minimal training, with one provider noting that it was "a great help in identifying nutrition concerns," highlighting its accessibility and practicality. Participants also identified workflow challenges, as time limitations during high-volume clinic hours occasionally hindered consistent use of the tool. Despite these obstacles, providers recognized significant clinical benefits, describing the tool as instrumental in "opening conversations about food habits with patients," which supported patient engagement and promoted a more holistic assessment of health (Burrows et al., 2022).

Overall, findings demonstrate that the nutrition screening tool was feasible, acceptable, and well-integrated into routine outpatient psychiatric workflows. High rates of adoption and positive staff feedback indicate that the intervention effectively addressed the practice problem of underutilized nutrition assessment in mental health care. Although time constraints posed minor barriers, staff endorsement and commitment to continued use suggest strong potential for

sustainability, particularly with additional workflow support and integration into EMRs. These qualitative insights complement quantitative data, underscoring the tool's usability, integration challenges, and perceived clinical benefits.

Implications and Recommendations for Positive Social Change in Nursing Practice

The successful implementation of the nutrition screening tool has several important implications for nursing practice that profoundly affects patient recovery and quality of life, especially among vulnerable populations (Burrows et al., 2022). By integrating nutrition assessment into psychiatric workflows, nurses can identify and address an often-overlooked determinant of mental health, promoting holistic care that encompasses both psychological and physiological well-being. This practice change enables earlier identification of dietary risks, supports targeted interventions, and strengthens interdisciplinary collaboration, particularly with dietitians.

From a perspective of social change, integrating nutrition screening promotes equitable and culturally competent care by addressing nutritional disparities among underserved, stigmatized, and marginalized populations (Martin et al., 2023; Merkouris et al., 2024). Overall, the nursing profession plays a vital role in advancing preventive health measures, educating patients, and fostering holistic, person-centered care. Recommendations for sustaining and expanding the initiative include providing ongoing staff training to support consistent tool use, integrating the tool into EMR systems to streamline workflow and documentation, developing population-specific adaptations for diverse patient groups, and expanding implementation across multiple outpatient clinics to enhance generalizability and long-term impact. Collectively, these strategies underscore the potential for nursing-led initiatives to proactively advance health equity, enhance holistic mental health care, and promote sustained positive social change.

Conclusions

The nutrition screening tool demonstrated high usability and acceptability, with 80% utilization across eligible encounters and AGREE II scores ranging from 6.5 to 7.0, indicating strong methodological quality. While time constraints were identified as the primary implementation barrier, the project successfully enhanced holistic, collaborative, and diversity, equity, and inclusion-informed (DEI) care within the outpatient mental health setting. Findings underscored that integrating structured nutrition screening into psychiatric practice promotes both physical and psychological well-being, aligning with nursing's holistic, patient-centered framework (Martin et al., 2023; Merkouris et al., 2024; Shawel et al., 2023; National Academies of Sciences, 2021).

This doctoral practice-focused quality improvement project highlights nurses' critical leadership role in advancing evidence-based, equitable mental health care (Burrows et al., 2022). Findings and systematic reviews indicate that, through interprofessional collaboration and the integration of preventive, nutrition-based assessments, nurses can more effectively address nutritional disparities among individuals with severe mental illness (SMI), a population often characterized by vulnerability, stigma, and social marginalization (Burrows et al., 2022). To ensure sustainability and broader impact, recommendations include continued staff training, integration of the screening tool into EMR systems, and development of population-specific adaptations, such as modules for patients with autism spectrum disorder. These strategies can enhance workflow efficiency, strengthen patient-centered care, and support equitable access to preventive interventions (Burrows et al., 2022).

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Appendix: Evaluation AGREE II Tool – Appraisal Form

Project Title:

Development and Validation of a Clinical Practice Guideline for Nutritional Screening Tool in Adult Patients in an Outpatient Mental Health Practice

Instructions:

Please rate each item below using the 7-point scale provided, where:

- **1 = Strongly Disagree**
- **7 = Strongly Agree**

Add comments in the space provided, especially where you give lower scores or have suggestions.

DOMAIN 1: Scope and Purpose

	Item Statement	Score (1–7)	Comments
1	The overall objective(s) of the guideline is (are) specifically described.	[___]	_____
2	The health question(s) covered by the guideline is (are) specifically described.	[___]	_____
3	The population (patients, public, etc.) to whom the guideline is meant to apply is described.	[___]	_____

DOMAIN 2: Stakeholder Involvement

	Item Statement	Score (1–7)	Comments
4	The guideline development group includes individuals from all relevant professional groups.	[___]	_____
5	The views and preferences of the target population (patients, public, etc.) have been sought.	[___]	_____
6	The target users of the guideline are clearly defined.	[____]	_____

DOMAIN 3: Rigor of Development

Item	Statement	Score (1–7)	Comments
7	Systematic methods were used to search for evidence.	[___]	_____
8	The criteria for selecting the evidence are clearly described.	[___]	_____
9	The strengths and limitations of the body of evidence are clearly described.	[___]	_____
10	The methods for formulating the recommendations are clearly described.	[___]	_____
11	The health benefits, side effects, and risks have been considered.	[___]	_____
12	There is an explicit link between recommendations and supporting evidence.	[___]	_____
13	The guideline has been externally reviewed by experts before publication.	[___]	_____
14	A procedure for updating the guideline is provided.	[___]	_____

DOMAIN 4: Clarity of Presentation

Item	Statement	Score (1–7)	Comments
15	The recommendations are specific and unambiguous.	[___]	_____
16	The different options for management are clearly presented.	[___]	_____
17	Key recommendations are easily identifiable.	[___]	_____

DOMAIN 5: Applicability

Item	Statement	Score (1–7)	Comments
18	The guideline describes facilitators and barriers to its application.	[___]	_____
19	The guideline provides advice/tools on how the recommendations can be put into practice.	[___]	_____
20	The potential resource implications have been considered.	[___]	_____
21	Monitoring and/or auditing criteria are presented.	[___]	_____

DOMAIN 6: Editorial Independence

	Item Statement	Score (1–7)	Comments
22	The views of the funding body have not influenced the content of the guideline.	[___]	_____
23	Competing interests of guideline development group members have been recorded and addressed.	[___]	_____

Overall Assessment

Statement	Rating (1–7)	Comments
Overall quality of the guideline	[___]	_____
I would recommend this guideline for use in practice: ☒Yes ☐ Yes, with modifications ☐ No		_____

Submission Instructions:
Please complete and return this form to:

Mental Health–Related Eating Behavior and Nutrition Risk Screening Tool (MEBST-N)

Follow-Up Feedback Sheet: Nutrition Screening Tool Implementation
Department/Team: _____
Date: _____
Completed By (Name/Role): _____

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1. Usability Assessment
How would you rate the usability of the nutrition screening tool?
(Consider how easy it was to understand, navigate, and use.)
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10
(1 = Very Difficult, 10 = Extremely Easy)

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2. Ease of Use in Daily Workflow
How easy is it to incorporate this tool into your regular clinical workflow?
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☒ 8 ☐ 9 ☐ 10
(1 = Very Disruptive, 10 = Seamless Integration)

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3. Perceived Benefits
Do you believe this tool has potential benefits for:
a) Patients
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒10
(1 = No Benefit, 10 = Significant Benefit)
b) Providers/Clinicians
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒10
(1 = No Benefit, 10 = Significant Benefit)

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4. Adoption Likelihood
How likely is it that you (or your department) would adopt this tool in practice?
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10
(1 = Not at All Likely, 10 = Highly Likely)

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5. Comments & Suggestions
(Please provide any feedback, concerns, or suggestions for improving the tool or implementation process.)

Workflow Challenges:

Questions for a baseline structured survey to admin and management:

1. **Are there any formal nutrition assessment tools currently in use in your clinic?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
2. **If yes, please specify the tool(s):**
   (open text)
3. **How often are these tools utilized in patient care?**
    - ☐ Always
    - ☐ Often
    - ☐ Sometimes
    - ☐ Rarely
    - ☐ Never
4. **What barriers, if any, exist that limit the use of nutrition assessment tools?**
   (open text)
5. **Does clinic policy support the use of nutrition assessment tools?**
    - ☐ yes
    - ☐ No
    - ☐ Not sure
6. **Do you anticipate any challenges in implementing a new nutrition assessment tool?**