

Screening and Treatment for Malnutrition in the Community

Impact of a Nutrition Lead role



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Malnutrition (undernutrition) is a growing problem within the UK, with current figures suggesting that it affects up to one in 10 older people (>65 years).¹ The criteria for defining undernutrition are as follows: a BMI of <18.5 kg/m², >10% unplanned weight loss in the last 3-6 months, or a BMI of <20 kg/m² and >5% unplanned weight loss in the last 3-6 months.² Undernutrition cost the NHS in England £19.6 billion in 2011-12.³ This figure has reportedly increased to close to £30 billion this year,⁴ as a result of changing population levels and inflation. Nutrition interventions following the National Institute for Health and Care Excellence (NICE) guidance CG32 could potentially result in an estimated net saving of £172.2-229.2 million through reduced use of healthcare across the country.³

Background

In 2017, a new procedure of nutrition screening and care for older people was implemented (drawing on Wessex Academic Health Science Network [AHSN] Older People's Essential Nutrition [OPEN] Toolkit),⁶ in a selected business unit within Southern Health Foundation Trust (SHFT), with plans for further roll out across the Trust.

The majority of the patients seen by the nursing teams are over 65 and live in a mixture of urban and rural settings. The new procedure outlined the process of care, as well as the nutritional advice and support that should be given to a patient depending on their malnutrition risk, and was developed to reflect local services.

Implementing Nutrition Screening in Community Care for Older People (INSCCOPE) research was then conducted with the aim to improve identification and treatment of malnutrition by understanding the factors that may help or hinder implementation of the new procedure and embedding it as a routine aspect of community care. The initial results showed that community-based nurses felt they had some knowledge to help care for patients at risk of malnutrition, but they lacked the specialist support, due to the absence of a community dietetic service in their geographical area. There was also lack of monitoring and oversight of the process to assess and treat malnutrition at a higher

organisational level, leading to staff failing to make treating malnutrition a priority.

These findings informed the need for a Nutrition Lead to provide training and specialist support, as well as a 'Nutrition Link' role to help address these issues on a daily basis within teams. In March 2018, as a result of the INSCCOPE⁵ research, a six-month project was launched by Bournemouth University in collaboration with the Wessex AHSN and SHFT, where a Nutrition Project Lead post was created as a pilot with the following aims:

- To support the roll out of the new procedure across SHFT community services
- To work in clinical teams to raise the profile of assessing and treating undernutrition and increasing specialist support available
- To train registered and non-registered staff on the new procedure, including screening using the Malnutrition Universal Screening Tool ("MUST")⁷ and how to implement appropriate care plans and follow up
- Raise the profile of the importance of nutritional assessment through the trust wide Nutrition and Hydration Steering Group
- Develop a Nutrition Link role to be implemented in all community nursing teams
- Further develop training and support materials to build in sustainability.

A Registered Dietitian (**Grace Paterson**) with experience of working with patients suffering with malnutrition in the community was appointed to the role of Nutrition Project Lead; this meant that as the project goals were being achieved, clinical care could also be offered in the form of a dietetic advice phone line and joint visits with members of the community team. The Nutrition Project Lead reported to the Area Matron for Andover (**Katherine Steward**), who had been involved with the OPEN Eastleigh project in collaboration with the Wessex AHSN, as well as the INSCCOPE research, and had been instrumental in developing the new SHFT malnutrition care pathway and Nutrition Project Lead post.

Nutrition Project Lead post

The main role of the Nutrition Project Lead was to provide training to staff on malnutrition, 'MUST', the newly developed malnutrition care pathway within SHFT and suitable treatments. The face-to-face, hour long, training was offered to every community nursing and therapy team within the selected business unit and was requested by all teams. The delivery of the training was extended to reach local enhanced recovery nursing teams and respiratory nursing teams during the six-month intervention. The teams were keen to receive nutrition training, as this is something that they recognised as an area where limited expertise was available.

Results

The training was received very positively and there was marked reported improvement in knowledge around undernutrition and SHFT procedures specifically (**Figure 1**).

Another key role of the Nutrition Project Lead was to develop and cultivate Nutrition Link roles within all community nursing teams within the selected business unit; 13 Nutrition Link roles have been identified across the teams as a result of this project. The role of the Nutrition Links will be to continue to raise the profile of malnutrition within their teams. The Nutrition Links will also maintain a resource file for their teams that will contain all of the relevant nutrition information sheets which are available within the Trust. This should make it easier for nurses and therapists to obtain information sheets to give out to patients. An adapted version of the OPEN undernutrition leaflet produced by the Wessex AHSN was used as part of the project, designed to be given to any patients with a 'MUST' score of 1 or more.⁸

There is evidence to show that health literacy can improve compliance and empower patients,⁹ so the distribution of information sheets is part of the new procedure. The Nutrition Links will also be responsible for monitoring nutritional screening of patients within their teams, to ensure adherence to the SHFT Nutrition and Hydration Policy and the procedure for malnutrition and care in the Integrated Community Team. Currently, screening rates vary greatly across the

business unit and tend to be lower in teams with poor documentation compliance. Since the employment of the Nutrition Project Lead, screening rates have been increasing gradually (**Figure 2** and **Figure 3**). In accordance with the previously mentioned policy and the new procedure, patients should have a nutritional assessment screening completed on their initial visit, and then either monthly or annually depending on their initial 'MUST' score.

Figure 1: Pre and Post Undernutrition Training Questionnaire

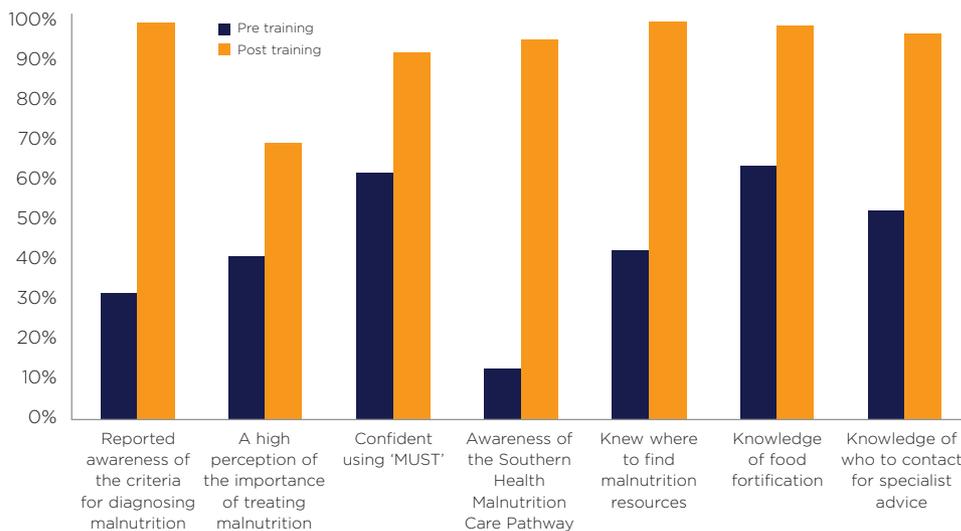


Figure 2: Nutritional Assessment Screening Completion Rates Across the Community Nursing and Therapy Teams

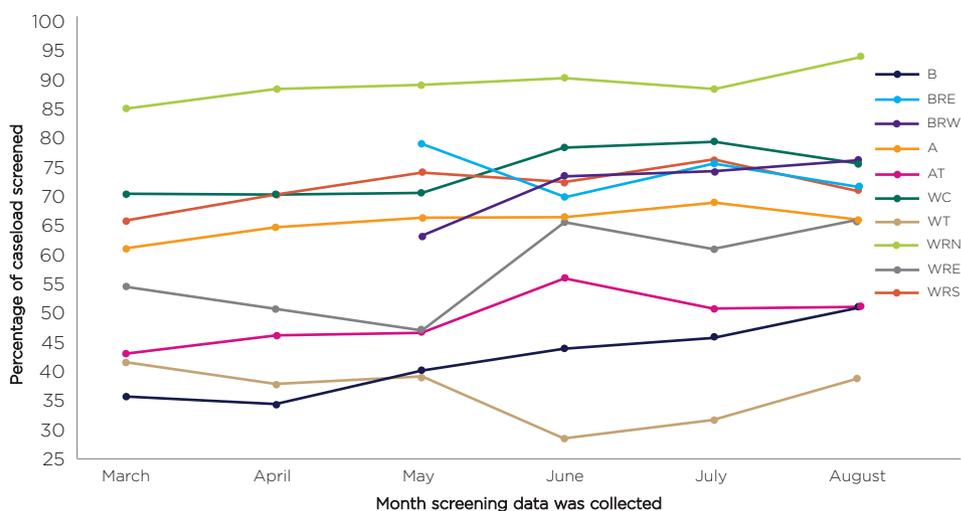
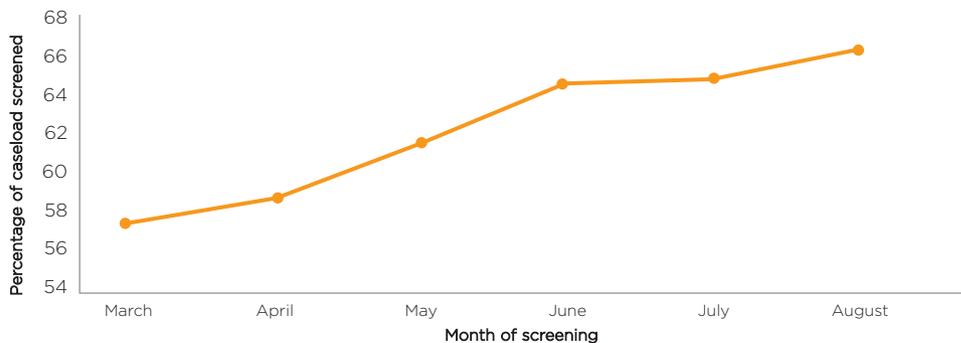


Figure 3: Monthly Average Nutritional Assessment Screening Rates



A two-year training plan, complete with seven presentations, lesson plans and a workbook containing relevant case studies, has been created as a foundation to inform the development of a toolkit, as part of the INSCOPPe research project, which will be completed in 2018. Pre and post training questionnaires have also been designed for each session so that the effectiveness of the training sessions can be tracked.

Social media has been used during this project to raise awareness, with a twitter page being created and updated regularly. A new afternoon dietitian helpline was also started in April 2018, to provide teams with direct access to specialist nutrition support. The helpline has been predominantly used by band 5 community nurses, although has been used by a wide variety of staff ranging from band 3 to band 7. The advice line was used most frequently during the two months following its launch, and a majority of the calls received were regarding undernutrition queries and were resolved by either a joint home visit or direction to the online resources available.

Another aspect of the project has been to update the nutrition training available (both face-to-face and e-learning) from the training department in SHFT in order to increase uptake. Data revealed the low uptake of face-to-face nutrition courses offered by the training department, with only 10 staff (0.006%) across the trust attending a face-to-face nutrition training course between September 2016 and March 2017. However, as a result of the project, uptake of the undernutrition training has been improved markedly, with 132 (44%) nursing or therapy staff within the selected business unit receiving the malnutrition specific face-to-face training between May and August 2018.

Learning points

The Nutrition Lead role has highlighted the limited prioritisation of nutrition within community care; there are so many competing priorities and, as a result, nutrition is considered less of a priority despite being perceived as important by many staff. It is clear that nursing and therapy staff already have extremely busy caseloads, so are struggling to complete full

and comprehensive nutritional assessments of patients within their allotted time. The presence of a Nutrition Lead would provide that additional support and guidance to help staff deliver a high level of nutrition support to all housebound patients. Another potential solution would be to introduce a community dietetic service that would focus on nutrition support for housebound patients. Although the initial outlay may be high, the cost avoidance associated with these roles would potentially be significant.

The future

A Community Procedure Pack has also been created by the Nutrition Project Lead, this includes the Malnutrition Screening and Treatment in a Community Setting Procedure, the SHFT Malnutrition Care Pathway, all relevant and up-to-date resources for patients and community nutrition staff competencies. The overarching goal of this role was to have a lasting impact on nutrition within the Trust.

Specialist support is required to continue to drive the agenda of nutrition across the community, when there are so many other areas that are important within care. A business case has been presented to seek funding for a band 6 Nutrition Lead post to roll out the SHFT Malnutrition Care Pathway and Procedure, along with the associated training across the rest of the Trust to try to embed the changes into practice. The presentation was received very positively, so we are hopeful that a post will be created in the near future.

Patients who would otherwise have been unable to access specialist dietetic support have benefitted the most from the project. This area needs further consideration by those that commission community services. Awareness of the importance of nutrition is gradually increasing within healthcare, but it will take time to make long lasting changes to the procedures around nutrition. This pilot project has provided evidence to demonstrate impact and also how integrated working across teams in the community is key to embed and ensure sustainability of nutrition screening and treatment.

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