Salford Royal NHS
NHS Foundation Trust
University Teaching Trust

safe • clean • personal

- **‘Innovative Nutrition Service Delivery’**

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You need Nutrition Champions…

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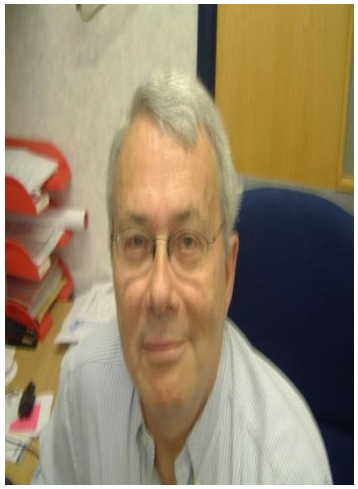
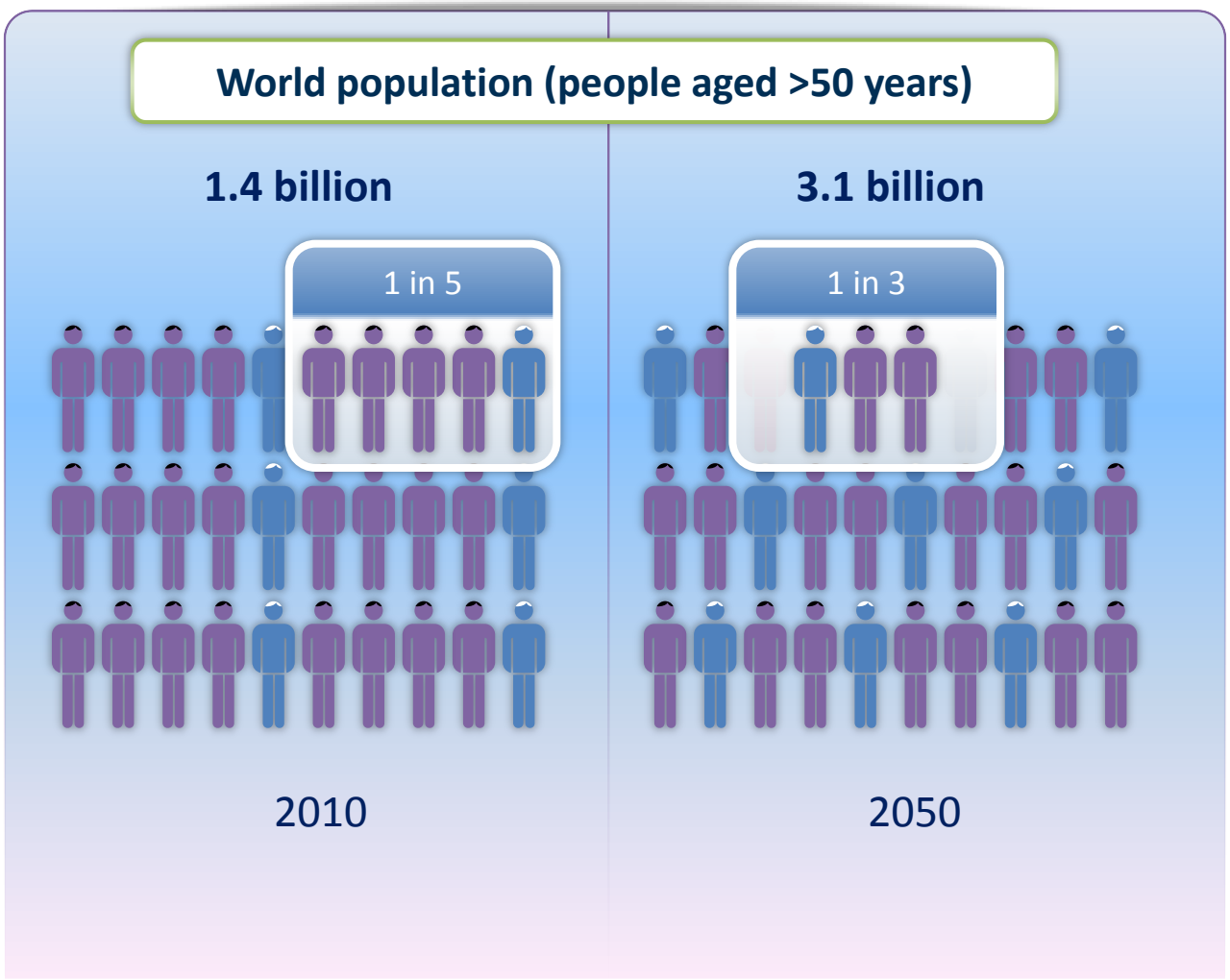


Institute for health Improvement, Boston, USA

Quality Improvement

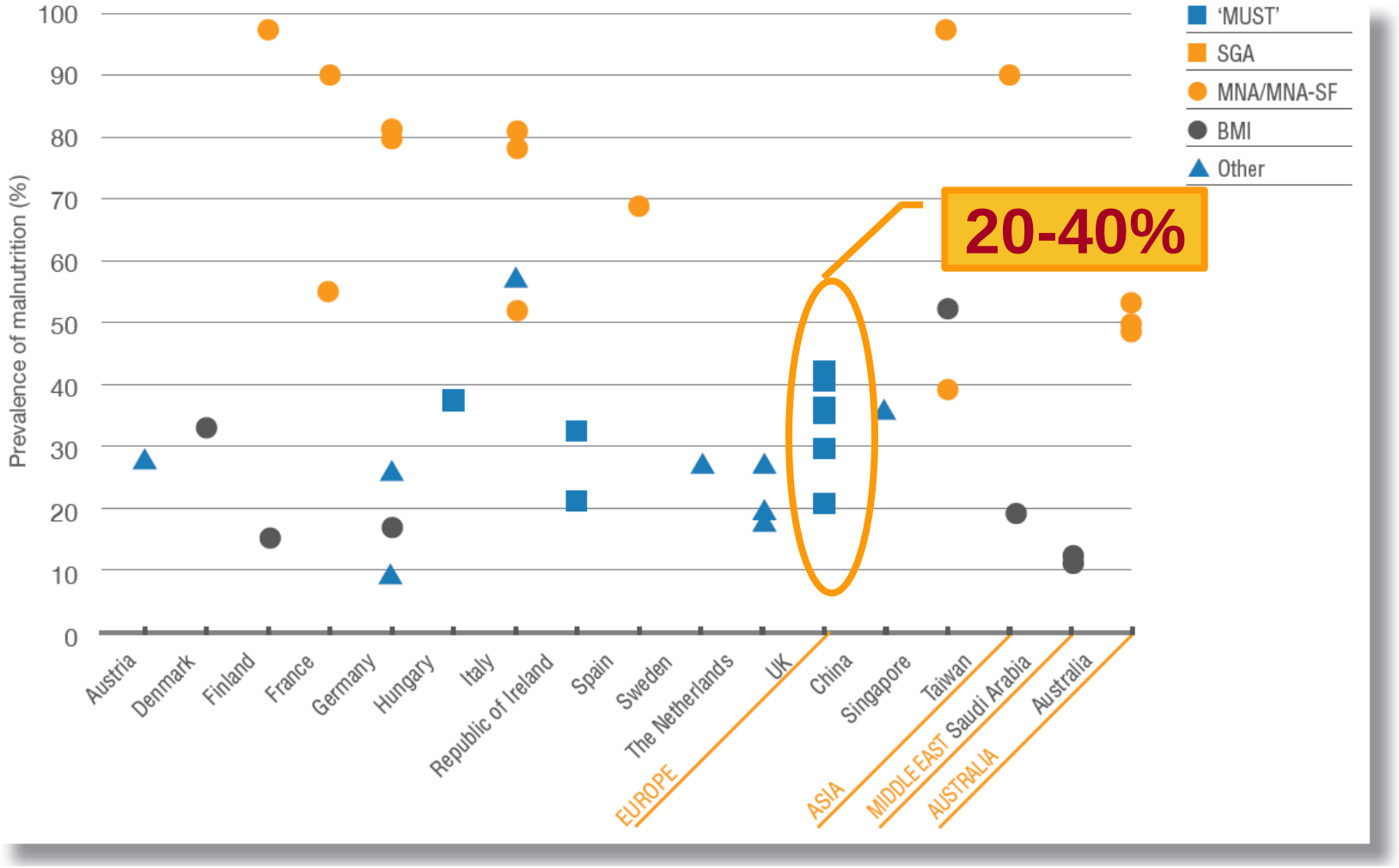
The population is ageing rapidly



- People are living longer
- Birth rates are falling

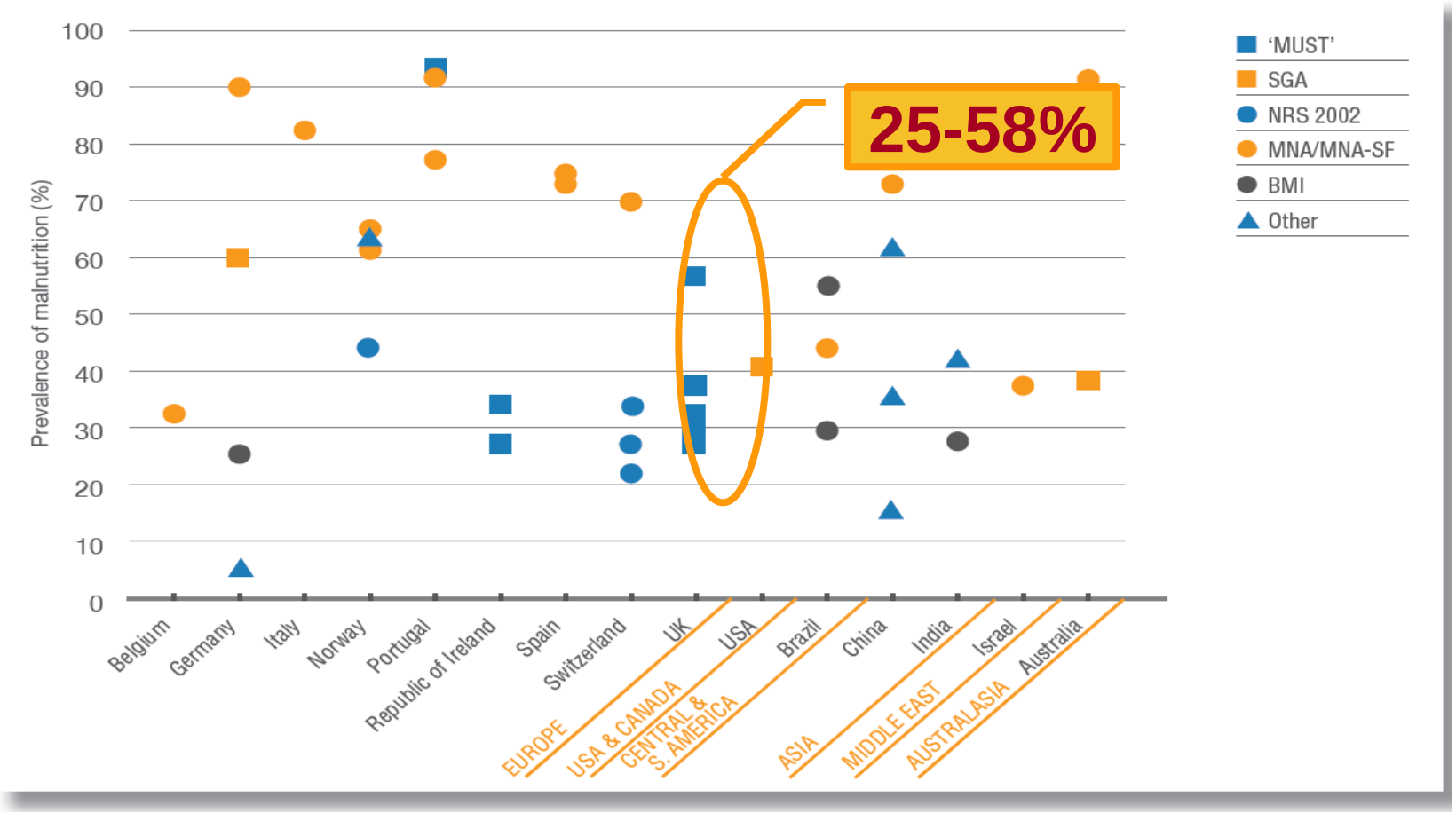
Source: http://populationpyramid.net/

Prevalence of malnutrition risk in care homes by country and world region



http://www.medicalnutritionindustry.com/uploads/content/ONS%20dossier%202012/Dossier2012FINAL2012-09-04.pdf

Prevalence of malnutrition risk in hospitalised older adults by country and world region



http://www.medicalnutritionindustry.com/uploads/content/ONS%20dossier%202012/Dossier2012FINAL2012-09-04.pdf

Salford Community Dietetic Prescribing Project

Aims

- To reduce inappropriate prescribing of Oral Nutrition Supplements (ONS).
- To induce a cost saving amongst GP's ONS expenditure in Salford.

Objectives

- To identify all patients prescribed ONS in at least 10 of the top GP practices in terms of expenditure, and to provide dietetic assessment to facilitate cost effective and appropriate use of sip feeds (ONS).
- To implement (‘MUST’) in the community, as per Salford Community Health policy.
- To educate GP and care homes on the ‘Food First’ approach.

Results: Initial search 2010

- 12 GPs practices accessed
- Total patients identified on ONS = 512
  - Patients already known to RDs = 106 (21%)
- Patients offered nutritional ax = **312**
  - Patients failed to 'opt-in' = 161 (51.6%)
  - Patients opting out therefore ONS stopped = 10
  - Patients DNA first clinic appointment, therefore d/c = 5
- 136 pt ax by RD (43.5%)

Results of Dietetic Pilot Project in 2010

- 136 patient provided with dietetic assessment:
  - 69 (51%) → stopped ONS px
  - 67 (49%) → remained on ONS

  - 58 (87%) → changed ONS type
  - 9 (13%) → remained on same ONS

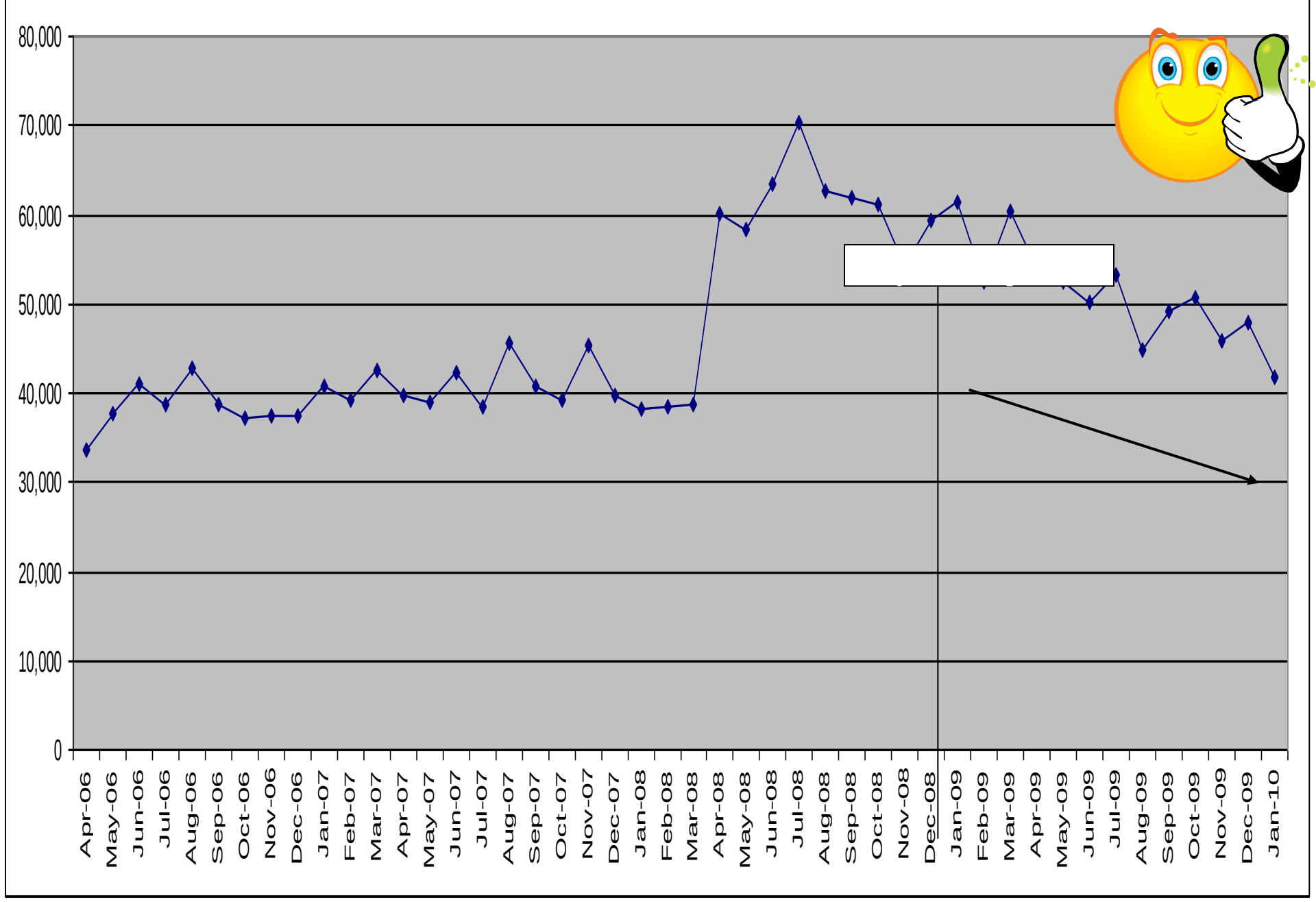
  - 28/67 → decreased ONS dose
  - 14/67 → increased ONS dose
  - 24/67 → continued ONS dose

- Only 2 patients (1.5%) remained on same FP10 px (dose and ONS type)

Results: Dietetic Outcomes

Measure	Pre assessment/treatment	Post assessment/treatment
Average weight	57.1kg	57.3kg
Weight range	25-90kg	28.8-90kg
Average BMI	21.5kg/m^2	21.4kg/m^2
BMI range	13-32kg/m^2	12-32kg/m^2
Average age	66	n/a
Age range	18-103	n/a

*136 patients received dietetic contact however 4 patients had their anthropometric status measured by mid arm circumference (MAC)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Driver Diagram Nutrition

('MUST') completion within 6 hours for 95% of admissions to Wards A, B, C

Improving measurement for optimal nutrition

- ('MUST') compliance
- ('MUST') Accuracy

Process standardisation

- Lilac paper documentation adopted as Nutrition
-
- Review of Trust Nutrition Screening Policy
- Catering involvement

Education & leadership

- Ward nurse training
- Nutrition link nurses
- Dietitian review
- Director of Nursing, matron and deputy director of nursing, chair NSG, CD for national nutrition unit

#NOF PROCALSHOT

extra milk - pt likes hot chocolate
ensure twocal bd. PROCALSHOT

PROCAL SHOT

#NOF PROCAL SHOT

PROCAL SHOT

#NOF PROCAL SHOT

Background

- Almost 60% of elderly care in-patients are at risk of malnutrition.
- Malnourished patients have poorer clinical outcomes and this is a key factor in prolonging length of stay.
- Since 2003 The Malnutrition Universal Screening Tool (‘MUST’) has been advocated as a method of identifying these at-risk patients; screening should take place on admission, however SRFT has set a stretch target of aiming to document the score accurately within 6 hours of admission, (key performance indicator).

Introduction

- Three care of the elderly wards participated in the project.
- Each month the timeliness (within 6 hours of admission) and accuracy (compared to a dietitian assessment) of 'MUST' scores on the wards was reviewed.
- Plan-Do-Study-Act (PDSA) cycles were used to rapidly test changes in the ward areas.
- Tests included a study day, one-to-one ward based nutrition training, focus on the use of alternative anthropometric measurements, development of a training pack and identification of the challenges to undertaking accurate and timely assessments

Figure 1: The Model for Improvement 'PDSA cycle'

Langley, G. J., Moen, R. D., Nolan, K. M., Nolan, T. W., Norman, C. L. & Provost, L. P. 2009. The Improvement Guide: A Practical Approach to Organizational Performance, USA

PDSA cycles 1 and 2

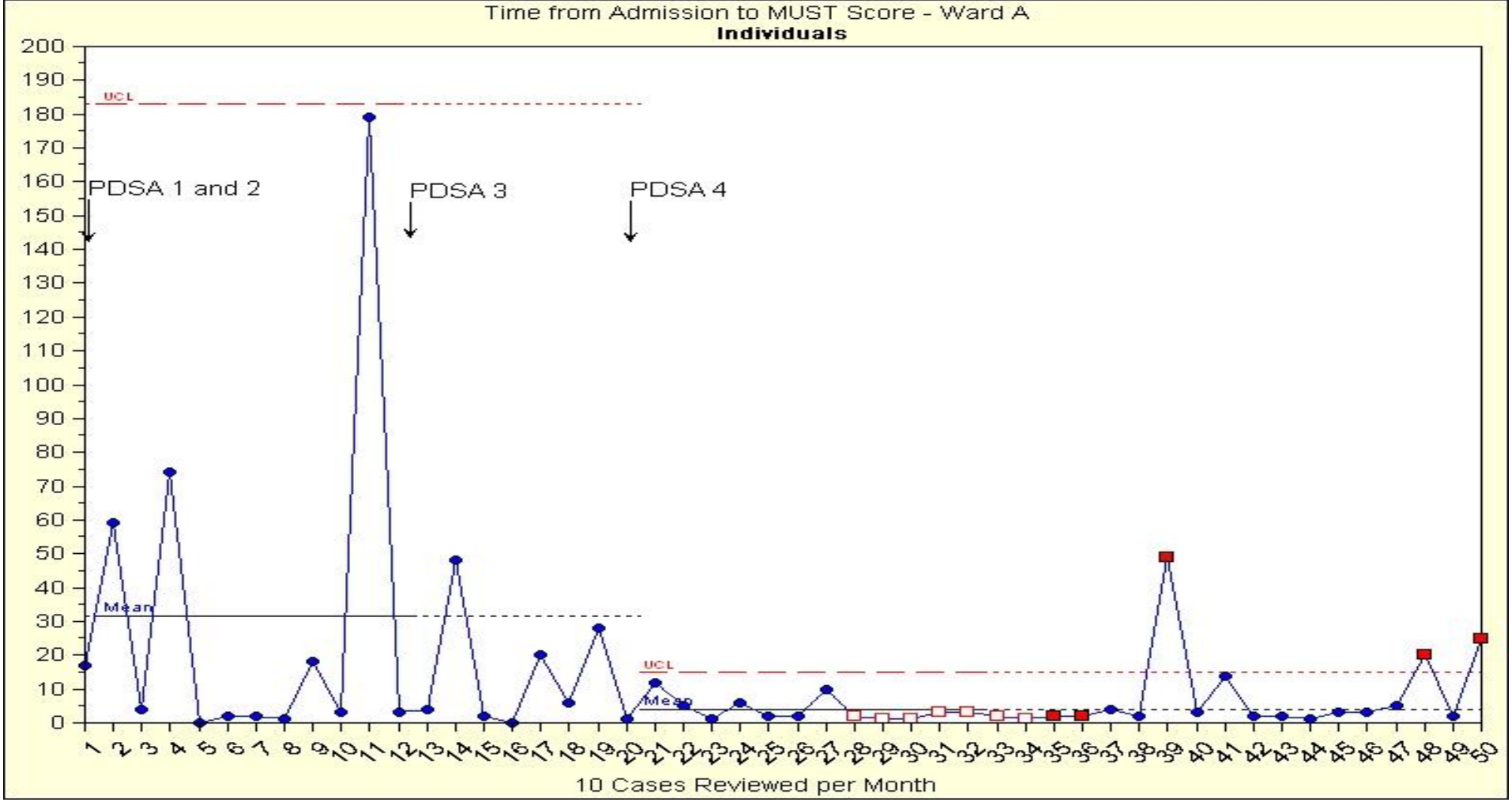
- traditional, didactic education session (Nutrition Study Day aimed at Elderly Care nurses) would improve timeliness to meet the project aim of assessment within 6-hours of admission

- ward-based teaching would improve the results. The nutrition nurse specialist and senior dietitian collated a ‘MUST’ training pack for each ward, which included:
- – Paper copies of the ‘MUST’ Screening tool
- – Details of alternative anthropometric measurements which can be used to estimate BMI and height for bed bound patients
- – Slide shots ‘MUST’ calculator on Trust intranet
- – Copies of the Trust ‘MUST’ care plans
- – Height and Weight conversion charts
- – Tape measures

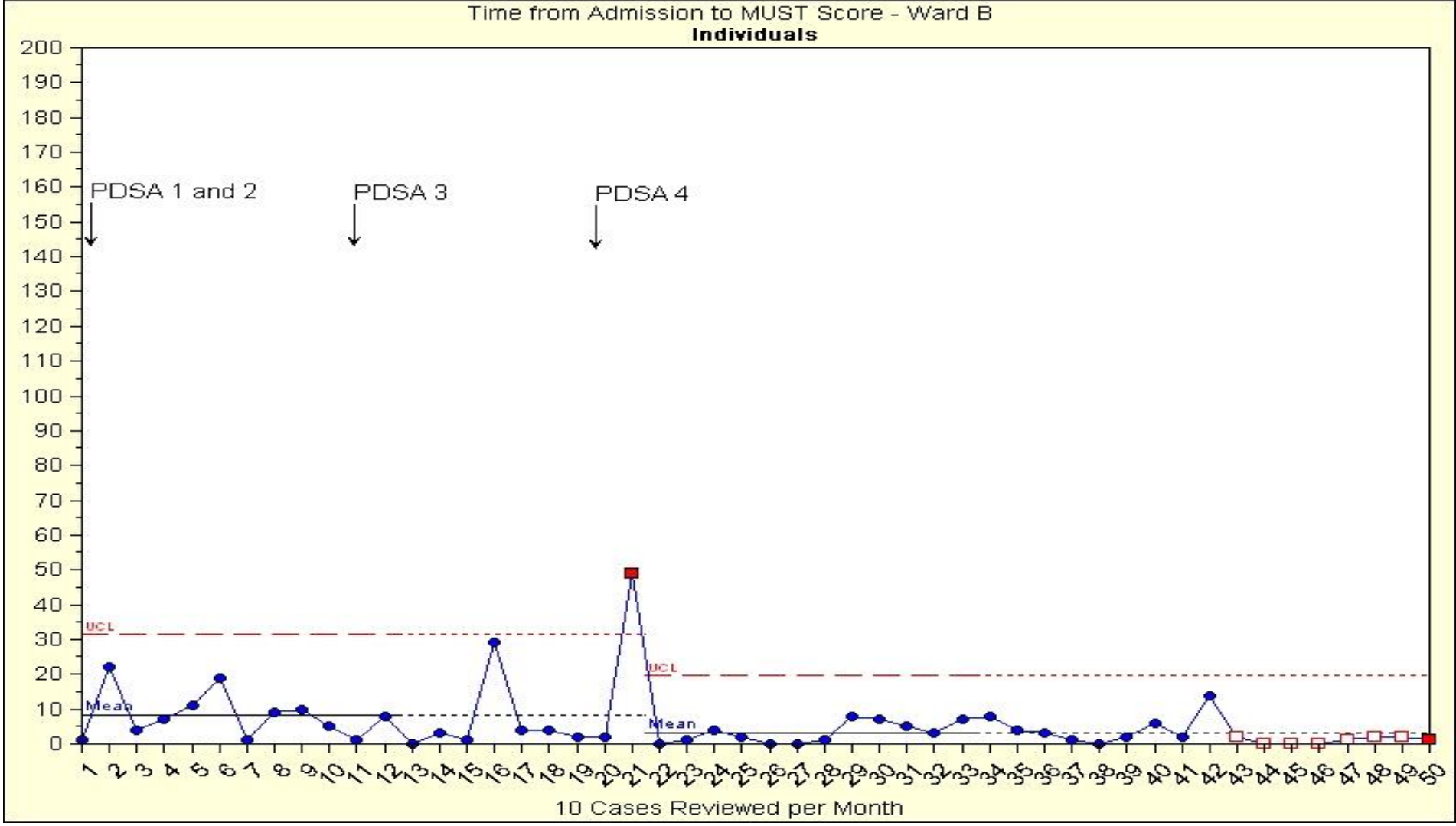
PDSA cycle 3 and 4

- Trust wide re-launch of screening policy (screenshots on computer screens and external factors …new ward managers on 2 of the 3 wards

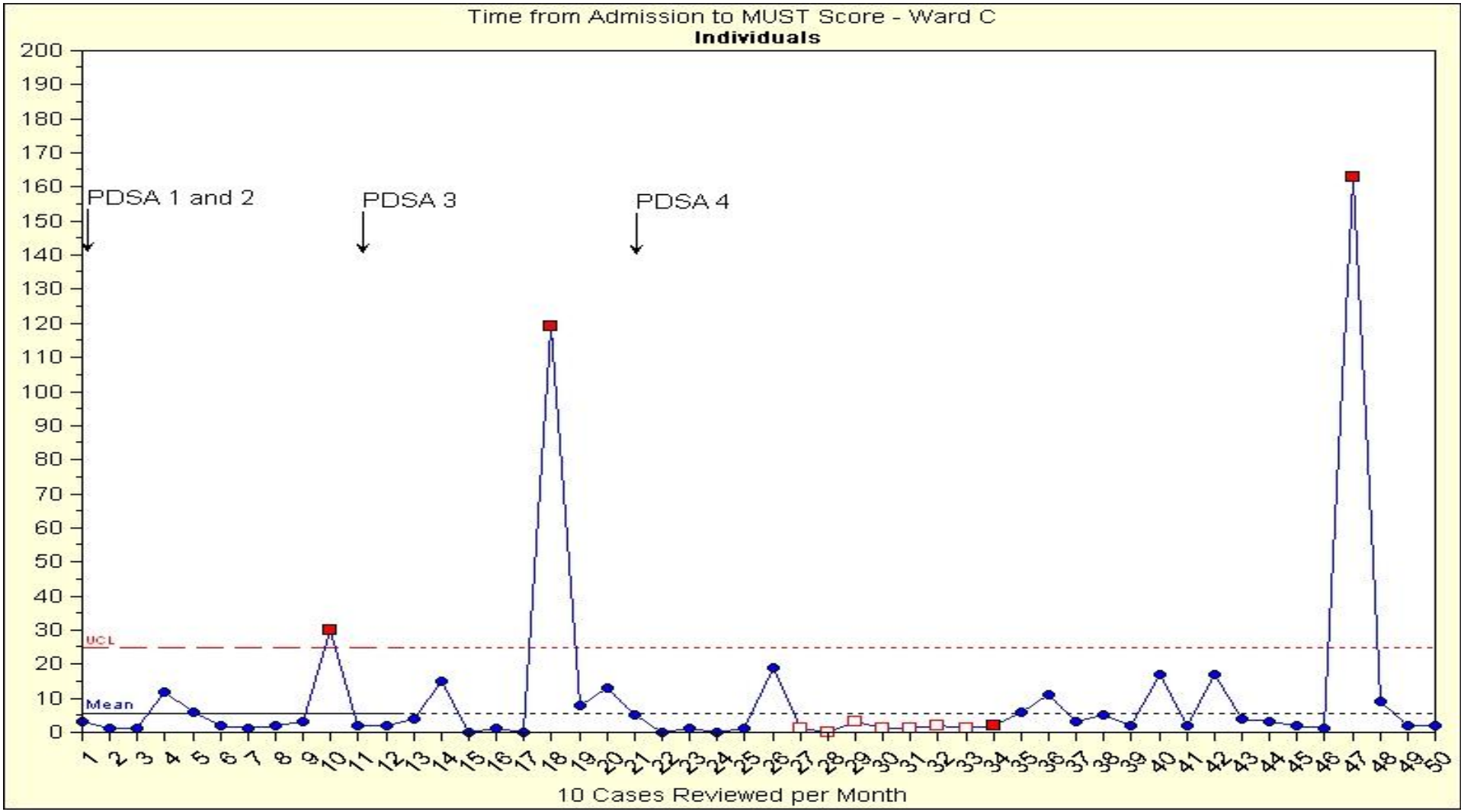
- The team hypothesised that all patients who were not screened within the 6 hour target on wards A, B and C were initially admitted to the emergency admission unit on admission to the Trust. This prediction was correct; in all cases the patients had been admitted to EAU initially, therefore leading to a subsequent delay in documentation which was attributed incorrectly to the results for three wards in the project.



Ward A average time from admission to ‘MUST’ assessment reduced from 31hrs from admission to 4.0 hrs.



Ward B average time from admission to ‘MUST’ assessment reduced from 8hrs from admission to 3 hrs.



Ward C average time from admission to ‘MUST’ assessment unchanged at 5hrs.

Conclusion

- Baseline data identified that a ‘MUST’ was documented in <60% of patients within 6 hours of admission and only 70% were accurate.
- Following implementation of the change package all the wards achieved an improvement and documented ‘MUST’ within 6 hours of admission, one ward achieved 90% accuracy in the scores.
- Ward teams receiving training and monthly feedback of their results creates ownership, momentum and maintains enthusiasm to strive to reach stretch targets. The team continues to work on improving accurate nutritional screening across the Trust by using quality improvement methodologies.

Where are we now?

Key Performance Indicator 2013 /14
Inpatients over 60years of age
Length of stay greater than 10 days

2 consecutive high risk ‘MUST’ scores within 10 days referred to a dietitian and seen

2013	The Month 1	Numerator	Denominator	Compliance 100
2013	2	33	34	97
2013	3	30	31	97
2013	4	26	28	93
2013	5	24	26	92
2013	6	29	31	93
2013	7	32	35	91
2013	8	32	35	91
2013	9	21	24	88
2013	10	14	14	100

Where are we going?

- 2014 / 15 Salford awarded National Pilot Site for the Malnutrition Pathway under the Auspices of the Malnutrition Task Force.

Salford age UK

NHS Salford Clinical Commissioning Group

Greater Manchester West NHS Mental Health NHS Foundation Trust

Salford Royal NHS NHS Foundation Trust

University Teaching Trust

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AQuA Advancing Quality Alliance

Salford City Council

Thanks!

- Brenda Blackett
- Helen Lloyd
- David Melia
- Claire Forde
- Claire Vaughan
- Dr Pete Budden
- Mrs Francine Thorpe