Focus on Undernutrition

Tackling Undernutrition strategically

Rachael Masters
Team Lead Dietitian
Focus on Undernutrition

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Aims & Objectives

The aim of this session is to develop a more strategic approach to tackling undernutrition in our organisations.

Objectives: Through group work

1. Gain a understanding of the BAPEN toolkit for commissioning
2. Developing a proposal for undernutrition as a commissioning quality indicator
3. Gain an understanding to the approach “Focus on Undernutrition” has adopted for tackling undernutrition in County Durham and Darlington
Getting it right...........

“...despite the raft of recent initiatives and investment, unacceptable poor practice around food and mealtimes and delivery of appropriate nutritional care still exists in some NHS and social care services”

Group work

- The commissioners have requested that undernutrition is included as a quality indicator.
- Based on the world class commissioning model, how would you give expert advice on developing a remit.
Group work 5

This may include:

• Determine local need
• Target audiences
• Care settings
• Policy, guidelines, care pathways
• Education
• Roles and responsibilities
• Practical systems required to make it work

• How to prove effectiveness that value for money
• Audit and evaluation
• Commissioning frameworks/ money by results

20 minutes
BAPEN commissioning toolkit

- Tool 1: Key steps in commissioning nutritional support services
- Tool 2: Clinical standards for nutritional care services Tool 3: Assessment of population at risk of malnutrition
- Tool 4: Assessment of current provision of nutritional care
- Tool 5: Development of nutritional care pathways
- Tool 6: Service specification for nutritional care services
- Tool 7: Quality Frameworks for Nutritional Care Services
- Tool 8: Quality Indicators, monitoring and review
Focus on Undernutrition

To improve nutrition in care homes, especially weight loss
Focus on Undernutrition

– The aim of “Focus on Undernutrition” is to ensure the:
  – timely detection and treatment of undernourished patients
  – appropriate prescribing of nutritional supplements

– Training and support of staff throughout community settings in County Durham and Darlington, through:
  – Accredited training packages
    – Open and flexible learning
    – Workshops
    – Catering course
  – Shadowing and support
Accredited training

Target audience

Standardised treatment interventions & guidelines

MUST

Focus on Undernutrition

Country Durham and Darlington Community Health Services
Nutritional screening tool

‘MUST’ screening tool
Malnutrition Universal Screening Tool (BAPEN)

- Body mass index (BMI)
- Unintentional weight loss
- Acute disease effect

www.bapen.org.uk

High, moderate or low risk of undernutrition

- Completed monthly on all residents.
- Takes 30 seconds to 1 minute to complete on each resident.

Focus on Food Nutrition Profile: Nutritional Screening Tool

Resident’s name:

SECTION ONE: Undernutrition screening (to be completed monthly)

Step 1: Obtain information on the resident’s height, present weight and unintentional weight loss over the past 3-6 months.

Step 2: Determine the resident’s risk for undernutrition using the assessment criteria on the table below. Document the results on the table below.

Step 3: If unable to determine risk from weight or height, complete part 4.

Step 4: For residents identified as moderate or high risk of undernutrition, complete a care plan based on the recommendations in the undernutrition risk category table and implement the recommended dietary interventions.

Date

Present weight (kg)

Part 1: BMI category

Part 2: Weight loss category score

Part 3 (if appropriate): Acute disease effect

Total risk undernutrition score

Signed

Undernutrition risk category

Risk category

Critia

ACTION POINTS to include in a nutrition care plan

High

1. Provide 2 homemade high calorie protein drinks a day (*)
2. Provide the high calorie, high protein diet
3. Provide 2 nourishing snacks a day in between meals (*)
4. Complete food record charts for 4 days
5. Weigh weekly

If high risk for 2 consecutive months and their weight has declined; refer the resident to the GP for an assessment for dietary supplements.

Moderate

1. Provide the high calorie, high protein diet
2. Provide 2 nourishing snacks a day in between meals (*)
3. Provide nourishing drinks during the day
4. Complete food record charts for 4 days
5. Weigh weekly

Low

- No action necessary

(*) Provide the high calorie protein drinks & nourishing snacks recommended in the “Focus on Food” recipe book & guidelines.

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“Focus on Undernutrition”
– adapted ‘MUST’

**Malnutrition Universal Screening Tool (‘MUST’)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>NHS number:</th>
</tr>
</thead>
</table>

| Step 1: Measure height and weight in a sitting position using the 'Malnutrition Universal Screening Tool' (MUST) guidelines. If unable to measure height, the 'Malnutrition Universal Screening Tool' (MUST) guidelines can be used. Step 2: Ask percentage unplanned weight loss and score using the 'Malnutrition Universal Screening Tool' (MUST) guidelines. Step 3: Establish acute disease effect and score. Step 4: Add scores from steps 1, 2, and 3 together to obtain overall assessment. Step 5: For patients identified as moderate or high risk of undernutrition, complete a scorecard standardized on the 'Malnutrition Universal Screening Tool' (MUST) guidelines and implement the diet plan for interventions. |

<table>
<thead>
<tr>
<th>Pre-assessment details</th>
<th>Height</th>
<th>Weight</th>
<th>Age or usual weight</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child</strong></td>
<td>Present weight (kg)</td>
<td>BM category score</td>
<td>Step 1: *</td>
</tr>
<tr>
<td><strong>Adult</strong></td>
<td>Present weight (kg)</td>
<td>BM category score</td>
<td>Step 1:</td>
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<th><strong>Malnutrition screening criteria</strong></th>
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**Undernutrition screening criteria**

- **Step 1: Body mass index category**
  - Exceptions to category 1 are healthy weight with no weight loss (score 0), or with weight gain, should be given a score of 0. (Refer to the [MUST guidelines](https://www.bapen.org.uk) for detailed instructions on how to measure BMI.)

- **Step 2: Unplanned weight loss category**
  - Weight loss in the previous 3-6 months. (Refer to the [MUST guidelines](https://www.bapen.org.uk) for detailed instructions on how to measure weight loss.)

- **Step 3: Acute disease effect**
  - Add a score of 0 if there has been no or minimal dietary intake for >5 days in the presence of acute disease. Add applicable score.**

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<th><strong>Criteria</strong></th>
<th><strong>Action points to include in a nutrition care plan</strong></th>
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<td><strong>Low</strong></td>
<td>BMI &lt; 18.5</td>
<td>1. Advise a high-calorie, high-protein diet. 2. Advise 2 nutritional drinks a day, in between meals. 3. Advise a general malnutrition and reduced oral intake. 4. Weight at least monthly. 5. Screen for malnutrition. Store for weight loss.</td>
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<td><strong>Moderate</strong></td>
<td>BMI 18.5-20</td>
<td>1. Advise a high-calorie, high-protein diet. 2. Advise 2 nutritional drinks a day, between meals. 3. Advise a general malnutrition and reduced oral intake. 4. Weight at least monthly. 5. Screen for malnutrition. Store for weight loss.</td>
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<td><strong>High</strong></td>
<td>BMI &gt; 20</td>
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**Undernutrition risk category**

- **Step 5: Acute disease effect**
  - Add a score of 0 if there has been no or minimal dietary intake for >5 days in the presence of acute disease. Add applicable score.**

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**Subjective notes:**
If you are unable to establish a diet using steps 1-3, obtain an overall risk of the patient’s risk of malnutrition using:

- **Step 1:** Clinical impairment (fatigue) and mid upper arm circumference <23.5cm (Refer to ‘Focus on Food’ guidelines on how to measure MUAC). 
- **Step 2:** Weight change: Changes in body mass index, history of increased weight intake, loss of appetite or swallowing problems over 3-6 months, underlying disease or psychiatric/physical disabilities likely to cause weight loss. 
- **Step 3:** Acute disease effect: No or negligible nutritional intake for >5 days in the presence of an acute disease. 
- **Step 4:** If a patient needs one or more of these criteria they are likely to be a total malnutrition risk of undernutrition.

Developed by Focus on Food, which is part of South Durham and Darlington Nutrition and Dietetic Services (01325 465721) and North Durham Nutrition and Dietetic Services (01325 483329).
Dietary interventions for undernutrition

Moderate risk:
1. Advise a high calorie, high protein diet
2. Advise 2 nourishing snacks in-between meals a day
3. Advise nourishing drinks
4. A multivitamin/mineral tablet/day

High risk:
1. As moderate risk
2. Advise 2 home-made fortified drinks a day
   - Trial of nutritional supplements if high risk for two consecutive months & weight declined
Prescribing policy: ONS in adults

Protocol for prescribing of nutritional supplements for adults in County Durham & Darlington

1. Patients at HIGH RISK of undernutrition for TWO consecutive months and WEIGHT has DECLINED
   - Issue an initial prescription of Complan® Shake, 15 sachets (4 boxes) of powdered or canned flours
     (chocolate, raspberry, banana, vanilla, and milk). Complan® Shake needs to be made up with fresh whole
     milk (patients likely to have difficulties preparing product if dislike the taste or milk prescribe
     alternative listed below)
   - Issue an ACUTE prescription

2. If patient is compliant with Complan® Shake, issue a MONTHLY (ACUTE) prescription of 2 sachets/day of
   the patient’s preferred flavour (56 sachets in total)
   - If Complan® Shake is unacceptable, prescribe one of the alternative packs listed below
   - If unacceptable, issue a MONTHLY (ACUTE) prescription for 2 caronet bottles/day of patients preferred product
     (flavours)
   - Issue an ACUTE prescription

3. After one month re-review the patient:
   - Weight and risk of undernutrition (MUST)
   - Improved, either:
     - Risk of undernutrition reduced from high to moderate
     - Weight has increased by >3kg/month and appetite returned to normal
   - No Improvement, either:
     - Weight reduced by >3kg/month and appetite still poor
     - Stop nutritional supplements
     - Continue with a high-calorie/high-protein diet until patient returns to risk of undernutrition

4. Check the patient’s compliance
   - Non-compliant:
     - Take 2 nutritional supplement/day
   - Compliant:
     - Taking 2 nutritional supplement/day
     - Prescription continued

5. If patient’s weight increased but <3kg or weight stable
   - Issue MONTHLY prescription or prescribed product/orbital
   - Issue an ACUTE prescription
   - Monthly review follow steps 1–6

   If patient prescribed nutritional supplement and not returning for a review
   - Refer the patient to the community dietitian or the referring GP surgery or the contact numbers below
   - Problems identified in finding available supplement, refer the patient to the community dietitian or the GP surgery or
     the contact numbers below

1. Oral supplements with preparation: Complan® Shake (Anley) in 4 boxes (56 Sachets)
   - Contain a mixture of milk-based, fruit-based, and yoghurt-type nutritional supplements
   - Available from Community Dietitian

2. To refer any patient receive sequences of contact, please contact the dietitian, the GP surgery or the patient district
   • Darlington district: 01325 814841
   • Darlington (Low) dietitian: 07725 332987
   • Easington dietitian: 0791 336341
   • Easington DOD district: 01371 399491

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FoU commissioning & funding

• All requirements of FoU linked to a national recommendation

• Commissioning framework – linked to funding:
  – Social Services Darlington
  – PCT quality framework
  – CQUIN
  – Trying to establish LES

• PCT directors, commissioners
• Social services, CSCI
• Patient & public forums
Care home requirements for FoU

Training:

- The home manager, assistant manager and team leaders will complete the training.
- A minimum of 75% of trained staff and 50% of carers who work day shifts will complete the training.
- Catering staff attend catering course.
- Staff encouraged to complete training within normal working hours.
- Home pays for uncompleted workbooks.
Care home FoU requirements

Treatment

- Adapted ‘MUST’ completed monthly on each resident
- Care plans implemented and reviewed for at risk residents
- Dietary interventions implemented according to the FoU guidelines
- Residents prescribed nutritional supplements reviewed according to FoU guidelines
FoU healthcare training

• “FoU” OFL packs supported by in-house workshop
  – Accredited by RCN, endorsed by BAPEN

• “Focus on Undernutrition” OFL packs:
  – Trained & carer

• OFL packs cover nutritional needs of older people, identification & treatment of malnutrition with ‘MUST’, implementing ‘MUST’ and guidelines into care homes
FoU catering training

- Head & assistant cooks
- Home managers
- NVQ II - NOCN qualification
- Weekly coursework

- 3 ½ hours for six weeks
  - Part 1: Workshop based
  - Part 2: Catering session

The course covers:

- Menu planning for elderly care homes and UK regulation
- Diabetic diets
- High calorie, protein diets
- Altered consistency diets
- Dementia – finger foods
- Constipation & high fibre diets
Care home rolling programme

- Diabetes
- Swallowing problems
- Dementia
- Obesity
- Dental health
- Assisting residents at mealtimes
- Constipation
- Tissue viability
- Healthy eating for older people
- Passport training (10 stamp) – accredited
Community hospitals

1. Format of ‘MUST’ and food charts
2. Development of core care plans
3. Improved range of nourishing snacks, fortified drinks and fortified diet
4. Dietetic referral & discharge forms
5. Nutrition Link Nurses – catering course
9. Standardised dietetic treatment plans
10. Nutrition pathway & resource file
11. Mandatory staff training on undernutrition
Provider community services

- Policy on identification and treatment of undernutrition
- CQUIN
- Mandatory training for all clinical staff
- Mandatory to complete ‘MUST’
  - ‘MUST’ – patient held notes
  - Electronic version of ‘MUST’
  - Electronic care plans and self-management plans
  - Equipment: scales and tapes
- Integrate into all provider clinical services
- Audit and evaluation
Medical practices

- Work with medical practices to ensure appropriate prescribing and monitoring of ONS
- Dietitian telephone assessing all patients presently on ONS
- Staff training on identification & treatment of undernutrition
- Establish nurse led clinics to review patients on ONS
  - All patients presently on ONS
  - All patients “at risk” of undernutrition using food as treatment &/or requesting ONS
- Local enhance scheme
- Electronic auditable templates for ‘MUST’ & treatment

• Face to face, or telephone reviews
Other work & future challenges

• Essence of Care
• Public health
• National interest:
  – Training subgroup of Nutrition Action Plan
  – E-learning: food nutrition and hydration
  – BAPEN commissioning toolkit
• Local enhance schemes
• Better electronic systems for MUST
• More robust evaluation systems

Future work:
• Prisons
• Private carer agencies
• Sheltered housing
• Redeveloping training programmes so in line with forthcoming Skills for Care, People First national occupational standards
Staff resources
- Adapted ‘MUST’
- Guidelines
- Recipe books
- Care pathways
  - Food first
  - Nutritional supplements
- Toolkits
- Ulna tape measure

PCT backing
- Commissioning framework
- Policy
- GP incentives
- Computer systems
- Management support

Accredited training
- Open learning
- Catering course
- Rolling programme
- Competency frameworks
- Mandatory training

Patient resources
- Fortified drinks
- Patient leaflets
For free copies: tape@complannutrition.com.

Delivery details and amount required (books of 20 tapes).
Live the dream

- Vision
- Passion
- Keep it simple
- See an opportunity and take it
- Communicate
- Value people
- Work outside traditional boundaries
- Publicise locally
- Evaluate
Making a difference

YOU can make a difference in improving nutrition in your workplace!
Further information

Rachael Masters
Nutrition & Dietetic Service
Escomb Road Annexe
Escomb Road
Bishop Auckland
County Durham
DL14 6AB

01388 455712

darlington-pct.focusonundernutrition@nhs.net