Tackling undernutrition in the community strategically

Rachael Masters
Team Lead Dietitian - Focus on Undernutrition

www.focusonundernutrition.co.uk
Overview of the presentation

- Overview of Focus on Undernutrition service
- Ensuring the identification and treatment of undernutrition is integrated into health and social care services
- Challenges and barriers to tackling undernutrition strategically
How 600 die of thirst in care homes: Damning report exposes the rising number of elderly killed by neglect

By DANIEL MARTIN
Last updated at 12:59 PM on 31st January 2011

- Between 2005 and 2009 667 died of dehydration
- In the same period 157 died of malnutrition
- Figures likely to be a significant underestimation
- 20,000 have to sell their homes every year to afford care

More than 600 care home residents have died of thirst in the past five years, the Mail can reveal today.

Shocking figures also show that scores of vulnerable pensioners were effectively left to starve to death.
NHS 'failing to treat elderly with care and respect'

By Nick Triggle
Health reporter, BBC News

The NHS is failing to treat elderly patients in England with care, dignity and respect, an official report says.

The Health Service Ombudsman came to the conclusion after carrying out an in-depth review of 10 cases.

The ombudsman, which deals with serious complaints against the NHS, said the patients - aged over 65 - suffered unnecessary pain, neglect and distress.

The elderly population is set to double over the next 25 years.
Concerns

- Up to 14% of older people aged over 65 years in the UK are malnourished.
- 42% of residents recently admitted to care homes are malnourished.
- 33% of patients are malnourished on admission to acute hospitals.
- 93% of people who suffer undernutrition live in the community.
- 73% greater risk of undernutrition for older people living in the North of England than those in the South.
- Costs the UK £13 billion pounds per year.
Consequences of undernutrition

- Increased vulnerability to illness
- Increased clinical complications
- Death

Undernutrition triples death in older people in hospital and after discharge.

Effective treatment:
- Reduce complications by 70%
- Reduce death by 40%
Focus on Undernutrition™

The County Durham and Darlington approach
The origins of Focus on Undernutrition

To improve nutrition in care homes, especially weight loss
Aim of 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
    - Distance learning
    - Workshops
    - Catering course
  - E-learning
GP Practices
NHS Community Staff
Elderly Care Homes
Acute & Community Hospitals
Accredited training

Standardised treatment interventions & guidelines

Target audience

‘MUST’

Focus on Undernutrition™
Focus on Undernutrition™

Foundations
Focus on Undernutrition
Nutritional screening tool

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

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

High, moderate or low risk of undernutrition

Takes 30 seconds to 1 minutes to complete ‘MUST’
Focus on Undernutrition – adapted ‘MUST’

### Malnutrition Universal Screening Tool (MUST)

**Name:**

**Date of birth:**

**NHS number:**

**Malnutrition Universal Screening Tool (MUST)**

#### Step 1: Body mass index category

- **Exceptions:** Category 1 are healthy subjects with no weight loss <0.5kg/week, or with weight gain, should be given a score of 0**.

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight range (kg/m²)</th>
<th>Risk category</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18.5</td>
<td>&lt;16.5</td>
<td>High</td>
</tr>
<tr>
<td>18.5</td>
<td>16.5-18.5</td>
<td>Moderate</td>
</tr>
<tr>
<td>18.5</td>
<td>&gt;18.5</td>
<td>Low</td>
</tr>
</tbody>
</table>

**Steps:**

1. Measure height and weight
2. Calculate body mass index
3. Assess risk category
4. Score 0 if healthy

#### Step 2: Intentional weight loss category

**Unintentional** weight loss in the previous 3-6 months.

<table>
<thead>
<tr>
<th>Weight loss</th>
<th>Risk category</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;5%</td>
<td>High</td>
</tr>
<tr>
<td>2.5-5%</td>
<td>Moderate</td>
</tr>
<tr>
<td>&lt;2.5%</td>
<td>Low</td>
</tr>
</tbody>
</table>

**Steps:**

1. Calculate weight loss
2. Assess risk category
3. Score 0 if healthy

#### Action points to include in a nutrition care plan

- Promote early detection and intervention
- Provide appropriate nutrition counseling
- Refer to specialist services

### Undernutrition screening criteria

**Step 2: Intentional weight loss category**

<table>
<thead>
<tr>
<th>Weight loss</th>
<th>Risk category</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;7%</td>
<td>High</td>
</tr>
<tr>
<td>2.5-7%</td>
<td>Moderate</td>
</tr>
<tr>
<td>&lt;2.5%</td>
<td>Low</td>
</tr>
</tbody>
</table>

**Steps:**

1. Calculate weight loss
2. Assess risk category
3. Score 0 if healthy

### Subjective factors:

- Changes in appetite or food intake
- Changes in energy levels
- Changes in bowel habits
- Changes in mobility

**Step 1: BMI assessment**

- BMI = weight (kg) / height² (m²)

**Step 2: Intentional weight loss category**

- Weight loss >7% in 3-6 months

**Step 4: If a patient needs one or more of these criteria they are likely to be a least moderate risk of undernutrition.**

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## Care plans

### At risk of undernutrition:
- ☐ Moderate risk
- ☐ High risk

### AIM

To improve the patient’s nutritional status

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Commenced</th>
<th>Discontinued</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Complete monthly, the patient’s nutritional screening tool in care plan</td>
<td>Date/Time/Sig</td>
<td>Date/Time/Sig</td>
</tr>
<tr>
<td>☐ Provide two homemade fortified drinks daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Provide two nourishing snacks a daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Provide nourishing drinks, such as milky drinks, fruit juice, alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Provide the fortified diet options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Provide one multi vitamin and mineral tablet daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Complete food record charts for four days, then review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Implement the red tray process (or similar)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Weigh the patient weekly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Refer the patient to the dietitian (Date: ___________________________)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Review the care plan ☐ weekly ☐ monthly ☐ other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Provide information and explanations to patient and relatives at all times</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other specific interventions
- ☐ The patient needs ☐ feeding ☐ supervision
- ☐ Patient requires ☐ normal diet ☐ soft diet ☐ pureed diet
- ☐ Discuss food preferences with patient/relatives
- ☐ Likes...................................................................................
- ☐ Dislikes..............................................................................

### Patient’s Name......................................................... NHS number .............................................. DOB..............................................
Food first approach for undernutrition

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

High risk:
1. As moderate risk
2. Advise 2 homemade fortified drinks a day
   - Trial of nutritional supplements if high risk for two consecutive months & weight declined
FoU milkshake

Ingredients (1 portion)
• 200mls (1/3rd pint) of whole milk
• 2 heaped tablespoons of milk powder
• Milkshake syrup/powder (Crusha/Nesquick)

Method
• Whisk milk and milk powder together
• Add flavourings to taste. Serve chilled

Each cup provides 300 calories, 10g protein
Vitamin and mineral tablet

• Recommended to take one multivitamin and mineral tablet daily

• Over the counter preparations are suitable
Nutritional screening care pathway

Care pathway for the screening of undernutrition in care homes

Assess the resident’s risk of using ‘MUST’, based on information on the resident’s height and weight.

Document the resident’s risk of undernutrition on the ‘MUST’: low, moderate or high risk.

Low risk
No action necessary.

Moderate risk
- Provide a high calorie protein diet
- Provide 2 nourishing snacks daily
- Provide 2 nourishing drinks
- Provide a multivitamin & mineral tablet daily
- Complete food charts for 4 days then review
- Weigh at least monthly

Reassess monthly, unless the patient’s condition changes.

High risk
- Provide 2 homemade fortified drinks daily
- Provide a high calorie protein diet
- Provide 2 nourishing snacks daily
- Provide a multivitamin & mineral tablet daily
- Complete food charts for 4 days then review
- Weigh at least monthly

Reassess monthly

Low risk
Refer to action above

Moderate risk
Refer to action above

High risk for 2 consecutive months

Resident’s weight has increased or remained stable
Refer to high risk action above

Resident’s weight has declined during the past month

Refer to the GP for an assessment for Complan shake x 2 daily

1 Refer to “Focus on Undernutrition” resident information leaflets and guidelines for information on fortified diets, recipes for the homemade fortified drinks and suitable nourishing snacks and drinks.
Focus on Undernutrition

Care pathway for the prescribing of nutritional supplements for adults in County Durham & Darlington

Nutritional supplements should not be prescribed without:
- Having a fortified diet for at least one month (see below)
- Being identified as high risk of undernutrition according to MUST (Malnutrition Universal Screening Tool) and having ongoing weight loss despite following a fortified diet for one month

1. HIGH RISK of undernutrition for TWO consecutive months and WEIGHT has DECLINED
   - Issue an initial prescription of Complan® Shake cl, 16 sachets (6 boxes) of preferred or varied flavoured chocolate, strawberry, banana, vanilla, milk and rice. Alternatively prescribe a Complan® Shake starter pack (PPI code: 352-7401). Complan® Shake needs to be mixed up with fresh whole milk. If likely to have difficulties preparing product prescribe Complan Complete® or dilute/infant milk prescribe juice based alternative listed below.
   - Issue an ACUTE prescription
   - Record weight and risk of undernutrition (MUST score)

2. If compliant with Complan® Shake for issue a MONTHLY (ACUTE) prescription of 2 sachets/day of the preferred flavour (16 sachets)
   - If Complan® Shake is unacceptable, prescribe Complan Complete® or the juice based alternatives. If acceptable issue a MONTHLY (ACUTE) prescription for 2 bottles/lay of patient’s preferred product and flavour.
   - Issue an ACUTE prescription

3. After ONE MONTH review
   - Weight and risk of undernutrition (MUST)

4. IMPROVEMENT, either:
   - Risk of undernutrition reduced from high to moderate
   - Weight has increased by >2kg/month and appetite returned to normal
   - Stop nutritional supplements
   - Continue with a fortified diet until low risk of undernutrition

5. NO IMPROVEMENT, either:
   - Weight declined
   - Weight stable/increased but <2kg/month and appetite still poor
   - Non compliant
   - Taking <2 nutritional supplement/day
   - Determining why not taken

   Compliant
   - Taking 2 nutritional supplements/day
   - Check compliance

   Non compliant
   - Taking <2 nutritional supplements/day
   - Determine why not taken

Weight increased but <2kg or weight stable

- Issue MONTHLY prescription of preferred product (PPI code: 352-7401)
- Issue an ACUTE prescription

Weight declined by >2kg in one month

- Refer to the community dietitian either at GP surgery or the contact numbers below.
- If problems identified in finding a suitable supplement, refer to the community dietitian either at GP surgery or the contact numbers below.

Monthly review: follow from step 4

If a nutritional supplement is prescribed for >6 months refer to dietitian for a review

The care pathway is not intended to go against clinical reasoning. If there are any concerns refer the patient to a dietitian, such as renal disease, hypercalcaemia, liver disease.

1. Difficulties with preparation: Prepare Complan Complete® available in strawberry, vanilla, banana and chocolate flavoured. Distil milk: Prepare Complan Shake with non-milk liquid, or prescribe a fruit based nutritional supplement (overleaf).
2. Referral to dietitian
   - Contact the GP Surgery for referrral to a dietitian

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For further information: www.focusonundernutrition
Prescribing care pathway

- “High risk” of undernutrition for two consecutive months and weight continues to decline, despite dietary interventions

- Refer to the GP to assess their need for nutritional supplements in line with the care pathway

- Reviewed monthly:
  - Weight
  - ‘MUST’ / risk of undernutrition
  - Compliance
  - Appetite
Commissioning for undernutrition

- North East CQUIN (acute & community)
  1. Screening using ‘MUST’ by appropriately trained staff
  2. Treatment plans for moderate and high risk clients

- County Council care home contracts and resident agreements (linked to star ratings and funding)

- Clinical policy on identification and treatment of undernutrition
Provider community services

- Strong support from senior directors in commissioning and provider services

- Opportunities to link FoU to national initiatives:
  - Essence of Care
  - Nutrition Now (national pilot site)
  - High Impact Actions
  - NPSA fact sheets
  - CQUIN
  - QIPP
Overview of FoU services
Elderly care homes

- FoU distance learning workbook supported by in-house workshop
  - Accredited Teesside University level 4 (10 credits), endorsed by BAPEN

- Home have to meet minimum training requirements (75% staff)

- Evaluation at least annually

- Rolling programme: 9 topics nutrition related workshops
## Training content – care homes

<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1</td>
<td>Factors that influence eating in older people</td>
</tr>
<tr>
<td>Module 2</td>
<td>The nutritional needs of older people in care homes</td>
</tr>
<tr>
<td>Module 3</td>
<td>Undernutrition – how does it affect older people in care homes?</td>
</tr>
<tr>
<td>Module 4</td>
<td>The identification and monitoring of undernutrition in care homes</td>
</tr>
<tr>
<td>Module 5</td>
<td>The prevention and treatment of undernutrition in care homes</td>
</tr>
<tr>
<td>Module 6</td>
<td>Nutritional supplements</td>
</tr>
<tr>
<td>Module 7</td>
<td>Referral to the dietitian</td>
</tr>
</tbody>
</table>
| Module 8 | Assessments  
1. case study on ‘MUST’ and care planning  
2. reflective exercise and PDP |
Catering course

- Head & assistant cooks
- Home managers
- Level II
- 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
NHS community services

- CQUIN and clinical policy
  - Mandatory training (1 day)
    - Accredited as level 4 (10 credit), endorsed by BAPEN
- Systm One ‘MUST’ and care plans
- High Impact actions and Nutrition Now RCN campaign
Systm One ‘MUST’

Step 1 - BMI Score
Calculate the BMI score:

Height: [ ] m
Weight: [ ] kg
BMI: [ ]

Step 2 - Weight Loss Score
Note the percentage of unplanned weight loss and score using the tables provided on the following two tabs.

Unplanned weight loss % in past 3-6 months: [ ]

Step 3 - Acute Disease Effect Score
Establish acute disease effect and score.

Condition: [ ]
Score: [ ]

Patients condition: [ ]
Patient is acutely ill and [ ]

Step 4 - Overall Risk of Malnutrition
Add the scores from steps 1, 2 and 3 together to calculate the overall risk of malnutrition.

Score: [ ]
Risk: [ ]

Malnutrition universal screening tool... [ ]
## Training content – community

<table>
<thead>
<tr>
<th>Module 1</th>
<th>Undernutrition in the community setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 2</td>
<td>Policy for the identification and treatment of undernutrition in adults</td>
</tr>
<tr>
<td>Module 3</td>
<td>The identification and monitoring of undernutrition in the community</td>
</tr>
<tr>
<td>Module 4</td>
<td>The prevention and treatment of undernutrition in the community</td>
</tr>
<tr>
<td>Module 5</td>
<td>Nutritional supplements</td>
</tr>
<tr>
<td>Module 6</td>
<td>Dietary assessment</td>
</tr>
<tr>
<td>Module 7</td>
<td>Information technology to support the management of undernutrition in the community</td>
</tr>
<tr>
<td>Module 8</td>
<td>Nutrition and Dietetics Service</td>
</tr>
<tr>
<td>References</td>
<td>References/further reading</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Competency skills evidence table</td>
</tr>
</tbody>
</table>
Medical practices

• Work with medical practices to establish nurse led clinics to review patients nutritional supplements and proactive nutritional screening

• Medicine management
  – Care pathway for prescribing
  – Scriptswitch
  – Pharmaceutical advisors appropriate prescribing and monitoring
  – Support from GPs FoU
EPAC data

Comparative spending on prescribed nutritional products in County Durham and Darlington
January - July 2010

South | East | North

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E-learning

1. Care homes
2. Community services
   - Submitted for level 4 accreditation
   - Interactive assessments
   - Video learning
   - Formative assessments:
     - ‘MUST’ and care planning
     - Personal development reflection
Did you know?
Almonds, sunflower seeds, peanut butter, and tomato sauce are great sources of vitamin E, which helps in protecting cells from getting damaged.

Focus on Undernutrition delivers accredited training on the identification and treatment of undernutrition to community health and social care staff across County Durham and Darlington.


“Improving the quality of care that individuals receive, improving outcomes and identifying cost savings is an essential element of today’s healthcare environment and the Focus on Undernutrition demonstrates how this is possible when tackling undernutrition in the community.”

Caroline Lecky - National Patient Safety Agency

www.focusonundernutrition.co.uk
- Moderate risk
- High risk
- Fortified mousse
- Special diets
  - Taking nutritional supplements
  - Diabetes
  - Cardio protective
  - Pureed
Health professional resources

Focus on Undernutrition

"Mildly Underweight" Screening Tool ("MUST")

<table>
<thead>
<tr>
<th>Weight</th>
<th>BMI</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Medium</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>High</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Focus on Undernutrition Role Essential Training Workbook

Identification & Treatment of Undernutrition in the Community

Focus on Undernutrition Care Home Guidelines

Identification & Treatment of Undernutrition in the Community

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Alternative ‘MUST’ measurement tape
Availability for other organisations

April 2011:
- Care home toolkit
- Catering course toolkit
- Patient information leaflets
- Alternative ‘MUST’ tape measure

July 2011:
- CQUIN mandatory training for NHS community staff

October 2011:
- E-learning packages
Implementation model

Annual licence agreement

Training / resource packs
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 ”

National recommendations

- Screening for undernutrition
- Appropriately trained and skilled staff
‘It is not for the sake of piling up miscellaneous information or curious facts, but for the sake of saving life and increasing health and comfort’

(Florence Nightingale, 1859)
Making a difference in practice…

Standard/Policy

Screening & assessment

Care plan

Action/implementation

Review

• Communication
• Practical methods (nutrition screening tool, action)
• Training and awareness
• Embedded into normal practice/routines
Making a difference……..

YOU can make a difference in improving nutrition in your workplace!
## Contact us

<table>
<thead>
<tr>
<th><a href="http://www.focusonundernutrition.co.uk">www.focusonundernutrition.co.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:info@focusonundernutrition.co.uk">info@focusonundernutrition.co.uk</a></td>
</tr>
<tr>
<td>Temporary: 01325 328854</td>
</tr>
<tr>
<td>Alternative: 01388 455712</td>
</tr>
<tr>
<td>Focus on Undernutrition, Nutrition and Dietetics, Escomb Road Annexe, Escomb Road, Bishop Auckland, County Durham, DL14 6AB</td>
</tr>
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