Introduction to Focus on Undernutrition

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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
The origins of Focus on Undernutrition

To improve nutrition in care homes, especially weight loss

2000 - 2008

2009 -
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
Accredited training

Target audience

Standardised treatment interventions & guidelines
Focus on Undernutrition team

- Team lead dietitian
- Two specialist dietitians
- Three dietetic support workers
- Personal assistant

- FoU part of main nutrition and dietetic service
- Implement health and social care services across County Durham and Darlington
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’
### 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>Date/Time/Sig</td>
<td>Date/Time/Sig</td>
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<tr>
<td>Provide two nourishing snacks a daily</td>
<td>Date/Time/Sig</td>
<td>Date/Time/Sig</td>
</tr>
<tr>
<td>Provide nourishing drinks, such as milky drinks, fruit juice, alcohol</td>
<td>Date/Time/Sig</td>
<td>Date/Time/Sig</td>
</tr>
<tr>
<td>Provide the fortified diet options</td>
<td>Date/Time/Sig</td>
<td>Date/Time/Sig</td>
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<tr>
<td>Provide one multi vitamin and mineral tablet daily</td>
<td>Date/Time/Sig</td>
<td>Date/Time/Sig</td>
</tr>
<tr>
<td>Complete food record charts for four days, then review</td>
<td>Date/Time/Sig</td>
<td>Date/Time/Sig</td>
</tr>
<tr>
<td>Implement the red tray process (or similar)</td>
<td>Date/Time/Sig</td>
<td>Date/Time/Sig</td>
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<tr>
<td>Weigh the patient weekly</td>
<td>Date/Time/Sig</td>
<td>Date/Time/Sig</td>
</tr>
<tr>
<td>Refer the patient to the dietitian (Date: ___________________________)</td>
<td>Date/Time/Sig</td>
<td>Date/Time/Sig</td>
</tr>
<tr>
<td>Review the care plan</td>
<td>[ ] weekly  [ ] monthly  [ ] other</td>
<td>Date/Time/Sig</td>
</tr>
</tbody>
</table>

- Provide information and explanations to patient and relatives at all times

**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
Focus on Undernutrition™

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

**Nutritional supplements should not be prescribed without:**
- Treating a fortified diet for at least one month (see weight)
- 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 10 sachets (4 boxes of preferred or varied flavours (chocolate, strawberry, banana, vanilla and milk). Alternatively prescribe a Complan® Shake starter pack (PP code 362.7301). Complan® Shake needs to be mixed up with fresh whole milk.
   - If likely to have difficulties preparing product prescribe Complan® Complete® or dislike intolerant to milk prescribe juice based alternative listed below 1
   - 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 shakes/day of the preferred flavour (4 sachets)**
   - If Complan® Shake is unacceptable prescribe Complan® Complete® or the juice based alternatives. If acceptable issue a MONTHLY (ACUTE) prescription for 2 shakes/day of patient’s preferred product and flavour.
   - Issue an ACUTE prescription

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

   - **NO IMPROVEMENT, either:**
     - Weight declined
     - Weight stable/increased but <2kg/month and appetite still poor
     - Check compliance

4. **Compliant**
   - Taking 2 nutritional supplements/daily
   - Weight increased but <2kg or weight stable
   - Weight declined by ≅2kg in one month
   - **Issue MONTHLY prescription of preferred product (as above)**
   - **Refer to the community dietician either at GP surgery or the contact numbers below 2**
   - If problems identified in finding a suitable supplement refer to the community dietician either at GP surgery or the contact numbers below 2

   - Monthly review follow from step 4

5. **Non compliant**
   - Taking <2 nutritional supplements/daily
   - Determining why not taken
   - Prescription alternative supplement (overleaf)
     - Issue a 1 week trial prescription
     - If compliant issue 1 month ACUTE prescription
     - If non compliant trial another product from list

   - **If a nutritional supplement is prescribed for >6 months refer to dietician 2 for a review**

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When to prescribe nutritional supplements?

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

- The individual should be referred to the GP/other prescriber to assess their need for nutritional supplements in line with the care pathway

Patient information leaflets

- Moderate risk
- High risk
- Fortified mousse
  - Taking nutritional supplements
  - Diabetes
  - Cardio protective
  - Pureed
Commissioning undernutrition services
Commissioning in care homes

- Social service local care home contracts and resident agreements
  - Linked to training and implementation of nutritional screening and appropriate care planning and treatment

- Social service reviewers FoU trained to determine if fulfilling contract requirements

- FoU support social services in safeguarding issues

- GPs if aware homes FoU trained promote food first rather than nutritional supplements
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
Provider community services

- Policy on identification and treatment of undernutrition
  - Requirement clinical staff to complete accredited role essential training
  - Requirement to complete ‘MUST’
    - ‘MUST’ – patient held notes
    - Systm One version of ‘MUST’
    - Systm One care plans
    - Equipment: scales and tapes, patient resources
  - Integrate into all provider clinical services
1. Screening for undernutrition by appropriate trained staff

2. Appropriate care plans for patients identified at risk
   - Acute and community NHS providers
   - SHA and NEQOS (North East Quality Observatory System)
Rationale for inclusion: CQUIN

- BAPEN commissioning toolkit
- Synthetic estimations for prevalence of undernutrition:
  - 30,545 (5%) general population
  - 15,190 (14%) >65yrs
  - 2,745 (25%) care at home
  - 35,032 (28%) hospital admission
- NICE cost calculator: £900,000 savings if implemented across Co. Durham and Darlington
Local FoU services founded upon national recommendations
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 ”

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.
Evidence/symbiotic relationship

CQUIN

Prescribing data

Focus on Undernutrition™

Essence of Care

Policy for undernutrition

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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
  - Communication
  - Practical methods (nutrition screening tool, action)
  - Training and awareness
  - Embedded into normal practice/routines

- Screening & assessment
- Care plan
- Action/implementation
- Review
The part they never told ......

- Believe in your vision
- Passion is contagious
- Never give up
- Prove your worth
- Spread the word
- Make the most of every situation/initiative
- Be up for a challenge
"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."
Making a difference………

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