ESPEN Congress Madrid 2018

Best practices to improve the quality standards in nutrition therapy

Quality indicators (and standards) in nutrition support

M. Elia (UK)
Quality indicators (and standards) in nutrition support

Marinos Elia
Emeritus Professor of Clinical Nutrition & Metabolism
University of Southampton, U.K.
Learning objectives

• Procedures for developing quality indicators (and certification)
• Advantages and disadvantages of quality indicators (and certification)
• Practical challenges

Conflict of interest: none declared
ACT OF PARLIAMENT

A law, enforced in all areas of the UK where it is applicable

HEALTH AND SOCIAL CARE ACT 2012

• In discharging its duty, the NHS England/Secretary of State “must have regard to the quality standards prepared by NICE” (section 2 (4)).
• ‘Organisations’ providing health and adult social services must have regard to the information standards [quality standards prepared by NICE].
National Institute of Health and Care Excellence (NICE)

Formation
1999 as a special Health Authority (arms length from Dept Health)

Mission
“To provide patients, health professionals and the public with authoritative, robust and reliable guidance on current practice”

Includes health economics
- Cost impact analysis of guidelines and standards
- Cost-effectiveness analysis, bringing it into active use into one of the largest European markets

Quality Standards Programme (with quality indicators)
Established in 2009 (first quality standard (QS) in 2010)
NICE Quality Standards with Quality Indicators

(Annual checks; still up to date - endorsed May 2018)

Data from NICE website
The NHS operating framework 2012-13 (David Nicholson 2011 Developing the NHS Commissioning Board on DH website)

1. **NHS OUTCOMES FRAMEWORK**
   - **Domain 1**: Preventing people from dying prematurely
   - **Domain 2**: Enhancing the quality of life for people with LTCs
   - **Domain 3**: Recovery from episodes of ill health/injury
   - **Domain 4**: Ensuring a positive patient experience
   - **Domain 5**: Safe environment free from avoidable harm

2. **NICE Quality Standards**
   - Building a library of approx. 150 over 5 years

3. **Commissioning Outcomes Framework**
4. **Commissioning Guidance**
5. **Provider payment mechanisms**
   - Tariff
   - Tariff
   - CQUIN
   - QOF

6. **Commissioning / Contracting**
   - NHS Commissioning Board - Specialist services and primary care
   - GP Consortia – all other services

* NICE Quality Standards: ~5-10 short statements on crucial parts of care pathway, each backed by “measureables” (performance indicators)
Complementary outcome frameworks and NICE quality standards

In developing NICE quality standards for health care social care and public health outcome framework the principles are the same, but the process may differ.
What is a NICE quality standard?

**Evidence**

A comprehensive set of recommendations for a particular disease/condition, need or service

**Guidance**

A concise set of *statements*, designed to drive and *measure* priority quality improvements in a particular area of care (5-10 statements – max 15) MEASURED USING QUALITY INDICATORS

**Quality standard**
NICE quality standard

A set of concise **statements** designed to drive and **measure** priority quality improvements* in a particular area of care (5-10 statements – max 15)

**Developed collaboratively between NICE and NHS and social care and (for QS24):**
- BAPEN
- British Dietetic Association
- National Nurses Nutrition Group
- Royal College of Nursing
- PINNT

**Statements**
Markers of high quality cost-effective clinical care across a pathway or clinical condition (‘best’ practice based on ‘best’ evidence)

**Measure**
High level quality indicators

*care/ service provision in need of improvement and reduction in inappropriate variation
Characteristics of a quality indicator

- CLEAR
  - unambiguous
- VALID
  - well-founded
- IMPORTANT
  - priority
Quality standards & indicators are produced *independently* and *transparently*

- Independently produced in collaboration with NHS and social care along with partners, service users and carers
- **Evidence-base** typically derived from NICE guidance (generally includes independent systematic reviews with meta-analyses) or NICE accredited guidance
- **NICE line management** - parliament rather than government
- **Public access**
  1. meetings of the Quality Standards Advisory Committee open to members of the public and press
  2. documents publicly available: topic overview, briefing paper, equality analyses, consultation comments and summary reports
  3. Minutes of meetings
- **Subject to Freedom of Information Act**
Who are quality standards (& indicators) for?

Anyone wanting to improve the quality of health and care services e.g.:

- Commissioners
- Service providers
- Health, public health and social care practitioners
- Service users, carers and the public
- Regulators like the [Care Quality Commission](https://www.cqc.org.uk) and [Ofsted](https://www.gov.uk/)
- **NHS England** integral part of plans to improve quality (2016-21)

Quality standards (and indicators) include a description of what they mean for a variety of audiences, including service users
What quality standards are **NOT**:

**NOT** comprehensive statements of service specification

They address:
(i) priority areas for quality improvement
(ii) inappropriate variation in care by focusing on crucial parts of care pathways

**NOT** specific targets

but used to secure continuous improvement in quality

**NOT** mandatory

but can be used to plan and deliver the ‘best’ possible care. Can also be used for career development and regulation.
Quality standards with indicators can contribute to:

• Certification (Care certificate – National) (healthcare support workers and adult social care workers)

• Professional career development/validation (doctors nurses etc.)

• ‘Certification’ (Rating by Care Quality Commission (health and social care services)

• Specific certification (and/or demonstration of competency) (various health and social care workers)
RECOGNISE

TREAT
Food
ONS
ETF
PN

MONITOR

REVIEW

ONS = Oral nutrition supplement
ETF = Enteral tube feeding
PN = Parenteral nutrition

*Clinical + investigations

OPMATIONAL INFRASTRUCTURE

Documentation
Communication
Continuity of Care

Education and Training
Multidisciplinary Team
(Nutr. Steering Comm.)
First Quality Statement

People in care settings are screened for risk of malnutrition using a validated screening tool
Quality measure (indicator)  
Structure  

a) Evidence of local arrangements to ensure that people in care *settings* are screened for the risk of malnutrition using a *validated screening tool*

b) Evidence of local arrangements to ensure that screening for the risk of malnutrition is carried out by health and social care workers, who have undertaken *training (can be certified)* to use a validated nutrition screening tool

c) Evidence of local arrangements to ensure that care settings have access to suitably *calibrated equipment* to enable accurate screening to be conducted *(certified)*
Quality measure (indicator)

Process

The proportion of people in care settings who are screened for the risk of malnutrition using a validated screening tool

Performance indicator =

Number of people screened
Number of people in a care setting
Quality measure (indicator)

Outcome

Incidence of risk of malnutrition
Prevalence of malnutrition
Source of Clinical guideline references

**NICE clinical guideline 32** recommendations 1.2.2, 1.2.3 (key priorities for implementation), 1.2.4, 1.2.5
Definitions

Settings
The term settings refers to any care setting where there is clinical concern about risk of malnutrition. These include, but are not limited to the following settings /situations that are set out in NICE clinical guideline 32: hospitals, care homes General Practices

Validated screening tool
As set out in NICE clinical guideline 32 recommendation 1.2.6 “Screening should assess body mass index (BMI) and percentage unintentional weight loss and should also consider the time over which nutrient intake has been unintentionally reduced and/or the likelihood of future impaired nutrient intake. The ‘Malnutrition Universal Screening Tool’ (‘MUST’), for example, may be used to do this.”
Equality and diversity*

**Quality Statement 2:** people who are malnourished or at risk of malnutrition have a management care plan that aims to meet their complete nutritional requirements.

People’s special dietary requirements, including those that are consistent with **religious and cultural beliefs**, should be taken into account irrespective of the underlying reason for these requirements.

**Quality statement 4:** self—management of artificial nutrition support.

Training and education should be accessible to people who have **difficulties in reading or speaking English** and those who need information in **non-written form**.

*In line with **Equality Act 2010** (eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations for people with the protected characteristics)*
Quality statements

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>People in care settings are screened for the risk of malnutrition using a validated screening tool.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their nutritional requirements.</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>All people who are screened for the risk of malnutrition have their screening results and nutrition support goals (if applicable) documented and communicated in writing within and between settings.</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>People managing their own artificial nutrition support and/or their carers are trained to manage their nutrition delivery system and monitor their wellbeing.</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>People receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.</td>
</tr>
</tbody>
</table>

**Diagram:**
- **RECOGNISE**
- **TREAT**
- **MONITOR**
- **REVIEW**
Other considerations

- Field testing may be commissioned
- Consultation – stakeholders but comments from non-registered stakeholders are also considered
- Reviewing feedback
- Validation and consistency checking
- Publication
- Reviewing and updating e.g. Annual review
- Other: dissemination of information, links with stakeholders; shared learning database (case studies); Uptake of QS
- Economic considerations
Cost impact per 100,000 population

(feed cost
assessment
screening)

Cost and
saving
healthcare
use

NET COST SAVING

NICE 2012
QS24
Summary

- Quality standards (QS) with indicators set out the priority areas for quality improvement in health and social care.
- In England QS24 on Nutrition Support in adults, like other QS in health and social care, are produced independently using standardised procedures and evidence-based criteria.
- QS with indicators are not comprehensive guidelines, but they can be used for multiple purposes including contribution to career development and certification.
- A major challenge is to establish a national operational infrastructure, to develop QS independently in collaboration with key partners, using clear, evidence-based criteria that can apply within and between care settings.
References

• NICE. Quality standards, Process guide published by NICE; 2016 pp 51

• NICE: standards and indicators (NICE website) (https://www.nice.org.uk/standards-and-indicators)

• NICE. QS24 Quality Standard for nutrition support in adults: https://www.nice.org.uk/guidance qs24/chapter/about-this-quality-standard

• The MUST Report (bapen website) https://www.bapen.org.uk/pdfs/must/must-report.pdf