Implementation of a nutrition screening tool and associated care guidelines

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To enhance the quality of oral nutrition support provided by the multi-disciplinary team to adult patients with long term conditions through the implementation of a nutrition screening tool (MUST+) and associated care guidelines

- MUST+
  - Malnutrition Universal Screening Tool (MUST)
  - Inclusion of additional assessment items (+)
Objectives

- To develop, trial and evaluate two implementation strategies to promote the uptake and use of MUST+ and care guidelines in medical wards.
  - Nutrition champions on each ward – site A
  - Dedicated dietician support to multi-disciplinary team on each ward – site B

- To evaluate the implementation of MUST+ and associated care guidelines on oral nutrition support in terms the impact on patients and on the multi-disciplinary team
Setting
- Medical wards in two hospitals within an English NHS Foundation Trust
- 3 evaluation wards for each intervention

Approach
- Action research approach using Knowledge to Action cycle (K2A) (Graham et al 2006)
  - Knowledge creation / action cycle
- Collaborative model involving researchers / managers / clinicians
- Active facilitation of both interventions by Knowledge Translation Facilitators
- Action planning process incorporated into both interventions
- Range of data collection methods
  - observation, interviews, questionnaires
  - feedback interim data to evaluation wards
K2A: knowledge creation

Knowledge Inquiry

Knowledge tools/products

- Systematic reviews oral nutrition support
- NICE guidance
- Joanna Briggs best practice
- Nutrition screening tools
- Care guidelines
- Professional expertise

Tailoring knowledge
Identify problem
Select knowledge

Multi-level problem identification

Adapt knowledge to local context
Assess barriers to knowledge use

Phased withdrawal of facilitation
Collect baseline data observation, audit
Survey knowledge, attitudes, barriers to ONS
Feedback baseline data to ward teams
Develop interventions and tailor to local context. Facilitate implementation of interventions in collaboration with front-line staff
Feedback from facilitators, clinical staff and patient representatives via Project Advisory Group
Repeat audit of oral nutrition support and patient records

Action research approach

Evaluate outcomes
Select, tailor implement interventions
Monitor knowledge use
Sustain knowledge use

Ongoing audit to monitor sustainability
Roll out of interventions and disseminate learning

Understand macro, meso, micro context
Ensure ownership of need for change at different levels of the organisation

Appraise MUST
Develop MUST+
Review guidelines using AGREE

Measure patient & staff outcomes
Evaluate intervention strategies

Ongoing audit to monitor sustainability
Roll out of interventions and disseminate learning
# Identifying intervention strategies

## Nutrition champions
- Dedicated facilitators
- Nominated nutrition champions: registered nurses, health care assistants, house keepers
- Enable changes in knowledge & practice for assessment & care management
- Develop & implement action plans with the nutrition champion & ward sisters
- Evaluate action plans

## Dietitian MDT
- Dedicated time from ward dietitian with support from a senior dietitian & dietetic assistant
- Working with the MDT to create & implement action plans
- Raise profile of dietitians within the MDT
- Increase awareness/expectations of MDT role in supporting oral nutrition
- Evaluate action plans
Implementation of action plans & evaluation measures

- **Awareness raising**
  - Training needs analysis, local drop in sessions, bedside training, workbook, contributing to medical education sessions, audit and feedback

- **Mealtime experience**
  - Observation of preparation using checklist, development of visual prompts to assist, monitor, etc.

- **MDT communication**
  - Appropriateness of referrals to dietetics, MDT observed to discuss at risk patients
Challenges

- Meeting quality targets versus truly understanding the barriers to nutritional care
- Project overload on the wards
- Reconfiguration of services
- Challenging established ways of working
Successes

- Joint ownership at all levels
- Stimulation of ideas & ways forward
- Engagement of staff
- Improved relationships between wards & catering services
- Production of resources to support oral nutrition care
- Contributed to success of Care Quality Commission inspection
- Achievement of commissioning targets for nutrition (CQUINs)
Lessons to share – critical factors

- Ownership
- Active facilitation
- Leadership
- Ability to manage change, action plan, evaluate structure, process outcome measures
- Resources
Sustainability and spread

- Plan to handover to key staff & departments in the hospital
- Continue to work with hospital Nutrition Steering Group
- Don’t wait for definitive findings - start to share the lesson’s learnt now
- Share the resources developed with other areas now
- Network & link with other hospitals in the region
Further information

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