

Older People's Essential Nutrition (OPEN): an integrated approach for malnutrition screening awareness, identification and care planning

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With an ageing population in the UK, the majority (93%) of malnutrition (undernutrition) is found in the community (1). Despite national policies and guidance (2), malnutrition is still under recognised and under treated (3). Thus there remains a need for new approaches to raise awareness of the importance of identifying malnutrition in older people to inform care planning across health and social care settings.

The aim of this quality improvement programme was to evaluate the implementation of a new approach involving collaborative working across health, social care and the voluntary sector in a pilot community in Hampshire, and to determine whether this led to reduced numbers of older people at risk of malnutrition.

Preliminary work (in 2014) involved engagement meetings with key teams and stakeholders and establishing a nutritional 'steering group'. A training toolkit, evaluation framework, and new resources were developed, based on those currently in use across Dorset and Hampshire dietetic teams. Malnutrition awareness training was delivered to general practice staff, social service teams, community nursing, a local authority care home, two community pharmacies, and voluntary sector workers from early 2015 onwards. Training was delivered as 2-hour face to face sessions that included formal learning, case studies, practical work and group discussion (shorter sessions were delivered to GPs). Training on the Malnutrition Universal Screening Tool ('MUST') was included in nursing, care home and social care sessions. Only community nursing and the care home were routinely screening for malnutrition prior to implementation of this programme. Post-training, malnutrition screening data (using MUST) was collected for one year (May 2015 – April 2016) by health and social care teams and care home staff. Follow up was offered to all teams to support screening and care planning.

190 staff were trained from health (n=48), social care (n=48), care home (n=50) and voluntary sector workers (n=44), representing over 80% of the health and social care workforce in the pilot area. Increased awareness was evident across all staff groups from analysis of pre- and post-session knowledge assessment. 375 older people were screened (table 1), and of the 61 people screened more than once, 51% (n=31) had improved nutritional status reflected by decreased MUST score and/or increased weight. Key challenges to the programme included difficulty sharing information between teams and other clinical priorities and pressures taking a precedent.

Table 1: Prevalence of malnutrition according to community team

Team	No. people screened at least once	No. at risk of malnutrition at initial screening (% of people screened and % at medium and high risk)
Community nursing	270	48 (18%: 7% medium risk; 11% high risk)
Care home	71	23 (32%: 15% medium risk; 17% high risk)
Social care	29	2 (8%: all high risk)
GPs / Practice nurses	5	2 (40%: 20% medium risk; 20% high risk)
Total	375	

A range of staff engaged with this approach, by starting to use MUST and identify older people at risk of malnutrition, and implement care pathways. Those already using MUST were supported to carry this out more effectively than before. The main challenge of the programme was demonstrating a true integrated approach. Whilst further research is needed to understand how to overcome the barriers to MUST screening and implementation of care pathways, the programme shows the potential for using an integrated approach to deliver MUST training and implementation in local communities.

References:

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