



Appropriate Management of Malnutrition in the Community

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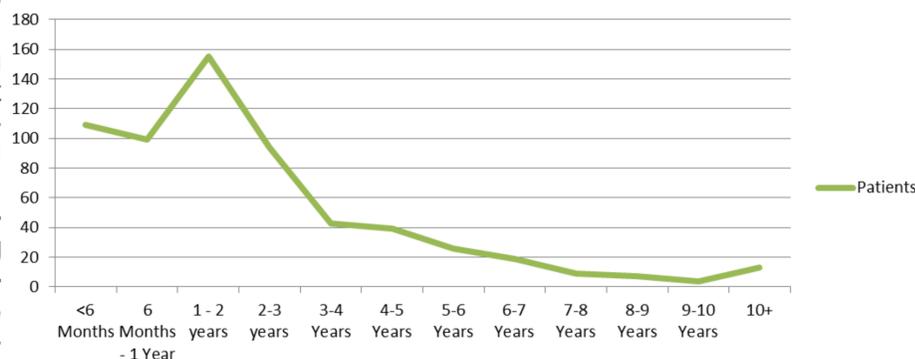
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Background This presentation will summarise the Wiltshire-wide Dietetics initiative to advertise good nutrition and appropriate use of Oral Nutritional Supplements (ONS) to prevent malnutrition. Research has shown that there is a direct relationship between the degree of malnutrition and the increased length of stay in hospital, treatment costs, return to usual life, and rates of re-admission, which have an impact on the cost to the NHS (Lim et al 2012).

'MUST' Screening Projects 2009-2012 A series of audits were conducted in Swindon between 2009 and 2012 analysing over-spend on ONS and the quality and regularity of 'MUST' use in care homes. From 2010-2012 following 'MUST' training the rate of 'MUST' screening almost doubled (35% to 67%). Effective treatment resulted in a 3.5% reduction in residents at risk of malnutrition, a 4% reduction in ONS prescriptions, and more appropriate receipt of ONS. This suggests the training promoted effective management of malnutrition, appropriate prescribing and referral to dietetics (14% increase). NICE cost saving report (2006) suggests that a 3.5% reduction in patients at risk of malnutrition equates to cost savings to the NHS from: reduced length of stay; reduced GP visits; reduced inpatient admissions; reduced ONS prescriptions and fewer nutritional assessments of at-risk residents. This is therefore an 11% reduction in healthcare associated costs from 2010-2012 equating to £27,304.15 worth of cost saving.

ONS Audit 2015 Aimed to establish current practice in terms of clinical and cost effective prescribing of ONS for adults in the community. General medical practitioners (GP's) and nurses are largely responsible for the management of patients in the community who are prescribed ONS. However it has been found that these professionals receive little training in nutrition, and practice relating to ONS is not always evidence based (Kennelly 2012). Dietitians promote a 'food first' approach to treating malnutrition, involving food fortification, increasing menu choice, improving provision of nourishing snacks, and providing support at meal times if needed. These are factors supported by NICE that should be considered if a patient presents with a risk of malnutrition or who is malnourished (NICE 2006). Results from the audit in 2015 of 6 GP practices n=(617)(patients), showed that when ONS was prescribed by a GP only 16% of patients were documented to be at risk of malnutrition using the Malnutrition Universal Screening Tool ('MUST'), Only 6% of patients were prescribed ONS following a documented aim of treatment and only 26% of patients on ONS were reviewed after 3 months. Figure 1 shows that 1-2yrs is the most popular duration for ONS prescriptions (n=155), and indicates the potential cost savings if aims of treatment and timely reviews are implemented.

Figure 1: Duration of ONS Prescription



Food is a 'MUST' Clinical Audit Report 2015

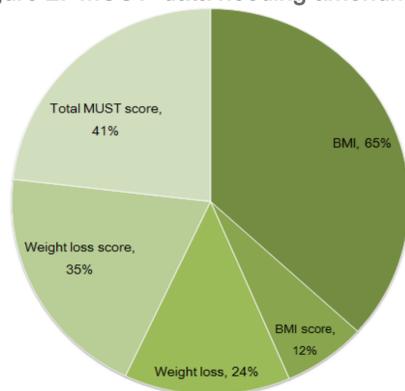
Data was collected from 49 residents' care plans at 6 participating care homes in Swindon. The purpose of the audit was to (i) see the quality of 'MUST' implementation in care homes following extensive training in 2011-2012 (ii) reinforce the new 'Food is a MUST' initiative to prevent malnutrition related disease and (iii) monitor ONS prescribing practices in care homes.

Results showed that all residents had been screened using the 'MUST' with 86 % having the 'MUST' completed 1 month prior to the audit and 82% having had the 'MUST' completed monthly, as per the guidelines. Food fortification had been implemented for 61 % of residents and 69 % of residents had been prescribed first line ONS by the GP as stated in 'MUST' guidelines.

The causes for concern:

- Consistency in 'MUST' completion was lacking in accuracy with 82% of 'MUST' data and 41% of 'MUST' scores were incorrect. Figure 2 shows incorrect 'MUST' entries which required amendment.
- Documentation in the care-plan was poor and did not accurately reflect what had been implemented
- 'Food is a MUST' guidelines state that anybody prescribed ONS should be reviewed after one month. 0% of residents audited as having started ONS were reviewed by the prescriber within one month

Figure 2: 'MUST' data needing amendment



GP visits were largely attributed to known consequences of malnutrition such as falls, LRTIs, UTIs, pressure sores and low mood. This demonstrates the NICE (2006) cost saving as this shows the impact malnutrition can have on other community services and the subsequent impact on the patient's quality of life.

Following this audit, training was delivered in all six of the care homes. These homes will be re-audited in 3 months in order to analyse the effectiveness of training on implementing quality malnutrition screening and a specially designed care plan to treat malnutrition. Feedback was good on post form evaluation forms...

"I will put food as a first priority and encourage residents to eat more before jumping into giving dietary supplements or Ensure"

"I plan to offer more appropriate snacks between meals for service users"

"I have gone through all the residents and looked at what supplements they are on, current BMIs and 'MUST' scores. I feel some could have changes and some stopped. I have ideas, can I check with you then go from there on what I think would be best and if you are in agreement?"

Achievements

- The 'Food is a MUST' initiative intended to raise the profile of malnutrition within the community; we achieved this by (i) relating malnutrition to strategic clinical networks such as cancer, stroke, dementia and neurological conditions (ii) encouraging care home managers to attend training to emphasise the impact of malnutrition and its preventability through 'Food is a MUST' implementation.
- 'Food is a MUST' is now established amongst all community teams such as: Community Hospitals, Reablement Teams, Community Nurses, and Care Homes.
- 'Food is a MUST' is part of the mandatory training programme for the Great Western Hospitals Foundation Trust.
- Documentation paperwork and booklets were essential to the 'Food is a MUST' project as a constant pictorial reminder of the correct screening and treatment of malnutrition. Wiltshire Community joint working has assisted in the production of the project and has been successful in presenting a consistent message aiding continuity of care.



Further Projects

- GP training using newly designed booklets and training based on 2015 audit
- Redesigned nutrition support patient and carer information leaflets
- Continued training and audit using Food is a MUST