

Malnutrition Screening and Care Pathway in an Integrated Community Team – A New Procedure

Kathy Steward

Area Matron – Andover Area

Southern Health NHS Foundation Trust

Background

- Effectiveness and evidence base
- Eastleigh OPEN project
- SHFT policy and resources

Service Improvement Project

- Opportunity to be involved in a research project
- Procedure and pathway devised
- Resources linked to the pathway identified
- Linked into Trust Nutrition and Hydration committee
- Training in new procedure

Background:

- **Malnutrition remains under-detected, under-treated, and often overlooked** by those working with older people in primary care in the UK.
- **A new procedure for screening and treatment of malnutrition is currently being implemented by Southern Health NHS Foundation Trust**, incorporating a programme of training for staff working within Integrated Community Teams (ICTs) and Older People’s Mental Health (OPMH) teams.
- **INSCOPE explores factors that may promote or inhibit its implementation and longer term embedding in routine care**, with the aim of optimising sustainability and scalability.

Study Team



**Sarah Woodman,
Dietitian/Integrated
Services Matron,
Southern Health**

**Kathy Steward, Integrated
Services Matron,
Southern Health**

**Anne-Marie Aburrow,
Dietitian, Wessex AHSN**

**Aude Cholet, Dietitian,
Wessex AHSN**



**Dr. Mike Bracher,
Ageing and Dementia
Research Centre
(ADRC), Bournemouth
University**



**Prof. Jane Murphy, co-
lead ADRC,
Bournemouth University**



**Kathy Wallis, Senior
Programme Manager,
Wessex AHSN**



**Prof. Carl May,
Centre for
Implementation
Science,
University of
Southampton**

Study aims:

- **Evaluate implementation** of a new procedure and associated training for screening and treatment of malnutrition, developed specifically for community settings.
- **Inform further development and rollout** across Southern Health NHS Foundation Trust.

Methods:

- **Participants:**
 - **Nursing and allied health professionals (AHPs)** working within Integrated Community (ICTs) and Older People’s Mental Health (OPMH) Teams
- **Data collection (at all observation points):**
 - **23-item questionnaire** based on Normalization Process Theory (NPT) (NoMad) (completed by all participants)
 - **Semi-structured telephone interview** exploring survey responses (completed by a sub-sample of participants respondents)

Methods:

- **Observation points:**
 - **Baseline** – prior to implementation of the training. (T0)
 - **2 months following** implementation of the training.

Methods:

Role	NoMad T0 (n)	Interview (T0)	T1 NoMad (n)
Mental Health Nurse	7	2	1
Physical Health (Community) Nurse	42	13	22
Occupational Therapist	4	1	4
Healthcare Support Worker	16	0	4
Physiotherapist	1	0	1
Associate Practitioner	2	0	0
Other (consultant-grade practitioner)	1	0	0
Total participants (all roles/bands)	73	16	32

Baseline (T0) results:

- ***Staff already support nutrition screening and treatment activity, see its value and do not view it as disruptive to other work.***
 - **94%** (n=30) of total participants (n=32) **strongly/agreed** that staff see this **activity as worthwhile**.
 - **97%** (n=31) **strongly/agreed** that screening and treatment of malnutrition was a **legitimate part of their role**.
 - **81%** (n=26) **strongly/agreed** that they valued the effect that screening and treatment for malnutrition has had on their work.
 - **97%** (n=31) **strongly/agreed** that they **were open to working with colleagues in new ways**, and would **continue to support this work**.

Baseline (T0) results:

- ***Staff already support nutrition screening and treatment activity, see its value and do not view it as disruptive to other work (cont.).***
 - Three respondents to telephone interview also raised **concerns with respect to the time/resource implications** of implementation and embedding.

*[T]he thing that does **concern me** is the **time to embed the new practice** because there is so much to take in, so much change, there's so many boxes to tick sometimes; trying to embed the practice is **really challenging when it's moving so fast and the work load is going through the roof**; I think taking the **time with the patient to be able to completely embed it is a challenge** but I don't think, I think as a team, I've only been here a short while, but as a team they seem really keen to improve and implement anything that's new and that's **better.** (P00905, PHN, band 7)*

Baseline (T0) results:

- *Concerns exist as to wider organisational support for nutrition screening and treatment by community teams, as well as access to dietetic support.*
 - **59%** of respondents were ambivalent (44%) or strongly/disagreed (15%) with the statement ‘[t]here are **key people who drive screening and treatment for malnutrition forward** and get others involved’.
 - Of the 16 interview participants asked to about their response, 13 of 16 interview participants asked about their response **could not identify a key person.**
 - Of these, six highlighted the **lack of a ‘key’ or ‘link’ member of staff to provide advice and support**, and to cascade best practice updates (this was identified as in place in other areas of practice, such as infection control).

Baseline (T0) results:

- ***Concerns exist as to wider organisational support for nutrition screening and treatment by community teams, as well as access to dietetic support (cont.).***

*I think within the team we **haven't got that key person for nutrition**, I think we've got lots of key people for things around nutrition so **we've got key people for pressure ulcers and wound care** ...but specifically driving the nutrition forward I don't think we've got that now.
(P00905, PHN, band 7)*

Baseline (T0) results:

- *Concerns exist as to wider organisational support for nutrition screening and treatment by community teams, as well as access to dietetic support (cont.).*
 - **56%** (n=18) were **ambivalent or strongly/disagreed** in relation to the statement ‘Work is assigned to those with **skills appropriate to screening and treatment for malnutrition**’.
 - **62%** (n=12) **strongly/disagreed with or were ambivalent** in relation to the statement ‘**Sufficient training is provided** to enable staff to implement screening and treatment for malnutrition’.
 - **59%** were **ambivalent (40%) or strongly/disagreed (19%)** that ‘**Sufficient resources are available** to support screening and treatment for malnutrition’.
 - **66%** (n=21) were **ambivalent or strongly/disagreed** that ‘**Management adequately supports screening and treatment for malnutrition**’.

Training outcomes:

- ***Training appears effective in raising knowledge scores relating to screening and treatment of malnutrition; just over half of staff completed the training.***
 - **126** staff members within the business unit **completed the training**, representing **56% of full time staff** at initiation of training (n=223)
 - Of those who participated in the training, **23% were INSCCOPE participants.**
 - **40% of INSCCOPE participants completed** the training; **60% did not.**

T1 results:

- *Results indicate that in both sub-groups a large proportion for whom shared understanding of the procedure remains vague.*
 - In the **all participant** group, **41%** (n=13) **disagreed or were ambivalent** regarding the statement : ‘Staff in this organisation have a **shared understanding of the purpose of new procedure** for screening and treatment of malnutrition’.
 - Responses of this type represented **38%** (n=5) in the **training participant group**, and **42%** (n=9) of **training non-participants**.

T1 results:

- **Results indicate a difference in how well participants in respective sub-groups understood the new procedure in terms of their own practice.**
 - **25% (n=8) of the all participant group disagreed or were ambivalent** in relation to the statement: ‘I understand **how new procedure** for screening and treatment of malnutrition **affects the nature of my own work**’.
 - Respondents providing such answers represented **only one response** (n=8%) in the **training participant subgroup**, with the **seven** remaining respondents of this type representing **37%** of training **non-participants**.
 - The **difference between groups approached significance** (p=0.06).

T1 results:

- ***Responses to telephone interviews at T0 indicated that access to dietetic services was a significant concern for many participants.***
 - **Additional questions** regarding **availability and adequacy of dietetic services** were appended to the questionnaire at T1.
 - **30-90%** of all participants **disagreed with, or were ambivalent** in relation to, **all aspects of dietetic service** explored by the question statements.
 - Proportions of responses were **similar for both training and non-training participants** in relation to most areas, and Wilcox rank-sum **test results for differences between sub-group response** to each question showed **no significant differences**.

INSCOPE – Implementing Nutrition Screening in Community Care for Older People. (Phase 1)

A1 - I know where to get **specialist support and advice on treatment for malnutrition** if I need it

A2 - I have **sufficient access to patient information resources** relating to malnutrition

A3 - **Patient information resources** relating to malnutrition are **useful and effective**

A4 - My team has **access to a dietician** if a patient requires it

A5 - I know the **procedure for referring a patient to a dietician** if required

A6 - **Availability of dieticians** is sufficient to meet the needs of our patients

A7 - Current state of **malnutrition screening is sufficient** to meet the needs of our patients

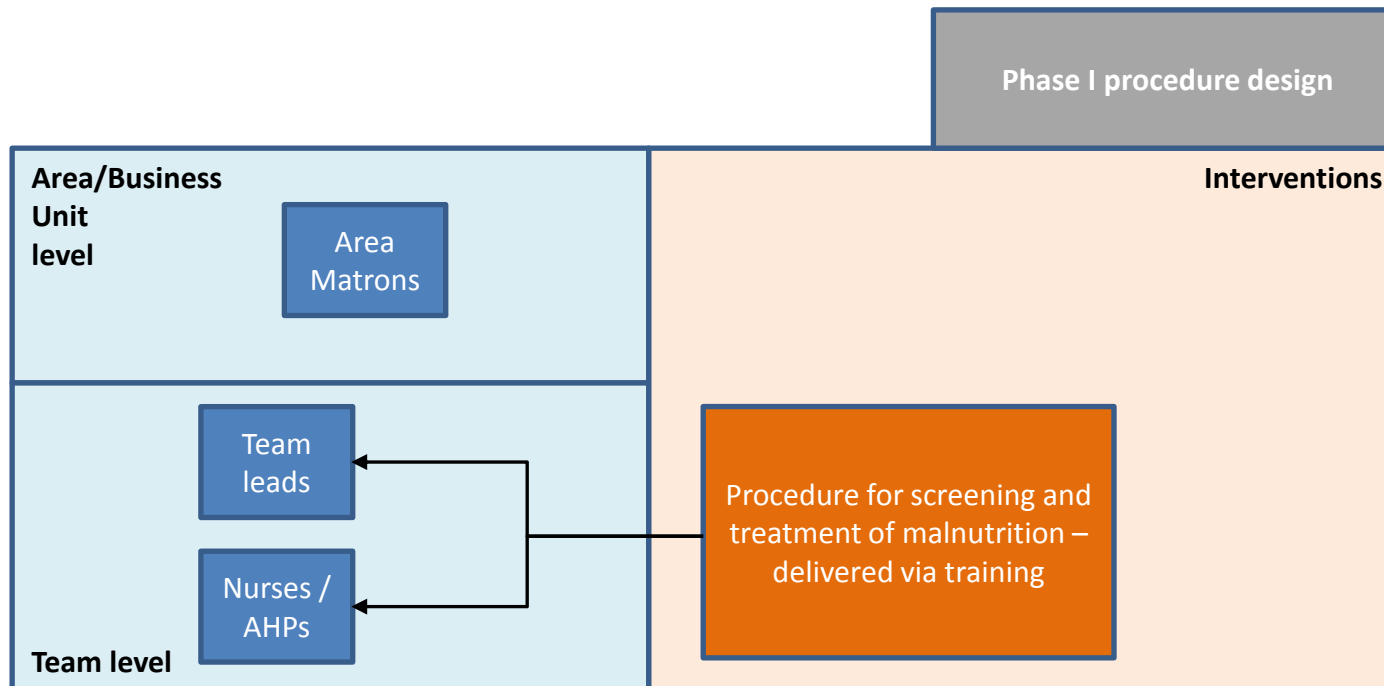
A8 - Current **arrangements for treatment of malnutrition are sufficient** to meet the needs of our patients

Conclusion:

- ***Current design of the intervention does not incorporate mechanisms for integrating the procedure into the monitoring and management structure of the service.***
 - **Majorities of respondents** (all respondents) expressed **concerns about sufficiency of training and resources**, and adequacy of management support
 - These **persisted after introduction of the procedure through training**, indicating that further work is to be done in these areas.

INSCCOPE – Implementing Nutrition Screening in Community Care for Older People. (Phase 1)

Conclusion:



Conclusion:

- ***Results discussed here indicate several challenges to this model:***
 - firstly, **44% of total staff** within the business unit (n=223) **did not complete the training;**
 - secondly, **movement of four team leads out of the business unit** (in addition to at least eight other staff who were INSCOPE study participants) indicates **significant turnover and therefore risk of attrition** of trained staff;
 - thirdly, while outcomes data for the training in the form of immediate pre-post knowledge checks were taken, **no procedures for monitoring compliance** with the new procedure currently exist within the business unit;
 - fourthly, many participants continue to express **concerns regarding current access to specialist nutritional and dietetic support** in terms of knowledge, expertise, and resources following implementation of the training.

Conclusion:

- *Overcoming barriers to implementation and embedding.*
 - (1) Appointment of **nutrition champions** within teams to monitor procedure compliance, and staff training rates.
 - (2) Adoption of the **training programme as an e-learning resource** within the trust online training portal.

Learning from research

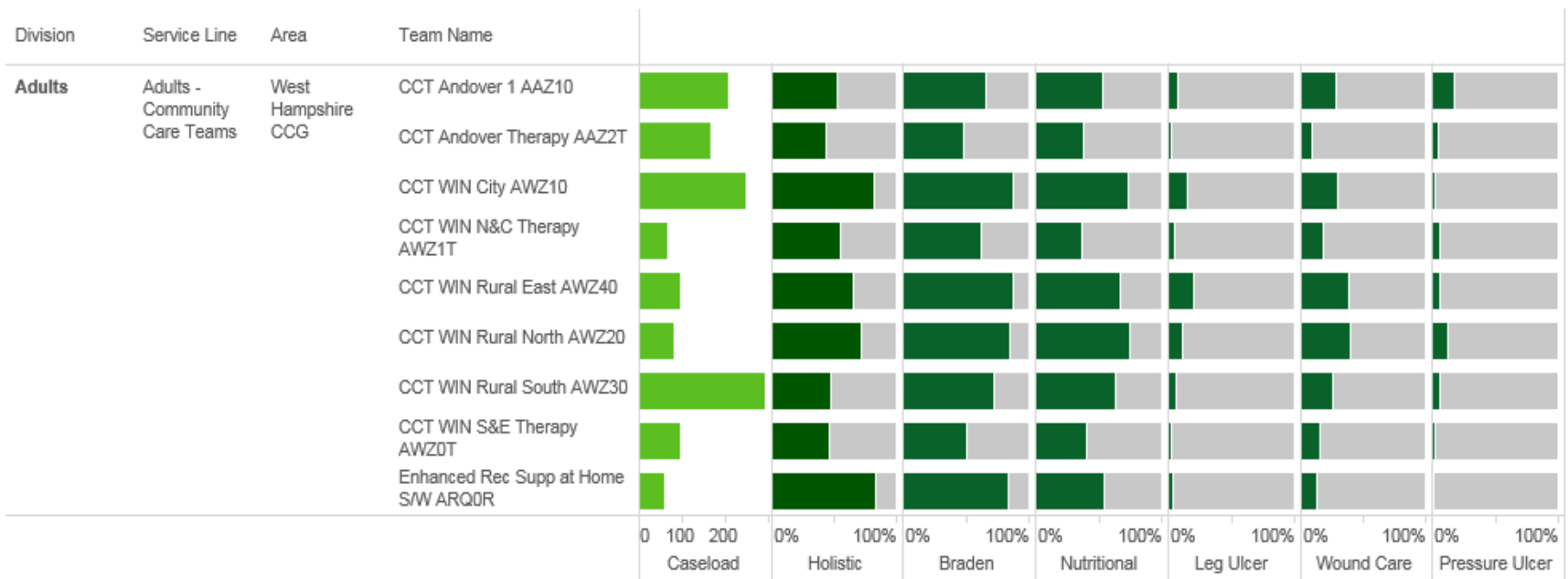
- * Staff already see the value of addressing nutrition
- * Support work on nutrition but fail to see organisational support
- * Attrition of staff makes a one off training approach weak
- * Monitoring and leadership

Outcome

Open caseload analysis - ISD assessment form numbers

Referrals	Holistic assessments	Braden Scale assessments	Nutritional (MUST) assessments	Falls assessments	Leg Ulcer assessments	Wound Care assessments	Wound Pressure Ulcer assessments
1,314	775	936	764	154	113	325	93

Open caseload analysis - ISD assessment form team comparison

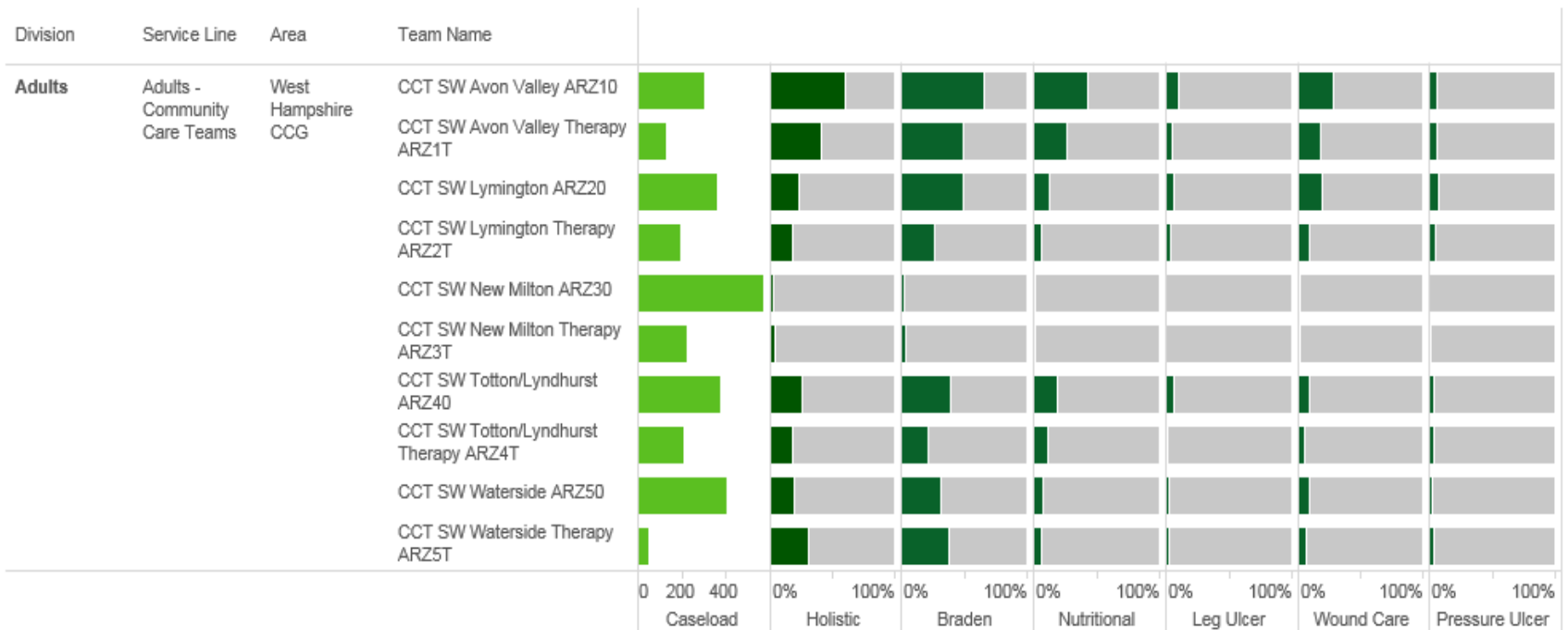


Comparison

Open caseload analysis - ISD assessment form numbers

Referrals	Holistic assessments	Braden Scale assessments	Nutritional (MUST) assessments	Falls assessments	Leg Ulcer assessments	Wound Care assessments	Wound Pressure Ulcer assessments
2,827	611	861	363	114	106	285	104

Open caseload analysis - ISD assessment form team comparison



Next Steps

- * New Nutrition Project Lead appointed (6mths)
- * Data monitoring
- * Link nurse role
- * Resources
- * Roll out and continue to imbed practice in SHFT
- * Palliative care and End of life advice/resource