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

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Aim

To evaluate the implementation of a new approach involving collaborative working across health, social care and the voluntary sector in Eastleigh, Hampshire and to determine whether this led to reduced numbers of older people at risk of malnutrition

Methods

April 2014

April - Dec 2014

Engagement, scoping, identification of project site, meetings with key teams & stakeholders.
Establishment of 'Steering Group'



Dec 2014 - Feb 2015

Development of training materials, awareness resources & nutrition care pathways, via multi-disciplinary input

Feb – Sep 2015

Pre-implementation surveys conducted to determine knowledge & current practice



Mar 2015 – Jan 2016

Delivery of training to GPs, practice nurses, social care, community nursing, a local authority care home, two community pharmacies, voluntary sector workers



May 2015 – Apr 2016

April 2016 Malnutrition screening data (using 'MUST') collected for 12 months by health and social care teams. Support offered and provided to teams



Feb – Jul 2016

July 2016 Finalising & publishing training toolkit, awareness resources, generic nutrition care pathways, evaluation toolkit, including endorsement by the BDA

Training

Sessions were 2-hour faceto-face led by a dietitian
(shorter sessions for GPs).
Mix of formal learning, group
work, case studies & practical
work. 'MUST' training
included for nurses, social
care and care home

Conclusions

- A range of health and social care staff engaged with this approach, by starting to use 'MUST' and identifying older people at risk of malnutrition, and implementing care pathways
- Those already using 'MUST' were supported to carry this out more effectively than before
- Whilst further research is needed to understand how to overcome the barriers to 'MUST' screening & implementation of care pathways, the programme shows the potential for using an integrated approach to screen and provide care plans for a wider population of older people



Training results



190 staff were trained from health (n=48), social care (n=48), care home (n=50), voluntary sector (n=44)



Over 80% of the health and social care workforce in the pilot area trained



Increased knowledge and awareness was evident across all staff groups from analysis of pre- and post-session knowledge assessments and follow up surveys



Increased awareness when working with clients has led to formal and informal adjustments to practice



Several screenings done by social care and practice nurses, who were not screening before the programme

Screening results

- 375 people screened at least once
- 61 people screened more than once, of which 51% (n=31) had improved nutritional status reflected by decreased 'MUST' score and/or increased weight

Team	No. people screened at least	No. and percentage at risk of malnutrition at initial screening
	once	(% at medium and high risk)
Community	270	48 (17.6%: 6.6% medium risk;
nursing		17% high risk)
Care home	71	23 (32%: 15% medium risk; 17%
		high risk)
Social care	29	2 (8.3%: all high risk)
GPs /	5	2 (40%: 20% medium risk; 20%
Practice		high risk)
nurses		

Key challenges

- Demonstrating a true integrated approach
- Staff adapting and accepting new roles
- Difficult to provide on-going care to clients to ensure nutritional change is achieved
- Sharing information between teams
- Other clinical priorities & pressures taking precedence



