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Ensuring quality and performance at ward level using nutrition screening as a benchmark

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Nutritional care does not happen by accident. It requires a co-ordinated inter disciplinary approach that includes robust monitoring and quality assurance. Anecdotal evidence and internal audit at University Hospitals Bristol (UHB) revealed rates of screening for risk of malnutrition were not consistent across the Trust (47–63% of patients screened). Thus indicating support was required at ward level to implement best practice in nutritional care; as set out in the Council of Europe Alliance' 10 Key Characteristics. An audit tool was developed from criteria used by the Patent Environment Action Team. Data were collected by a multidisciplinary team that included Facilities, Nursing and Patient representatives as well as Dietetics. Feedback from patients on all aspects of food service and provision was asked for using a standard questionnaire for future thematic analysis. Areas for improvement and areas of best practice are highlighted using the traffic light system shown in Table. In addition to nutrition screening, four other main aspects of nutritional care are looked at by the audit team: these include protected mealtime, food ordering and other activities which enable patients to eat e.g. are they seated in the correct position.

1a	2	3	4a	4b	5a	5b	6	7	8	9	10
Yes	78%	78%	5	100%	3	3	Yes	Yes	No	Yes	0%
Yes	45%	0%		0%	0	N/A	No	Yes	No	Yes	0%
Yes	66%	33%		0%	0	N/A	No	Yes	No	Yes	0%
Yes	75%	75%	2	0%	1	1	No	Yes	Yes	Yes	0%
Yes	42%	10%	3	0%	8	4	No	Yes	Yes	Yes	0%
Yes	69%	31%	7	100%	7	7	No	Yes	Yes	Yes	0%
Yes	40%	7%	4	0%	5	5	No	Yes	No	Yes	0%
Yes	76%	76%	1	0%	0	N/A	No	No	No	No	0%
Yes	100%	66%	0	N/A	0	N/A	Yes	Yes	Yes	Yes	100%
Yes	100%	88%	3	N/A	3	3	Yes	Yes	Yes	Yes	0%
Yes	33%	33%		N/A	2	2	Yes	Yes	Yes	Yes	0%
Yes	100%	100%	3	N/A	0	N/A	Yes	Yes	Yes	Yes	0%

1a = suitable weighing equipment available. 2 = % patients weighed 24 h admission. 3 = % completed nutritional screening 24 h. 4a = number of patients at risk of malnutrition. 4b = malnutrition risk identified. 5a = number of patients requiring assistance. 5b = meal time assistance received. 6 = protected meal times observed. 7 = choice of main course entree offered. 8 = correct meal received. 9 = nutrition champion. 10 = food service staff completed e-learning. Green = 80–99% (or yes), Amber = 50–75%, Red = 0–59%, Blue = 100% best practice.

Results are disseminated internally via established operational multidisciplinary Food Groups and the Trust wide Nutrition Steering Group. Ward Managers receive a written report, which includes the traffic light dashboard and a summary of patient feedback. Amber and Red Areas are targeted for improvement by the Dietetic Team to support the ward staff to achieve best practice. Highlighting areas of best practice has had a positive response from all staff involved in food service and provision. Completion of e-learning in nutrition is up amongst all grades of staff as is attendance at food groups. More importantly food-related complaints are at an all time low and further analysis of patient experience of food service and provision at UHB is warranted.

Future developments include a website for the Nutrition Steering Group so staff can access 'real time' results of audit, tools and resources to help improve nutrition at ward level.

www.npsa.nhs.uk/nrls/improvingpatientsafety/cleaning-and-nutrition

www.corelearningunit.com

www.bapen.org.uk/odfs/coe.leaflet.pdf