



# Measuring the Quality of the Nutritional Care your organisation delivers

## How good is your Trust or Care Home?

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BAPEN



# Why has BAPEN developed a new measurement tool?

## Background

- Around 30% of patients admitted to UK hospitals are malnourished<sup>1</sup> or at risk of malnutrition.
- Patients who are malnourished have poorer clinical outcomes which improve markedly if proper nutritional care is given<sup>2</sup>, yet our learning from Trusts is that nutritional care continues to be fragmented
- In part, this may reflect the lack to date of any means of measuring the quality of the nutritional care they provide, despite NICE issuing both Guidance<sup>2</sup> and Quality Standards<sup>3</sup> for Nutritional Support in Adults



“I understand first-hand the impact nutritional care has on many other areas of an individual’s health care. By implementing an effective monitoring process it will potentially have a positive impact on the patient’s journey throughout the whole healthcare system which is surely a good thing!”

Steve Brown, Secretary of PINNT

## References

1. Russell CA, Elia M. Nutrition Screening Surveys in Hospitals in England, 2007-2011: A report based on the amalgamated data from the four Nutrition Screening Week surveys undertaken by BAPEN in 2007, 2008, 2010 and 2011: BAPEN, 2014.
2. NICE. CG32 Nutrition support in adults. <http://guidance.nice.org.uk/CG32/NICEGuidance/pdf/English>; National Collaborating Centre for Acute Care, 2006.
3. CE. QS24 Quality Standard for nutrition support in adults <http://publications.nice.org.uk/quality-standard-for-nutrition-support-in-adults-qs24> 2012.

## Problems identified in current approaches

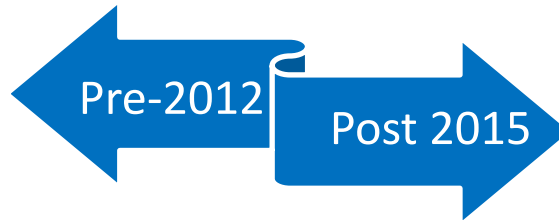
- 'Tick box' exercise
- Measurement of nutritional care is lagging behind other areas e.g. Cancer, VTE
- Heavy reliance of measuring nutritional screening using retrospective audits
- Little if any focus on
  - Accuracy of screening
  - Quality of the nutritional care plan developed
  - Monitoring of the implementation of the care plan (beyond poorly completed food record charts and fluid balance charts)
  - Lack of focus on re-screening
  - Poor measurement of patient experience of nutritional care
  - Even poorer measurement of nutritional outcomes
  - Poor understanding of the barriers (e.g. lack of equipment/nursing time)



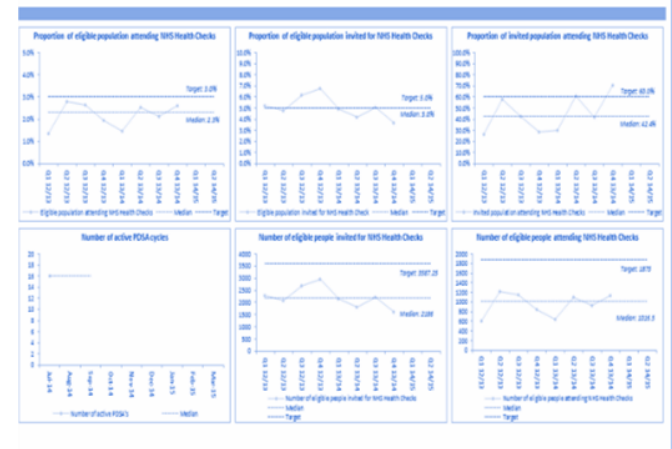
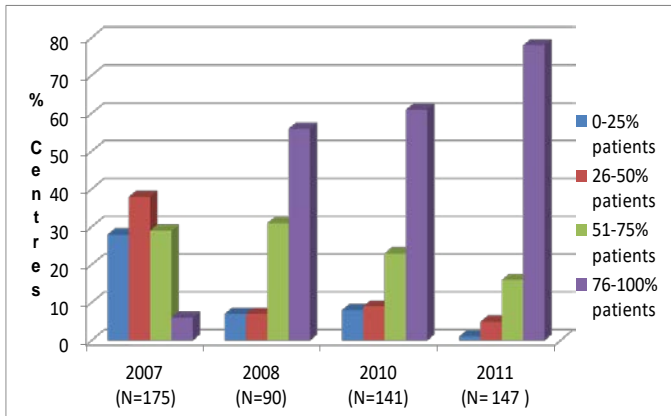
# Why has BAPEN developed a new measurement tool?

The focus in healthcare is shifting from standalone audits to quality improvement informed by audits

- Data collection was paper based
- One week per year selected for national nutrition screening audit
- Transfer of data to electronic database by hand
- Analysis and written report time consuming

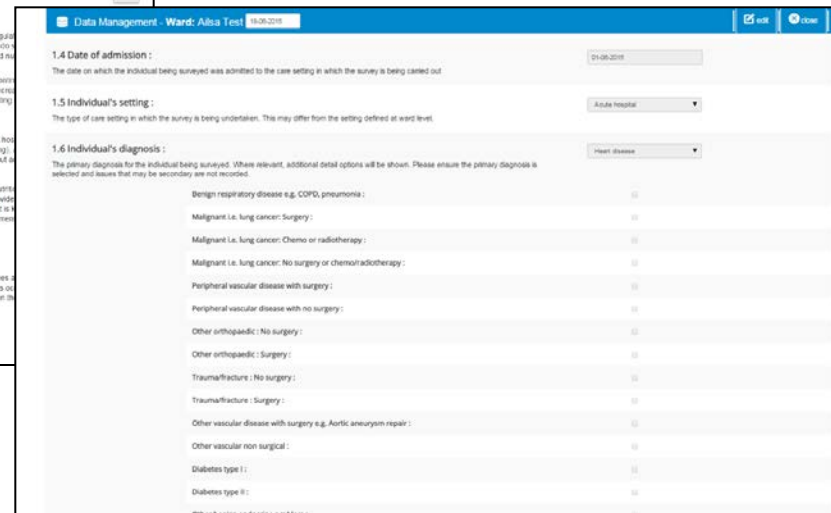
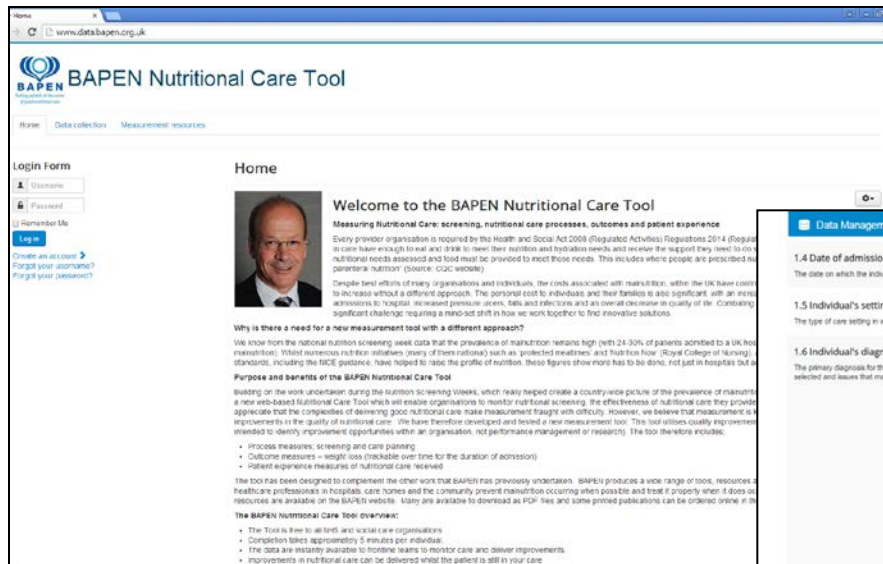


- Data collection via a web platform
- Opportunity for frequent data collection
- Scope for extensive analytics with a nutrition dashboard
- Instant charting and tracking of data over time using funnel plots, pareto charts and run charts



# Aim

- To design a web-based, simple national nutritional care tool to enable clinicians and organisations to measure the different elements that are required for the delivery of good nutritional care (screening, care plans, outcomes and patient experience) in order to identify where local improvements are required



# What does the new tool measure?

<b>Organisational details</b>	<ul style="list-style-type: none"> <li>•Organisation name</li> <li>•Ward/unit</li> <li>•Speciality</li> <li>•Date of collection</li> <li>•Professional group undertaking the survey</li> </ul>
<b>Demographics</b>	<ul style="list-style-type: none"> <li>•Age group</li> <li>•Feeding route</li> <li>•Setting</li> <li>•Diagnosis</li> </ul>
<b>Nutritional care</b>	<ul style="list-style-type: none"> <li>•Screening (including score on admission)</li> <li>• Re-screening</li> <li>•Nutritional care plan – documented and implemented</li> <li>•Current weight</li> <li>•Unplanned weight loss</li> <li>•Height</li> <li>•Acute illness AND has there been, or likely to be, no nutritional intake for more than 5 days</li> <li>•Subjective criteria</li> <li>•Barriers to nutritional screening</li> </ul>
<b>Patient Experience questions</b>	<ul style="list-style-type: none"> <li>•Have you received all the food and drink or nutritional care you have needed?</li> <li>•Have you received assistance to eat and drink when you have needed help?</li> </ul>

# What are the benefits of using the new tool in your practice?

The first tool nationally available that will enable you to measure the quality of nutritional care delivered to your patients and to track improvements over time

Provision of robust assurance to your trust board, through the nutritional care dashboard

Point of care measures – facilitate delivering improvements whilst the patient is still in your care

It is free to all NHS and Social Care Organisations in the UK

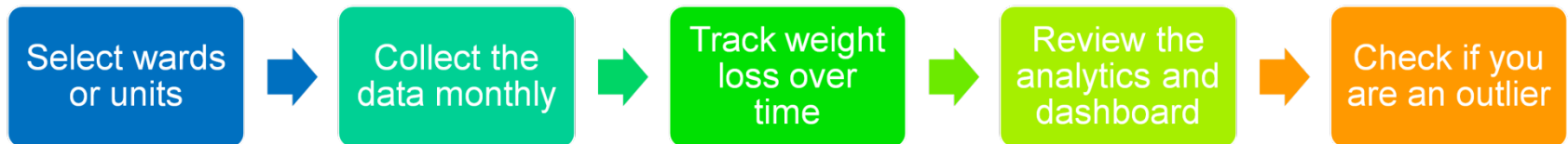
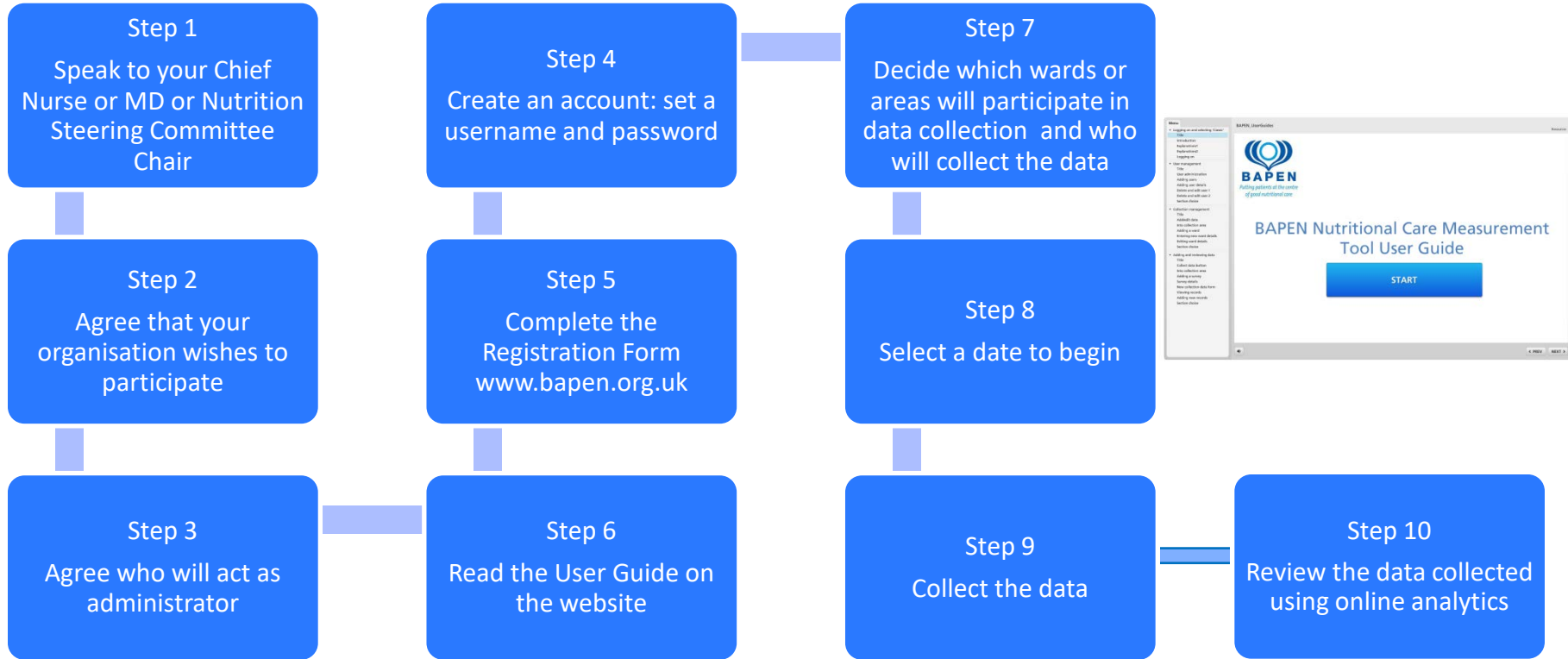
Completely voluntary – you decide the frequency and scale of use

If used across an organisation will highlight areas of excellent practice and areas where improvements are needed

Contains patient experience questions, as well as screening, care planning and outcomes

Online e-learning modules to help interpret the data collected

# Steps to using the tool?



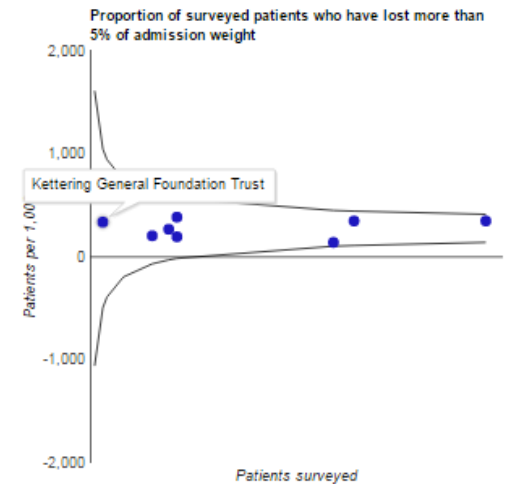
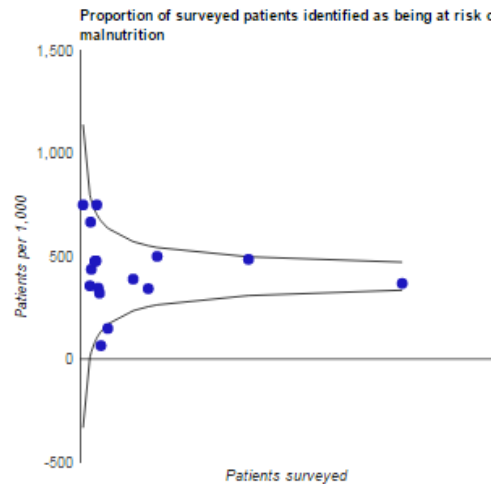
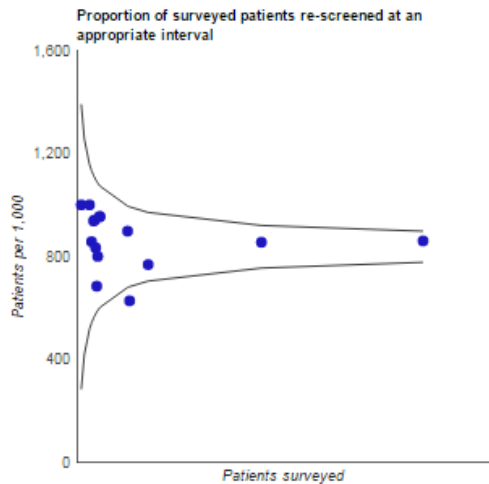
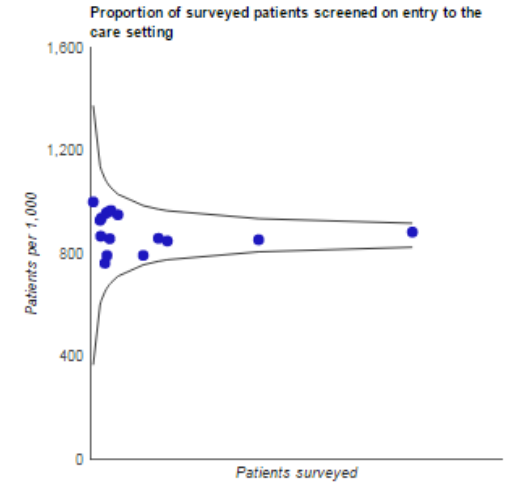
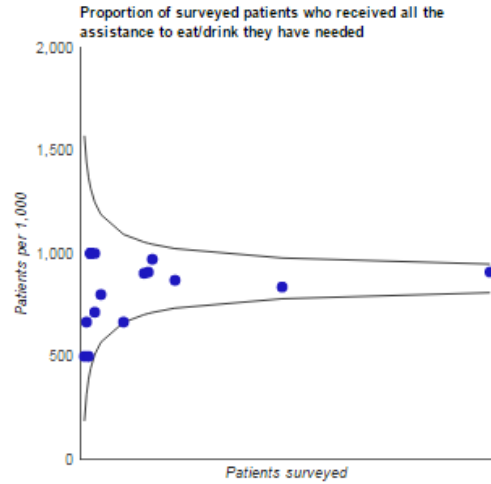
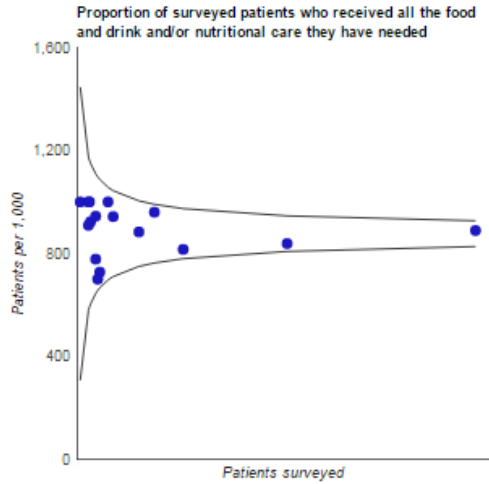
# Focus areas- the core dashboard

1. Proportion of surveyed patients able to answer who have received all the food and drink and/or nutritional care they have needed (Patient experience question 1)
2. Proportion of surveyed patients able to answer who have received all assistance to eat and drink they have needed (Patient experience question 2)
3. Proportion of surveyed patients screened on entry to the care setting ('MUST' on admission)
4. Proportion of surveyed patients re-screened at an appropriate interval ('MUST' rescreening)
5. Proportion of surveyed patients identified as being at risk of malnutrition on entry to the care setting (Patients at risk of malnutrition)
6. Proportion of surveyed patients who have lost more than 5% of admission weight whilst in care (Patients with >5% weight loss)

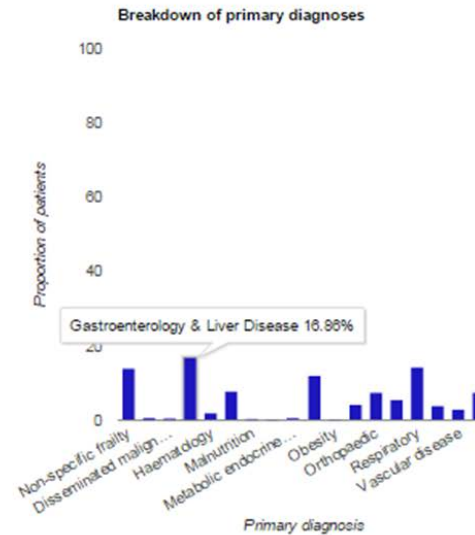
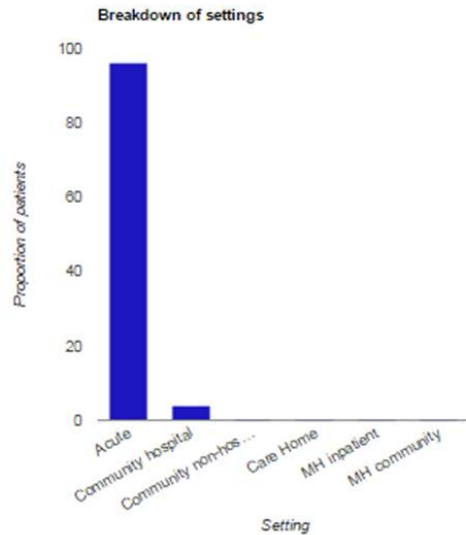
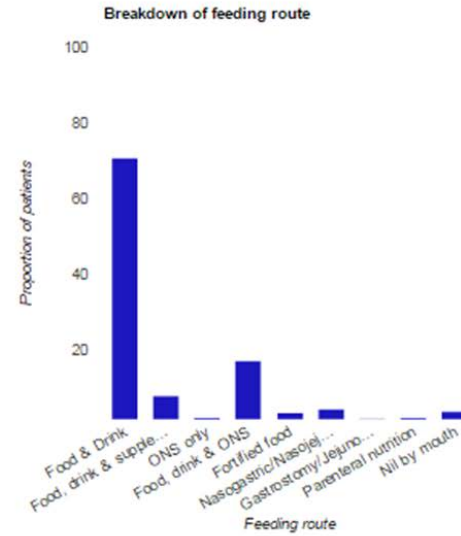
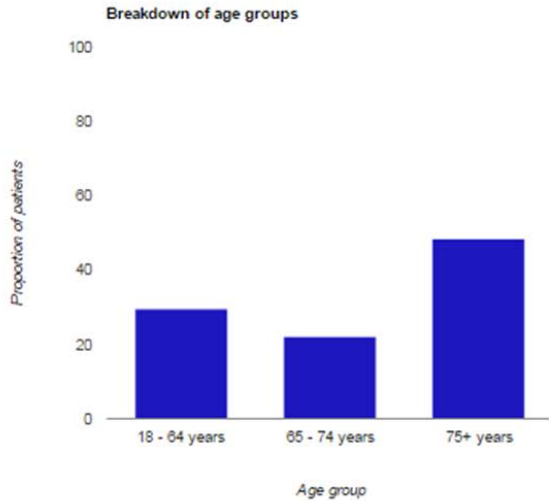
# Data summary

Organisation	Total patients	Patient experience Q1 (%)	Patient experience Q2 (%)	MUST on admission (%)	MUST recreening (%)	Patients at risk of malnutrition	Patient more >5% weight loss during
Trust 1	14	90.91	100	86.67	100	66.67	0
Trust 2	28	70	100	85.71	68.42	32.14	0
Trust 3	24	72.73	66.67	79.17	95.45	75	0
Trust 4	22	100	71.43	76.19	93.75	47.62	0
Trust 5	479	88.89	90.95	88.27	86.01	36.89	34.38
Trust 6	4	100	50	100	100	75	33.33
Trust 7	260	83.82	83.67	85.31	85.47	48.57	34.38
Trust 8	30	100	50	96.67	0	6.67	0
Trust 9	40	94.29	97.14	95	83.33	15	20
Trust 10	116	81.55	86.96	84.82	76.81	50	13.56
Trust 11	85	88.33	90.32	79.22	89.8	38.96	19.05
Trust 12	14	100	66.67	92.86	85.71	35.71	0
Trust 13	16	92.31	100	93.75	94.12	43.75	0
Trust 14	26	77.78	80	96.15	95.45	34.62	0
Trust 15	23	94.44	100	95.65	80	47.83	26.32
Trust 16	100	96	90.91	85.86	62.75	34.34	38.1

# Data- core dashboard funnel plots



# Data- demographics



## Discussion

- 1) What help or support do you need to start using the tool in your organisation?
- 2) If you are using the tool already, what improvements do you need us to develop?

### **Nutritional Care national data collection weeks**

- Week commencing 12th December 2016
- Week commencing 13th March 2017
- Week commencing 12th June 2017
- Week commencing 11th September 2017

# Thank you

www.data.bapen.org.uk




## BAPEN Nutritional Care Tool

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## Welcome to the BAPEN Nutritional Care Tool

**NEWS:** Four new data collection weeks have been agreed, starting in December 2016! We found this to be the most effective way to get a volume of data that is really meaningful at a national level. The weeks agreed are:

- Week commencing 12th December 2016
- Week commencing 13th March 2017
- Week commencing 12th June 2017
- Week commencing 11th September 2017

Please don't let this put you off using the tool in-between these times, we want this tool be be useful to you in your context, no matter when you choose to collect!

### Measuring Nutritional Care: screening, nutritional care processes, outcomes and patient experience

Every provider organisation is required by the Health and Social Act 2008 (Regulated Activities) Regulations 2014 (Regulation 14) to make sure the individuals in care have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so. Individuals "must have their nutritional needs assessed and food must be provided to meet those needs. This includes where people are prescribed nutritional supplements and/or parenteral nutrition" (Source: CQC website)

Despite best efforts of many organisations and individuals, the costs associated with malnutrition, within the UK have continued to rise; a cost likely to continue to increase without a different approach. The personal cost to individuals and their families is also significant, with an increased mortality rate, increased admissions to hospital, increased pressure ulcers, falls and infections and an overall decrease in quality of life. Combating malnutrition in the UK remains a significant challenge requiring a mind-set shift in how we work together to find innovative solutions.

### Why is there a need for a new measurement tool with a different approach?

We know from the national nutrition screening week data that the prevalence of malnutrition remains high (with 24-30% of patients admitted to a UK hospital malnourished or at risk of malnutrition). Whilst numerous nutrition initiatives (many of them national) such as 'protected mealtimes' and 'Nutrition Now' (Royal College of Nursing), and the publication of numerous standards, including the NICE guidance, have helped to raise the profile of nutrition, these figures show more has to be done, not just in hospitals but across a range of care settings.

### Purpose and benefits of the BAPEN Nutritional Care Tool