ADDRESSING THE NUTRITIONAL NEEDS OF OLDER PATIENTS

Wendy-Ling Relph explores how a free online tool can help nurses caring for older people measure the quality of the nutritional care they provide.

Abstract

Malnutrition affects three million people in the UK each year, 10% of whom are aged 65 and older. Chronic malnutrition is associated with well-documented clinical criteria for frailty: unintentional weight loss, weakness, immobility and sarcopenia. Frail, older people who are malnourished visit their GP twice as often as well-nourished equivalents and are three times more likely to be admitted to hospital where, on average, their stay is three days longer. Despite publication of various guidelines and standards, and numerous initiatives aimed at improving nutritional care, there is still much to do if older people who are malnourished or at risk of malnutrition are to receive the help and support they need. This article outlines a free online tool launched by the British Association for Parenteral and Enteral Nutrition that helps staff in NHS and social care settings measure the quality of the nutritional care they provide. It explains how use of the tool by nurses caring for older people can benefit patients. Nurses should take the lead in multidisciplinary teams to measure nutritional care provided to older patients. This will enable identification of good practice and areas for improvement.

Keywords

- care planning
- malnutrition
- nutrition
- nutritional screening
- older people

THE OLDER population in the UK is diverse, ranging from independent, healthy individuals who are fit and active to frail, dependent people with severe chronic disease and disabilities (Hickson 2006). Malnutrition is a significant clinical and public health problem affecting 10% of the population aged 65 and older (Elia et al 2005). It is a state of nutrition in which deficiency, excess or imbalance of energy, protein and other nutrients cause measurable adverse effects on tissue and body form (body shape, size and composition), body function and clinical outcomes (Elia et al 2005).

The causes of malnutrition in older people are varied, often multifactorial and can be divided into three main groups (Hickson 2006):

- Medical: poor appetite, poor dentition, respiratory, neurological and gastrointestinal disorders, physical disability, drug interactions and other disease states such as cancer.
- Social and lifestyle: lack of knowledge about food, cooking and nutrition, isolation/loneliness, poverty and inability to shop for or prepare food.
- Psychological: confusion, dementia, bereavement, depression or anxiety.

Malnutrition matters; it is a cause and a consequence of disease, and leads to worse health and clinical outcomes in all social care and NHS settings. The British Association for Parenteral and Enteral Nutrition (BAPEN) (Elia 2015) estimates that malnutrition affects more than three million people.
Improved management and monitoring systems, Early screening and detection of malnutrition.

Nutritional screening, based on the Malnutrition Universal Screening Tool (MUST) (Stratton et al 2003)

Nutritional care planning and implementation of the care plan

Outcomes, in terms of weight change during admission and length of stay

Patient experience questions, designed by patients; for example: ‘Have you received all the food and drink you need?’

Overview
The tool is free to all NHS and social care organisations and completion takes approximately five minutes per individual. The data are instantly available for frontline nurses to monitor care and deliver improvements in nutrition while the patient is still in their care. The tool is voluntary, so it is up to organisations and nurses how often they wish to use it and the scale of use.

Analytics and dashboards
Three core dashboards are available for nurses to monitor the quality of care they provide, via the Analytics menu at ward, organisational and national aggregate levels. Security protocols ensure that individual organisations will be able to view their own ward and organisational level data, but not data from other organisations.

The contents of each dashboard are:

- Core dashboard: provides a broad overview of the key measures that help support nurses and organisations in demonstrating effective implementation of major nutrition-related policies
- Demographics dashboard: a ‘snapshot’ of important demographic information in order to provide a context for outcome results
- MUST screening dashboard: provides an overview of the quality and accuracy of the MUST measurement undertaken

How do I use the tool?
All the information required for an organisation to register and use the tool is available from www.data.bapen.org.uk

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<thead>
<tr>
<th>Box 1</th>
<th>BAPEN nutritional care tool</th>
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<tbody>
<tr>
<td>Measures</td>
<td>The tool has a number of process, outcome and experience measures and collects data in five categories:</td>
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<td></td>
<td>■ Demographics: age range, specialty and diagnoses (non-identifiable data)</td>
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Strategies to reduce malnutrition
National campaigns, reports and initiatives have aimed to prevent malnutrition and improve nutritional care for older patients; for example: Hungry to Be Heard (Age Concern England 2006), Nutrition Now (Royal College of Nursing (RCN) 2007), Still Hungry to be Heard (Age UK 2010) and the Malnutrition Task Force (2016).

A NICE (2006) guideline outlined recommendations for nutritional screening in hospital and community settings, and the need for individualised nutritional care plans for patients at risk. Many organisations, including the RCN, Department of Health, Council of Europe, British Dietetic Association (BDA) and Royal College of Physicians, also recognise the importance of screening for malnutrition and treating all patients at risk. Although there are alternatives, the Malnutrition Universal Screening Tool (MUST) (Stratton et al 2003) is the simple tool used by most...
acute trusts and care homes when screening patients for risk of malnutrition. Patients who have a score of two or above require an individualised nutritional care plan.

Dietitians are best placed to advise on nutritional care for vulnerable, at-risk patients. A food-first approach is usually part of the individual plan, encouraging patients to eat calorie-dense foods of their choice and encouraging ‘little and often’ throughout the day, rather than the more traditional three meals a day. If this approach does not enable the ideal nutritional intake, oral nutritional supplements may be prescribed (BDA 2012).

Increasing numbers of older people are living with dementia. Ensuring they are provided with familiar foods, in a conducive and socially interactive environment, will help to encourage greater nutritional intake (Alzheimer’s Society 2013).

Nutritional education and training are required for all staff to enable motivated multidisciplinary working. Highlighting good practice and areas for improvement are crucial in today’s healthcare environment. However, to date, a national nutritional care tool has not been available to support nurses’ efforts.

**BAPEN nutritional care tool**

The four national screening weeks undertaken by BAPEN in partnership with the RCN and BDA between 2007 and 2011 helped create a UK-wide understanding of the prevalence of malnutrition. Building on this work, BAPEN (2015) has developed an online nutritional care tool (Box 1) to support organisations to monitor nutritional screening, the effectiveness of nutritional care and patient experience. The tool is of particular importance for nurses caring for older people as these patients are among the most vulnerable, and if malnutrition can be prevented or recognised early and treated appropriately, older patients will experience significant benefits. The challenges and complexities of delivering good nutritional care make measurement fraught with difficulty but without new measurement approaches, which identify where variation exists and track improvements over time, it is unlikely that sustained improvements will be made. BAPEN has worked with nurses, doctors and dietitians to design and test the tool. It uses quality improvement methodology with the data being used to identify improvement opportunities in an organisation, not for performance management.

**Conclusion**

Despite various national guidelines, campaigns and initiatives in the UK aimed at improving nutritional care, there is still much to do if older people who are malnourished or at risk of malnutrition are to receive the help and support they need. Early, accurate screening, good nutritional care planning and implementation, and monitoring of nutritional intake and status will significantly improve the fundamental standards of care that older people receive. Use of the BAPEN nutritional care tool can identify areas of good practice and those requiring improvement. The greater the number of organisations that use the tool, the greater the ability to compare outcomes across the UK. Nurse leadership is critical to improving nutritional care for older people.

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**Find out more**

BAPEN is asking all trusts to commit to collecting nutritional care tool data on at least one day during four weeks spread across the year. The fourth and final week selected for 2016 begins on June 27. Find out more at tinyurl.com/nv49lb6

**References**


Alzheimer’s Society (2013) Fact Sheet: Eating and Drinking. tinyurl.com/g77my5c (Last accessed: March 3 2016.)

British Association for Parenteral and Enteral Nutrition (2015) BAPEN Nutritional Care Tool. tinyurl.com/bknnhsm (Last accessed: March 3 2016.)


