Implementing Nutrition Screening in the Community - results from phase one of a prospective process evaluation of a new procedure for screening and treatment of malnutrition in community care for older people (INSCCOPe - phase one)

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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.

Procedure and training

Procedure: Adapts existing policy with respect to screening and treatment of malnutrition for community settings.

- Patients at medium or high risk of malnutrition ('MUST' score of 1 or more) require monthly re-screening and follow up; patients at low risk now re-screened annually, unless there is a significant change in health status.
- Provision of malnutrition information resource sheets to medium and high-risk patients now a mandatory activity.
- Electronic patient records system (Rio) now includes facility for malnutrition screening and care planning information.
- Emphasises the responsibility of staff at all roles and grades for malnutrition screening and delivery of appropriate treatment.

Training:

Staff were provided with a one-hour session delivered by a dietitian.

Methods

Participants:

- Nursing and allied health professionals (AHPs) working within Integrated Community (ICTs) and Older People’s Mental Health Teams (n=32)

Data collection (at all observation points):

- 23-item questionnaire (NoMad) (completed by all participants)
- Semi-structured telephone interview exploring survey responses (completed by a sub-sample of respondents)

Observation points:

- T0 (baseline – prior to implementation of the training; findings reported in this poster)
- T1 (2 months following implementation of the training)
- T2 (8 months following implementation of the training)

Data analysis:

- Descriptive and inferential statistical analysis of questionnaire data.
- Deductive thematic analysis of interview data, informed by Normalization Process Theory (May & Finch, 2007)

T0 results (Baseline)

- strong support for, and value placed upon, nutrition screening and treatment activity by participants (survey and interviews)
- uncertainty regarding current logistical and organisational support for screening and treatment activity (survey and interviews)
- improvements wanted in access to dietetic support (interviews)

T1 results (2 months post-implementation)

- Uncertainty remains among participants regarding the new procedure.
  - Widely held concerns regarding dietetic supporting all aspects, many of which persist after training.

<table>
<thead>
<tr>
<th>Statement</th>
<th>% strongly/agree</th>
<th>% strongly/disagree or uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 - I know where to get specialist support and advice on treatment for malnutrition if I need it</td>
<td>50</td>
<td>44</td>
</tr>
<tr>
<td>A2 - I have sufficient access to patient information resources relating to malnutrition</td>
<td>56</td>
<td>41</td>
</tr>
<tr>
<td>A3 - Patient information resources relating to malnutrition are useful and effective</td>
<td>47</td>
<td>50</td>
</tr>
<tr>
<td>A4 - My team has access to a dietitian if a patient requires it</td>
<td>34</td>
<td>59</td>
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<td>A5 - I know the procedure for referring a patient to a dietitian if required</td>
<td>44</td>
<td>53</td>
</tr>
<tr>
<td>A6 - Availability of dietitians is sufficient to meet the needs of our patients</td>
<td>13</td>
<td>84</td>
</tr>
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<td>A7 - Current state of malnutrition screening is sufficient to meet the needs of our patients</td>
<td>50</td>
<td>44</td>
</tr>
<tr>
<td>A8 - Current arrangements for treatment of malnutrition are sufficient to meet the needs of our patients</td>
<td>34</td>
<td>59</td>
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Recommendations and next steps

Appointment of a key person for the new procedure, with specialist nutritional expertise and remit to: monitor training completion rates and procedure compliance; disseminate practice updates; provide advice and support for nutrition screening and treatment, gain organisational leadership and support.

Training platform to be explored as a toolkit building on existing organisational e-learning portal, rather than in person.

Third round (T2) of questionnaires/interviews to explore impact of procedure development, and organisational recommendations.

Reference: