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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)

T1 results

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.

NoMad statement	Response (n=32 total; n=13 training completed; n=19 training not completed)
I can see how the new procedure for screening and treatment of malnutrition differs from usual ways of working (Q4)	46% uncertain or disagree (38% training completed; 42% training not completed)
Staff in this organisation have a shared understanding of the purpose of new procedure for screening and treatment of malnutrition (Q5)	41% uncertain or disagree (38% training completed; 42% training not completed)
I understand how the new procedure for screening and treatment of malnutrition affects the nature of my own work (Q6)	25% uncertain or disagree (8% training completed; 37% training not completed; difference between groups, p=0.06)
I can see the potential value of the new procedure for screening and treatment of malnutrition for my work (Q7)	25% strongly/agreed (92% training completed; 37% training not completed, difference between groups, p=0.01)

- Widely held **concerns regarding dietetic supporting all aspects**, many of which **persist after training.**

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

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.**