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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.**