# MUST DO NUTRITION PROJECT Promoting Good Nutrition in Dalriada Community Hospital

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## Presentation

- Aims, early assessment and analysis
- Objectives and Methodologies
- Policy influences
- Pictures and examples of exercise
- Discussion on what we actually achieved
- Answer any questions

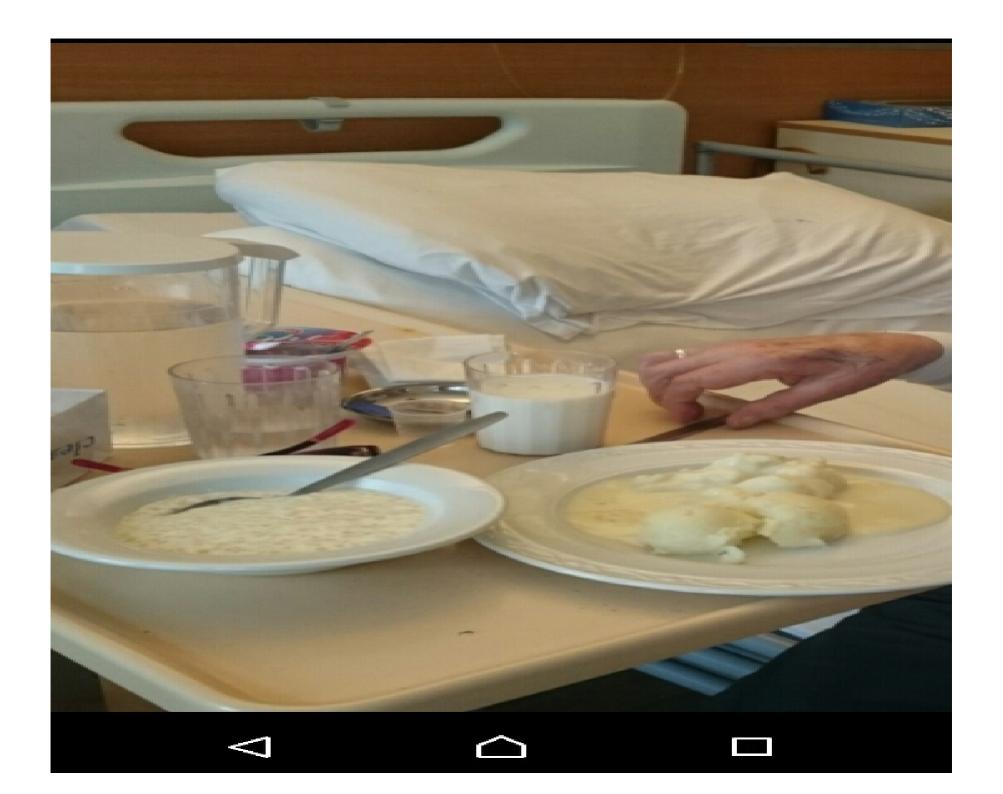




## Motivation for Project

- Feedback and suggestions from patients to the hospital regarding the variety and choice of patient meals.
- An application to the Patients First Programme at the Foundation of Nursing Studies (FONS) to support a project to improve Patient Nutrition in the Hospital.
- Our project team attended 4 workshops at FONS in London and had learnt and been involved with practice development Methodologies.





## Aim of the Project

- To improve the patients experience and choice at mealtimes, in Dalriada Community Hospital, with the aim of improving their nutritional intake to promote recovery
- Facilitated through a Steering group with various stakeholders

## Objectives

- To ensure, patients at risk of malnutrition are identified on admission to hospital
- To provide patients with nutritious choices to meet their dietary needs and preference.
- To improve Person Centred Care by implementing a person centred care plan



# Objectives

- Improve staff knowledge and management on nutrition/malnutrition
- Improve patient and carers knowledge and management on nutrition/malnutrition



## Assessment and Analysis

- To determine Values, clarification exercise was carried out – determine the ward values on nutrition.
- To gather Claims, Concerns, Issues Exercise carried out – multidisciplinary views of ward staff
- Plan Do Study Act (PDSA) & Small Cycles of Change

## Assessment and Analysis

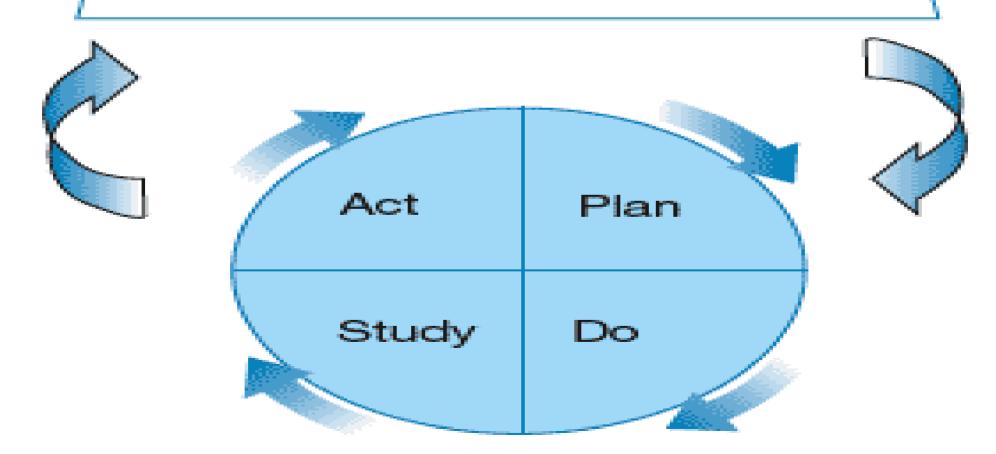
- History Listeria outbreak difficulty with meal choice at lunch time.
- Dietetic Service Audit in 2013 finding suggest 6 out of /15 standards achieved. Ongoing audit
- Project plan and project management

- Collect data from local and regional audit
  - Audits of MUST and care plans for at risk patients
  - Benchmark current processes
  - If there is improvement measure the improvement
- Benchmark current care plans for at risk patients. Evaluate this and compare using Local and Regional Guidance

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



## Values Clarification Exercise



We believe the purpose of enabung our patients to eat and drink get proper nutrition 15:



Environment

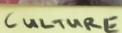


WISDOM











Enjoyment



ulnerable.









Responsibility

# Claims, Concerns & Issues Exercise



#### **CONCERNS**

- "Snacks not available for patients"
  - "Lack of variety"
  - To much salads
    - Paper cups
- Poor menu choices for variety of patients
- "Provide more meals throughout the day instead of a shot of cream into porridge/soup".
   puddings at lunch"

#### **CLAIMS**

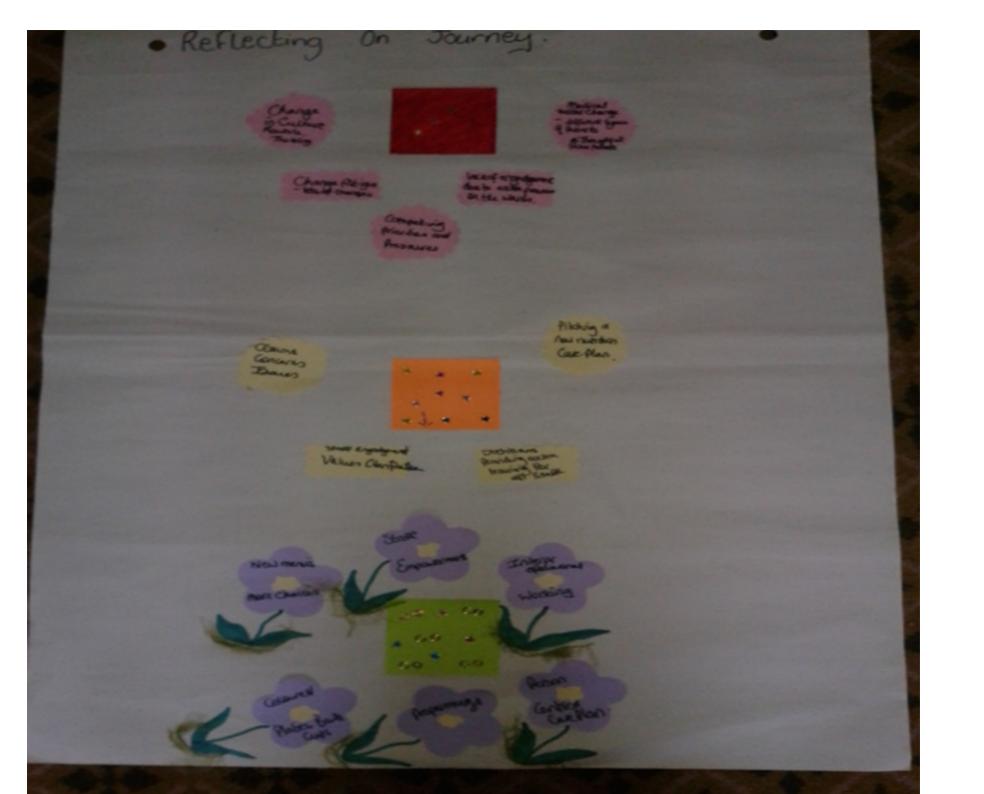
Staff want to improve patient experience and their knowledge about nutrion

•MUST scores updated weekly

Staff are all attentive Adhered to protected mealtime policy

#### **ISSUES**

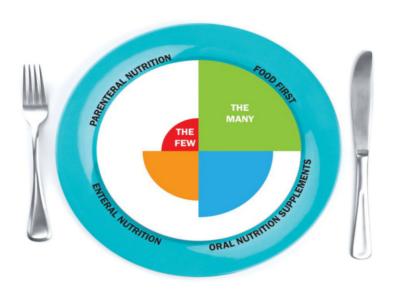
- Enforce protected meal times.
- Need menu developed
- Portion sizes to small especially for men



## Policy Influence:

- Promoting Good Nutrition a strategy for good nutritional care for adults in all care settings in Northern Ireland 2011-2016(DHSSPS 2013Quality 2020 - a 10-year strategy to protect and improve quality in health and social care in Northern Ireland(DHSSPS 2012)
- Protected Meal Time Policy (NHSCT 2011)
- NICE Guidance 2012- Quality Standard for Nutrition Support in Adults.
- Still Hungry to be Heard. AGE UK 2010
- Essence of Care Benchmarks for food and drink. DOH 2010, London.





- Promoting Good Nutrition
- A Strategy for good nutritional care for adults in all care settings in Northern Ireland
- 2011-2016

 Development of food chart to accurately record nutrition and hydration

- Actively participation in Nutrition and Hydration week March 2014 and 2015 –
- Nutritional Care Plan Piloted community hospital
- On going monthly audit process mapping
  - NIPEC Online Electronic tool
  - NICE Guidance
  - BAPEN
  - NI Nutrition Strategies Standards





#### **Five High Calorie Foods**

Adding 30 ml of double cream to a patient's porridge, soup and pudding will provide an extra 400 kcals per day.



Every extra pat of butter, will provide an additional 50 kcals.



2 glasses of full fat milk a day will provide
 250 kcals.



1 small tub of grated cheese will provide 200 kcals.



Each pack of jam provides 40 kcals.







Porridge 80 kcals



Double Cream 30ml 135 kcals



Soup 50 kcals



bread roll & butter 110 + 50 = 160 kcals



180ml 20 kcals



50ml 35 kcals



100ml 70 kcals



150ml 105 kcals



180ml 125 kcals

#### Main Meal



400 kcals



200 kcals



100 kcals

#### Dessert



Full 360 kcals



1/2 180 kcals



1/4 90 kcals



Milk pudding 200 kcals

usc)	Northern Health
של	Northern Health and Social Care Trust

Offer Alternative at Food Refugal

Affix Addressograph Label

#### Malnutrition/Under Nutrition Care Bundle including Malnutrition Care Plan (please circle and sign as appropriate)

M	MUST/ Monitor	Complete MUST Assessment with 24 hour of admission to a hospital ward	Date/Time Signature
•	Monitor weekly in hospital or if clinical condition changes.		
•	Food Allergies are recorded at the initial nursing assessment		
•	The patient/carer (with consent) has been advised of their at risk status Yes / No		
٠	Promote Protected Meal Time		
U	User Involvement	Identify the patients likes/dislikes, religious, cultural and ethical needs	
•	Has the patient likes and or dislikes been identified? Yes / No		
•	Provide assistance with food & Drink where necessary / obtain patient consent		
•	Investigate and address causes of nutritional problems – i.e nausea, infection, pain and multiple medications		
•	<ul> <li>Has the patient been provided with written information Your Nutrition is Our Concern and Until Your Appetite Improves available on Trust intranet</li> </ul> Yes / No		
S	Snacks	Patient should have access to nutritious snack/drinks over 24 hour. Offer frequent snacks	small
•	<ul> <li>Patients with a MUST score of 1, nursing staff to provide additional snacks such as pancakes, scones, offer 1 glass of full fat milk twice a day, offer 1 milky pudding twice a day.</li> </ul>		
T	Track Food Intake	Patients with a MUST score of 1 and above, start an initial Food Chart for 3	days
•	Has a food chart been initiated Yes/No		
•	Continue to track food using the food chart if necessary – if improving continue until "low risk". If deteriorating consider treating as "high risk"		
D	Dietitian/ Dehydration	Patients with a MUST score of 2 and above, refer to Dietetic Service	
Monitor and observe patient for dehydration – update fluid balance chart where necessary.			
•			
	Consider nutritional needs on discharge		
0	Offer	Offer alternative options if patient has refused food- monitor and record on	food chart

Document the patien

Affix Addressograph Label

Document any addition

Update the care plan changes.

Review notes					
Date/Time	Issue/comment				

# Challenges

- Announced temporary closure of Dalriada
- Project stopped
- Staff redeployed

## **Good News**

- After a judicial review it was announced Dalriada will remain open
- Recommenced project
- Claims Concern and Issues with staff
- Steering group meeting to discuss project
- Implemented changed
- Feedback from Staff

## Achievements

## The patients and carers

- Their experience was more person centred due to:
- Varied menu options choices, individual to their needs
- Better experience of mealtimes
- Better nutritional status
- Less likely to go home malnourished

## **Achievements**

## The staff

- Better knowledge and understanding of nutrition and the needs of patients in hospital as well as the importance of these being individualised
- Increased multidisciplinary working facilitated and promoted staff empowerment
- Increased satisfaction that delivery of care was optimal and holistic

## Achievements

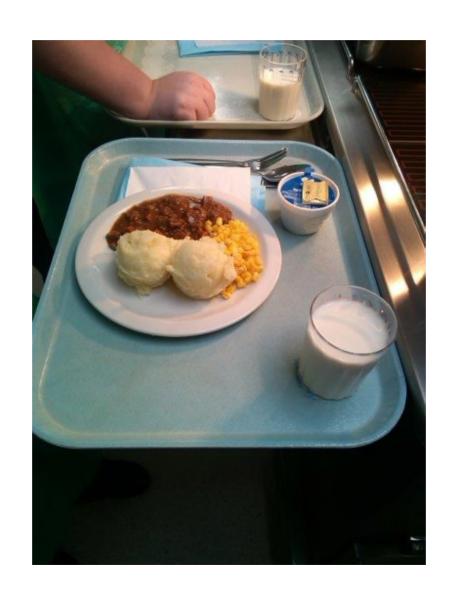
## The Organizational

- A 100 percent increase in accurate completion of the MUST assessment
- Better nutritional status of person care planning (a nursing KPI) increased by almost 100 percent
- Improved feedback from patient satisfaction surveys

























## Conclusion

 "Organisations have to deal with so many competing priorities and may ask – why should we prioritise nutrition and hydration care?

 The answer is simple. Without food and water, people will die.

# Thank You

### **Any Questions?**





