BAPEN

Putting patients at the centre of good nutritional care

Nutritional Care Tool Report 2017

A Report by the BAPEN Quality and Safety Committee

Dr Ailsa Brotherton, Kate Cheema, Anne Holdoway, Vera Todorovic and Professor Mike Stroud

On behalf of the Quality and Safety Committee

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All enquiries to the editor, Dr Ailsa Brotherton, qualitygroup@bapen.org.uk or to
BAPEN office, Seven Elms, Dark Lane, Astwood Bank, Redditch, Worcestershire, B96 6HB.
Tel: 01527 457 850
Email: bapen@bapen.org.uk

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This report was produced on behalf of BAPEN by members of the Quality and Safety Committee:
Ailsa Brotherton (former Chair), Kate Cheema, Anne Holdoway, Vera Todorovic and Professor Mike Stroud, on behalf of the Committee. The Nutritional Care Tool report will be published annually and will be incorporated into the work of the MAG committee.

Nutritional Care Tool Annual Report 2017

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Section 1:
Definitions of Terms and Registration Instructions

Data Collection and Definition of Terms

A full description of each of the demographic, organisational and clinical data collected in the BAPEN Nutritional Care Tool is fully outlined in Appendix 1, together with an explanation of the rationale for inclusion of the measure and instructions for data entry.

Exclusions

The following groups are excluded from the BAPEN Nutritional Care Tool data collection:

- Patients being cared for in their own homes
- Patients being cared for in an outpatient (clinic) only setting
- Patients under the age of 18 or under the care of paediatric team

Registration Instructions

Details of the registration process for the tool are available to download from:
http://www.data.bapen.org.uk/index.php?option=com_docman&view=document&slug=bapen-nutritional-care-tool-sign-up-instruction-sheet&Itemid=151

User Guides

A user guide is available to download from:
http://www.seqo.nhs.uk/elearning/BAPEN_UserGuides/story.html

A data analytics user e-learning guide is available to download from:
http://www.seqo.nhs.uk/elearning/BAPEN_Analytics/story.html

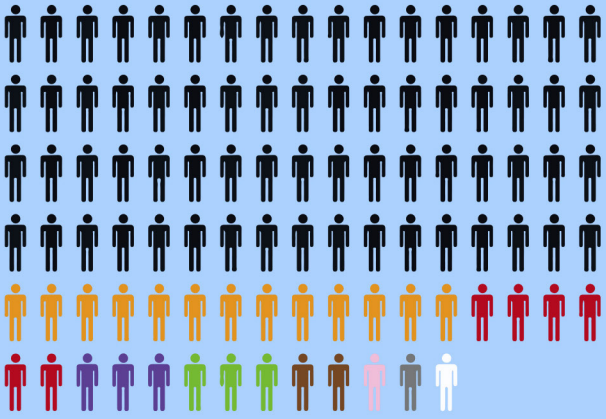
BAPEN 25 Years 1992 - 2017

Putting patients at the centre of good nutritional care

BAPEN Nutritional Care Tool Two Years On....

Who has submitted?

Who are our patients?



75% of patients on food and drink only, 15% on food & drink with ONS, 6% on food & drink with supplements

Core measure results

7,744
Patients surveyed

89.3%
Patients report they had all the assistance they needed

83.8% (and 81.8%)
Patients screened on admission (and rescreened)

37.2%
Patients at risk of malnutrition

Congratulations and thank you!

We have had great engagement from the nutrition community; thanks to everyone who has participated and provided their feedback!

Source : BAPEN Nutritional Care Tool

Section 2:
Executive Summary

1 70 organisations are currently registered to use the BAPEN Nutritional Care tool; all have contributed data at least once since its inception in September 2015. The majority of organisations are in the NHS Acute sector, but there is representation from nursing and residential homes, and community organisations.

2 77% of organisations using the BAPEN Nutritional Care Tool reported having a nutrition steering committee and 73% reported having a nutrition support team

3 57% of the organisations employ specialist nutrition nurse(s) with a median number of specialist nurses where in post of 1 whole time equivalent (WTE). There were 2.93 specialist nutrition nurses per 1,000 available beds for all organisations registered to use the tool.

4 The majority of registered organisations provide education and undertake audit in relation to nutritional care.

5 97.1% of organisations are undertaking regular audits of nutritional screening, 51.4% undertaking regular audits of nutrition care plans, with only 27.1% tracking nutrition outcomes and 12.7% undertaking regular audits of intentional rounding, where nutrition is included in the intentional rounding tool used.

6 The patient experience questions were answered positively; 89.3% of patients able to answer reported receiving all the food and drink and/or nutritional care they had needed together with all the assistance they had needed to eat and drink.

7 83.8% of patients surveyed with the tool had been screened for malnutrition on entry to the care setting. The 16.2% of patients who are [presumably] not screened at entry to the care setting is a clear target area for improvement.

8 81.8% of patients surveyed with the tool were re-screened for malnutrition at an appropriate interval

9 37.2% of patients surveyed using the tool were recorded as being at risk of malnutrition either through 'MUST' screening or subjective criteria. This represents a significant proportion of patients surveyed, although it should be remembered that many trusts completing the tool may have focussed on higher risk areas such as care of the elderly wards.

10 Approximately 8% of patients surveyed showed a loss of 5% or more of body weight during their time in the care setting (See section 5 for details regarding the caution required in the interpretation of this finding)

11 75.3% of patients were recorded as receiving only food and drink. Further analysis of the data regarding feeding routes is being undertaken.

12 85.3% of patients had objective criteria for the completion of 'MUST' with only 4.6% using subjective criteria of weight recall (3.1%) and weight estimates (1.5%)

Section 3:
Background and Context

Measuring Nutritional Care: screening, nutritional care processes, outcomes and patient experience

Every provider organisation is required by the Health and Social Act 2008 (Regulated Activities) Regulations 2014 (Regulation 14) to make sure the individuals in care have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so. Individuals "must have their nutritional needs assessed and food must be provided to meet those needs. This includes where people are prescribed nutritional supplements and/or parenteral nutrition"

(Source: CQC website: http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs#guidance)

Despite best efforts of many organisations and individuals, the costs associated with malnutrition, within the UK have continued to rise; (Elia, 2015) a cost likely to continue to increase without a different approach. The personal cost to individuals and their families is also significant, with an increased mortality rate, increased admissions to hospital, increased pressure ulcers, falls and infections and an overall decrease in quality of life. Combating malnutrition in the UK remains a significant challenge requiring a mind-set shift in how we work together to find innovative solutions.

Elia, M. (2015) The cost of malnutrition in England and potential cost savings from nutritional interventions; a report on the cost of disease-related malnutrition in England and a budget impact analysis of implementing the NICE clinical guidelines/quality standard on nutritional support in adults. Available from http://www.bapen.org.uk/pdfs/economic-report-full.pdf

Why is there a need for a new measurement tool with a different approach?

Data from the BAPEN led national nutrition screening weeks illustrate the continued high prevalence of malnutrition (24-30% of patients admitted to a UK hospital malnourished or 'at-risk' of malnutrition). Whilst numerous nutrition initiatives (many of them national) such as 'protected mealtimes' and 'Nutrition Now' (Royal College of Nursing), and the publication of numerous standards, including the NICE guidance, have helped to raise the profile of nutrition, the prevalence data indicates more has to be done, not just in hospitals but across a range of care settings, if we are to make a difference in reducing the risk of malnutrition developing and managing it appropriately when present.

Purpose and benefits of the BAPEN Nutritional Care Tool

Building on the work undertaken during the Nutrition Screening Weeks, which helped create a country-wide picture of the prevalence of malnutrition in the UK, BAPEN developed and tested a web-based Nutritional Care Tool. Whilst the complexities of delivering good nutritional care make measurement fraught with difficulty, we believe that measurement is key to delivering further improvements in the quality of nutritional care. The Nutritional Care Tool was therefore designed to enable organisations to easily monitor the level of screening for malnutrition but to also ease the process for organisations to capture and evaluate the effectiveness of nutritional care provided along with the patient experience. The nutritional care tool utilises quality improvement methodology (i.e. these data are intended to identify improvement opportunities within an organisation, not performance management or research). The tool includes;

• Process measures; screening and care planning
• Outcome measures – weight loss (trackable over time for the duration of admission)
• Patient experience measures of nutritional care received

The Nutritional Care Tool builds on the work previously undertaken by BAPEN and is a unique and valuable addition to BAPEN's toolkit of resources and guidelines, designed to help healthcare professionals in hospitals, care homes and the community prevent malnutrition occurring when possible and treat it properly when it does occur. (For further information on BAPEN's publications and resources are available visit the BAPEN website http://www.bapen.org.uk)

The BAPEN Nutritional Care Tool overview:

• The Tool is free to all NHS and social care organisations
• Completion takes approximately 5 minutes per individual.
• Key data are instantly available to frontline teams to monitor care and identify areas for improvement.
• Improvements in nutritional care can be delivered whilst the patient is still in your care.
• The Tool is completely voluntary so it is up to you how frequently you use it and the scale of use

This report presents the first analysis of the data collected since the launch of the tool. Annual update reports will be published at BAPEN conference.

Section 4:
Organisational measures

A set of organisational measures has been incorporated into the tool and are completed at the time an organisation registers to use the tool. These measures are:

- The proportion of registered organisations with a nutrition steering committee
- The proportion of registered organisations with a nutrition support team
- The proportion of registered organisations which employ specialist nutrition support nurses
- The median number of specialist nutrition support nurses employed
- The number of nutrition support nurses employed per 1,000 overnight beds (using KH03 central return to source number of overnight beds)
- Proportion of organisations offering education or training in the following areas:
    - Nutritional needs and indications for nutritional support
    - Options for nutrition support
    - Ethical and legal concepts
    - Potential risks and benefits
    - When and where to seek expert advice
- Proportion of organisations auditing the quality of nutritional care in the following ways:
    - Regular audits of screening
    - Regular audits of nutritional care plans
    - Use of 'flag' and 'tag' facility in NHS Safety Thermometer
    - Tracking of nutritional outcomes
    - Audits of intentional rounding

These data form a baseline understanding of how organisations organise themselves to deliver nutritional care and could be gathered again at a later point in time in order to assess whether changes have been made and improvements achieved where necessary.

70 organisations are currently registered to use the BAPEN Nutritional Care tool; all have contributed data at least once since its inception in September 2015. The majority of organisations are in the NHS Acute sector, but there is representation from nursing and residential homes, and community organisations. The chart below illustrates the split between different organisation types:

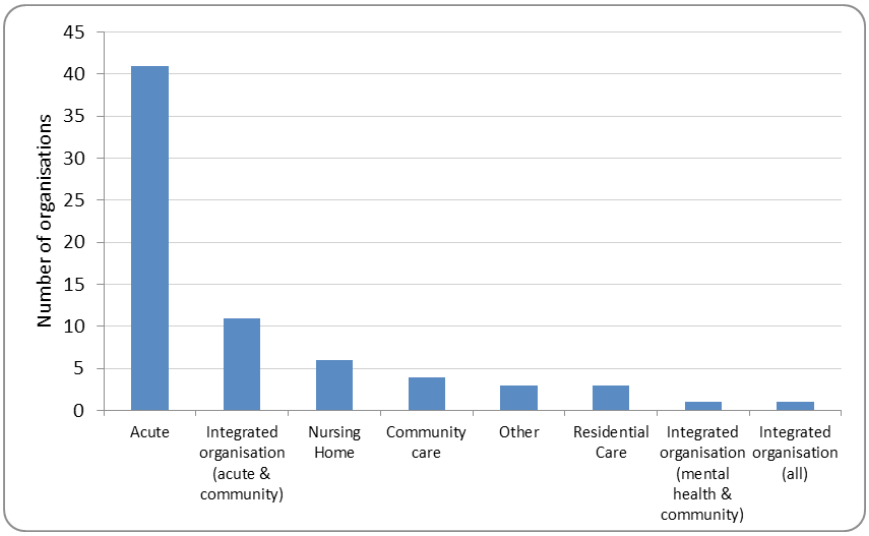


Figure 1: Organisational types using the Nutritional Care Tool

Organisations have varying approaches to delivering nutritional care. The fundamental elements of nutritional care that are recommended in the NICE Guidance (Nutritional Support in Adults; CG 32, 2006) are not necessarily well represented within the organisations currently using the tool. Table 1 provides key statistics for the 70 organisations currently inputting data:

Proportion of organisations with a nutrition steering committee	77.1%
Proportion of organisations with a nutritional support team	72.9%
Proportion of organisations with specialist nutrition nurse(s)	57.1%
Median number of specialist nutrition nurses where in post (WTE)	1
Specialist nutrition nurses per 1,000 available beds for all organisations registered to use the BAPEN tool	2.93

Table 1 Organisation of Nutritional Care; key statistics

The majority of registered organisations provide education and undertake audit in relation to nutritional care. The charts below illustrate the proportion of organisations taking specific approaches to each of these elements.

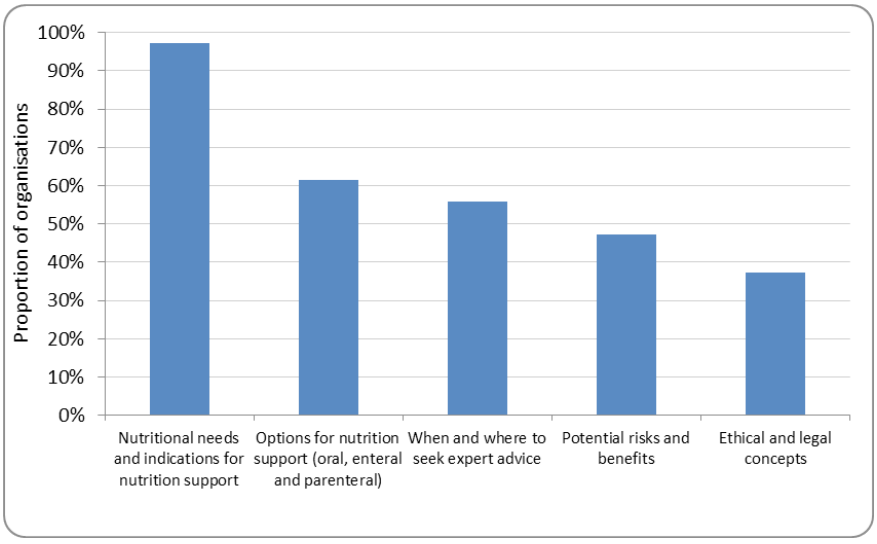


Figure 2: Proportion of registered organisations offering nutritional care training in specific areas

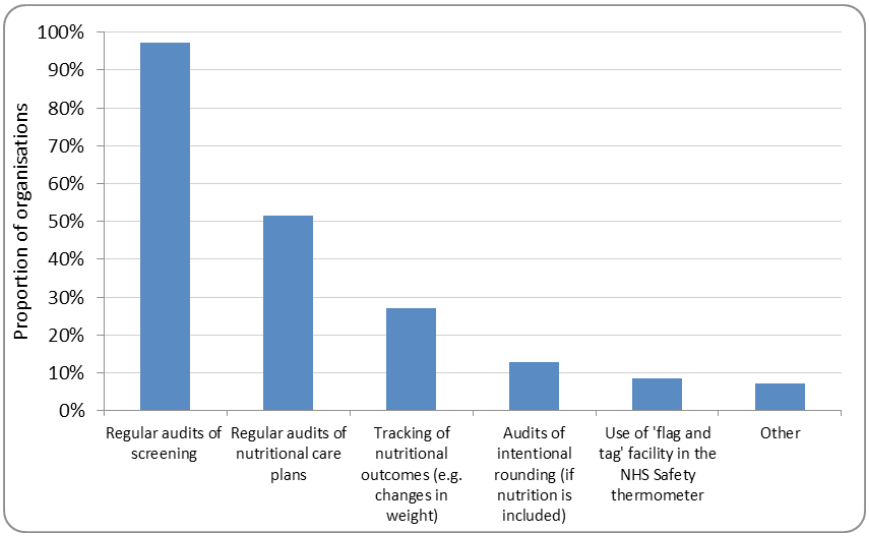


Figure 3: Proportion of organisations auditing the quality of nutritional care

Section 5:
Nutritional Care Core dashboard

Patients surveyed using the tool between September 2015 and September 2017: of those able to answer the patient experience questions contained in the tool, the vast majority were able to report positively on their experience of nutritional care, with

- 89.3% of patients able to answer reported receiving all the food and drink and/or nutritional care they had needed.
- The proportion of surveyed patients able to answer who had received all assistance they needed to eat and drink was 89.3%.

This has remained fairly stable over time (see figure 4 and 5); the SPC charts shown here illustrate a stable process with positive feedback at about the 90% mark in each month for both measures. Points where the control limits are a long way apart indicate months with very small sample sizes (a small number of Trusts are measuring on a monthly rather than quarterly basis), particularly in year two where the majority of respondents collected data on a quarterly basis.

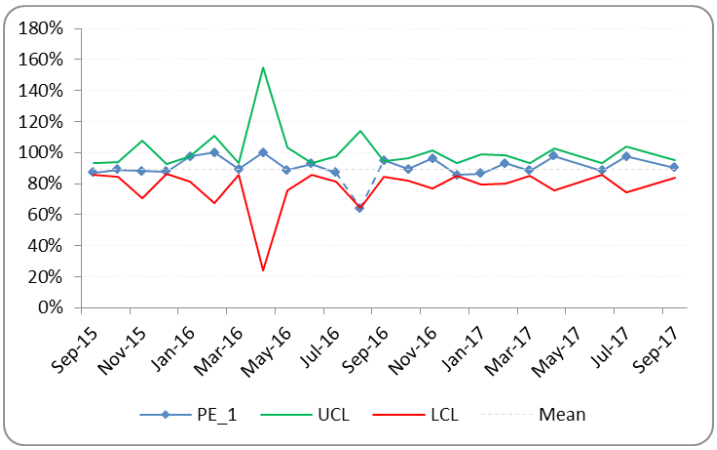


Figure 4: Proportion of surveyed patients able to answer who have received all the food and drink and/or nutritional care they have needed

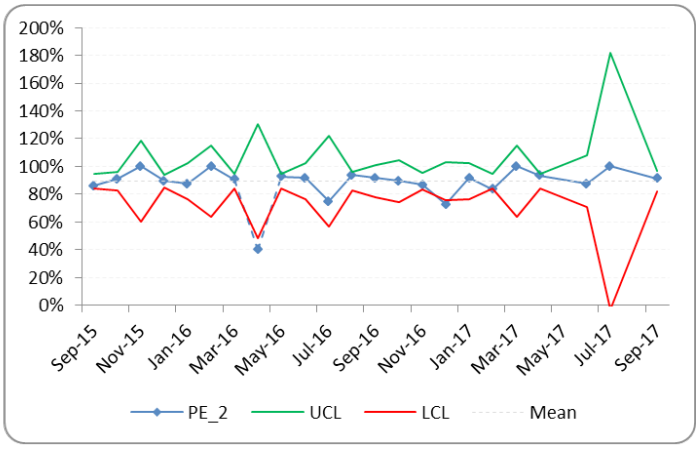


Figure 5: Proportion of surveyed patients able to answer who have received all assistance to eat and drink they have needed

Screening on entry to the care setting was recorded in the positive for 83.8% of patients surveyed with the tool. Looking at these data over time (figure 6) at first glance looks to be very variable but again this reflects the changing nature of sample sizes over month on month. The variation is within expected boundaries, suggesting that the 16.2% of patients who are presumably not screened at entry to the care setting is a clear target area for improvement.

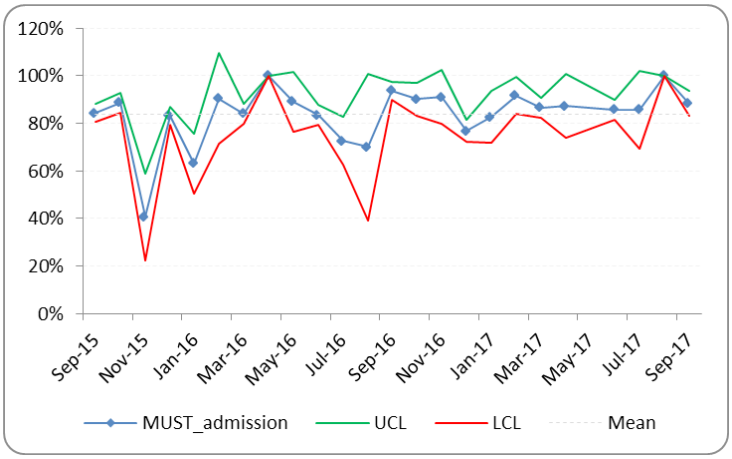


Figure 6: Proportion of surveyed patients screened on entry to the care setting

Re-screening for malnutrition at an appropriate interval was recorded in the positive for 81.8% of patients surveyed with the tool. This is lower than the initial screening rate and is a key area for improvement; however looking at the data over time (figure 7) shows some suggestion of improvement in the latter parts of 2016 and throughout 2017. Although not statistically significant there is a clear change when compared to earlier time periods.

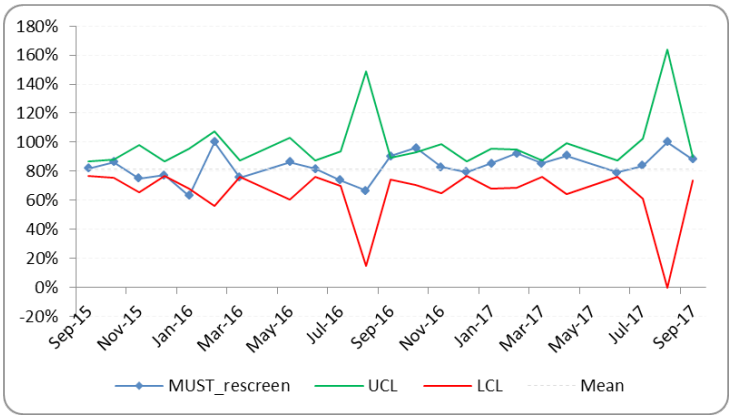


Figure 7: Proportion of surveyed patients rescreened at an appropriate interval

Just over 37.2% of patients surveyed using the tool were recorded as being at risk of malnutrition either through 'MUST' screening or subjective criteria. This represents a significant proportion of patients surveyed, although it should be remembered that many trusts completing the tool would have focussed on higher risk areas such as care of the elderly wards Figure 8 shows this measure over time which is broadly in control and fairly stable, with the exception of November 2016 which is an astronomical data point. Again, the variability in sample sizes month on month makes interpretation difficult.

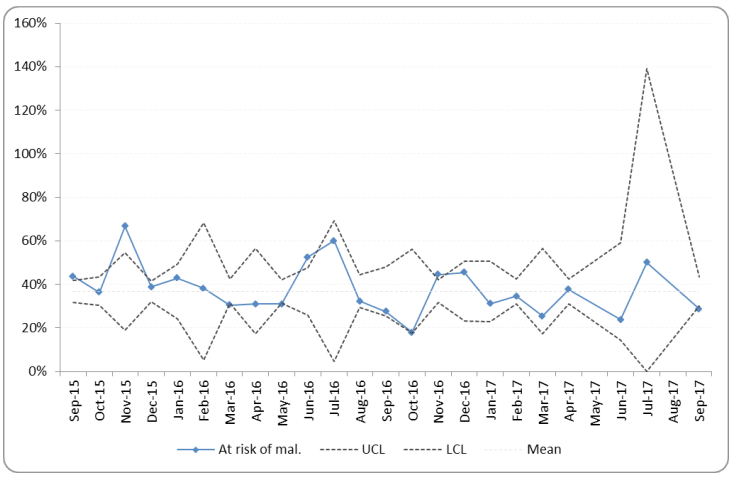


Figure 8: Proportion of surveyed patients identified as being at risk of malnutrition

Further analysis of this 'at risk' population provides some insight as to their treatment. Of the 2,700+ patients identified as being at risk of malnutrition, 57% are on food and drink alone, 22% are on food and drink with oral nutritional supplements. The remaining 21% of high risk patients are fed through a variety of other routes (see figure 9 below).

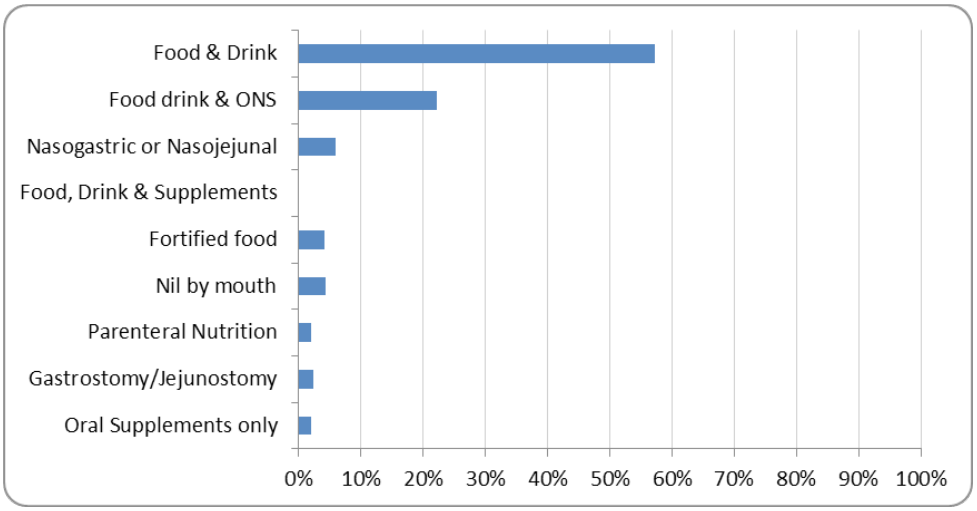


Figure 9: Proportion of surveyed patients identified as being at risk of malnutrition by feeding route year

Approximately 8% of patients surveyed showed a loss of 5% or more of body weight during their time in the care setting. Trends are reasonably stable, with one or two astronomical data points in months where numbers were very low (in between the quarterly data collection weeks). There is no obvious reason for these extreme data points; the demographics are similar in these months to others. However, caution is required in the interpretation of this measure as only a small number of trusts are tracking weight (this measure is optional).

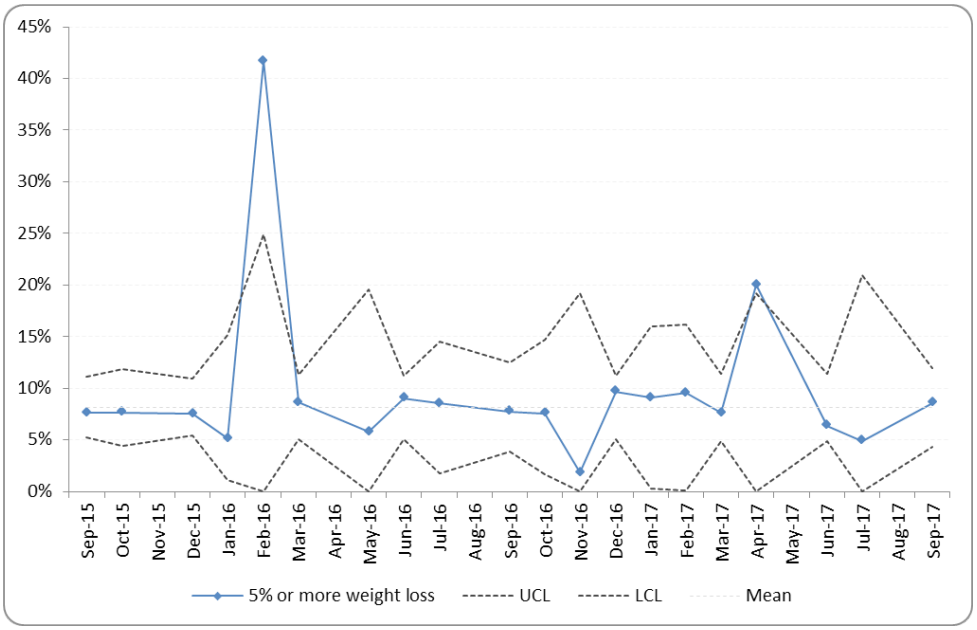


Figure 10: Proportion of surveyed patients who have lost more than 5% of admission weight

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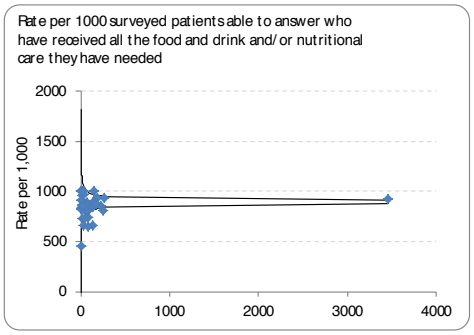
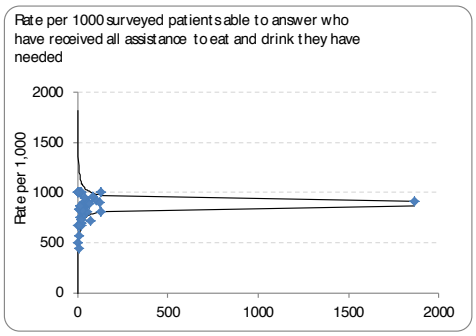
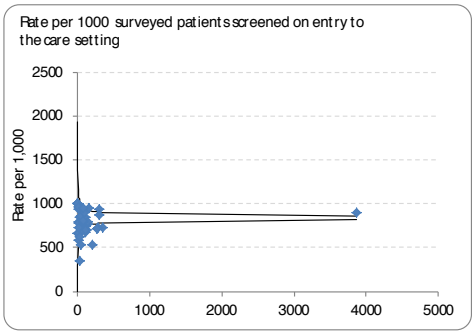
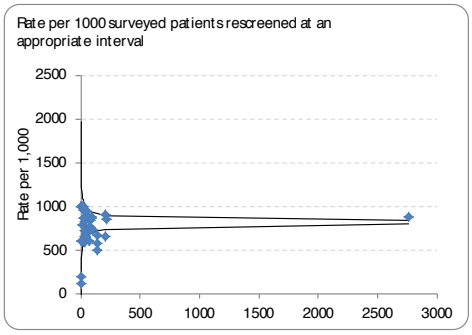
The charts on the previous page illustrate change over time at the national level for core measures. Within this there is significant variation between organisations, primarily driven by volume of patients surveyed. Funnel plots for each of these metrics are shown below in panel 1. One specific organisation is an outlier in terms of the large volume of the patients surveyed, and this makes the plots difficult to read. Truncated plots, excluding this organisation are shown in panel 2.

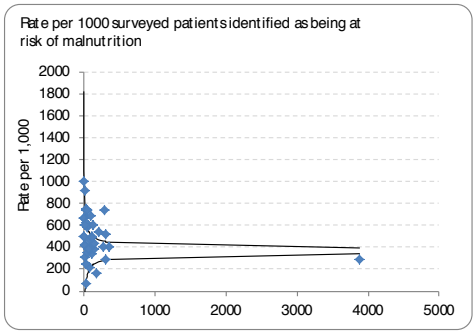
Panel 1

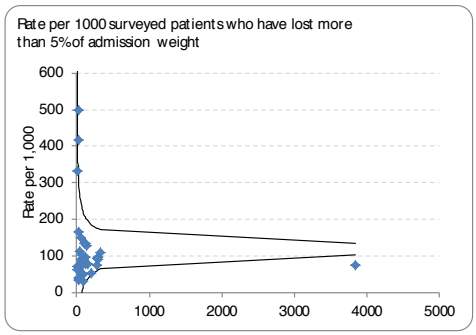




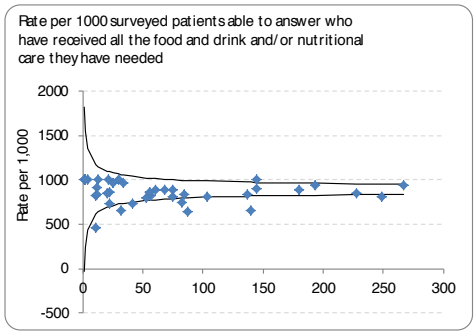


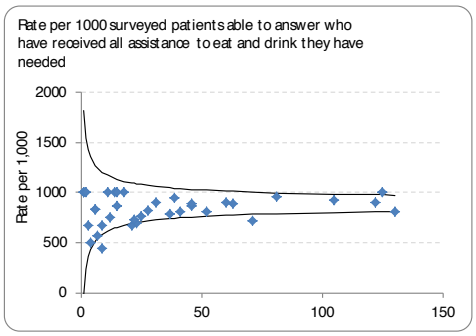


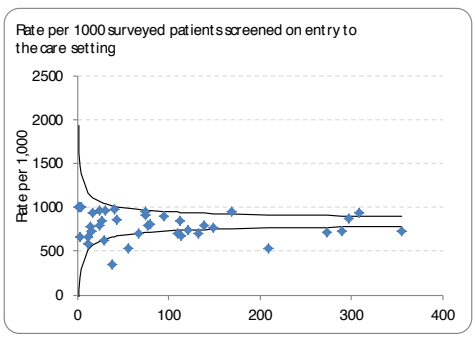


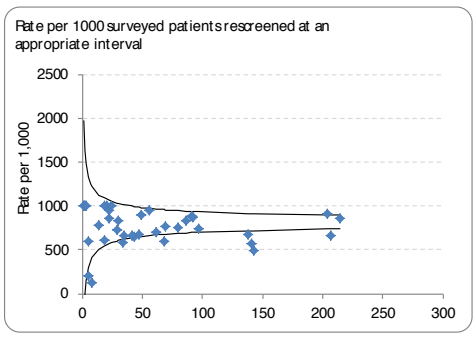


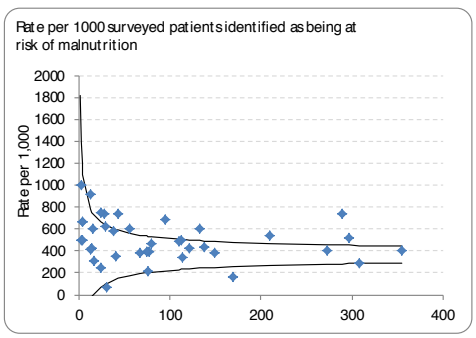
Panel 2

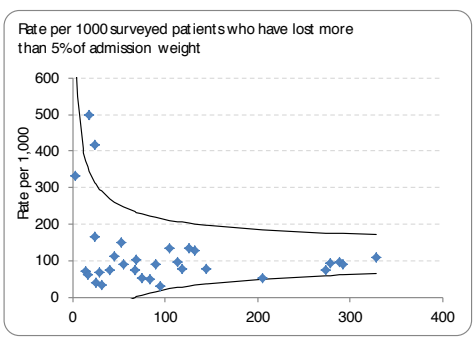












Section 6:
Demographics dashboard

This dashboard provides a 'snapshot' dashboard providing key demographic information in order to provide context for outcome results

This will enable us, over time, to report on the key changing demographics in relation to nutritional care

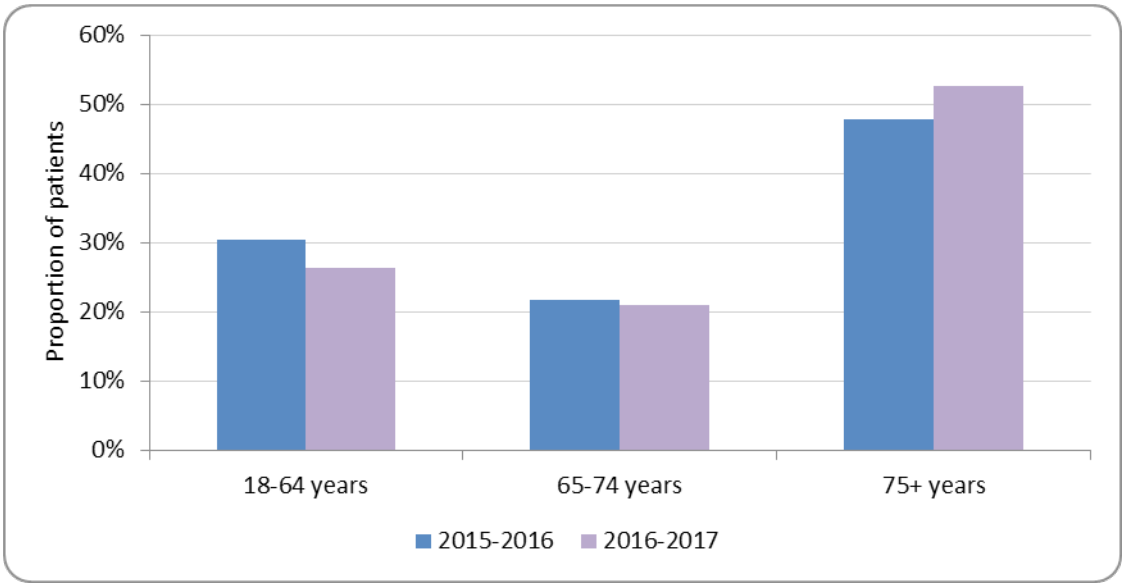


Figure 11: Proportion of surveyed patients by age band and year

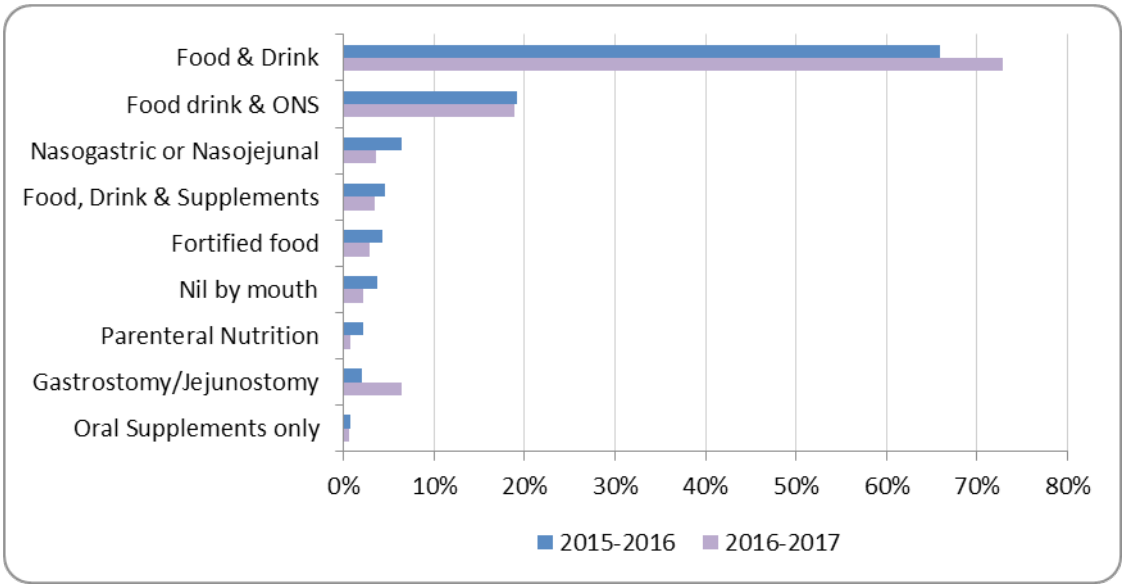


Figure 12: Proportion of surveyed patients by setting and year

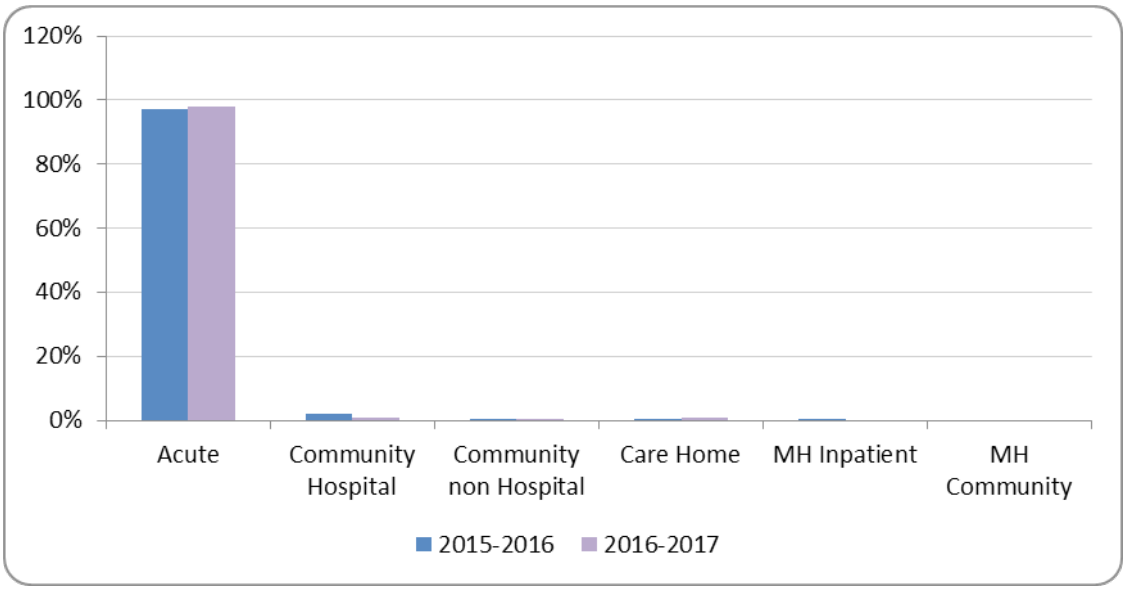


Figure 13: Proportion of surveyed patients by feeding route and year

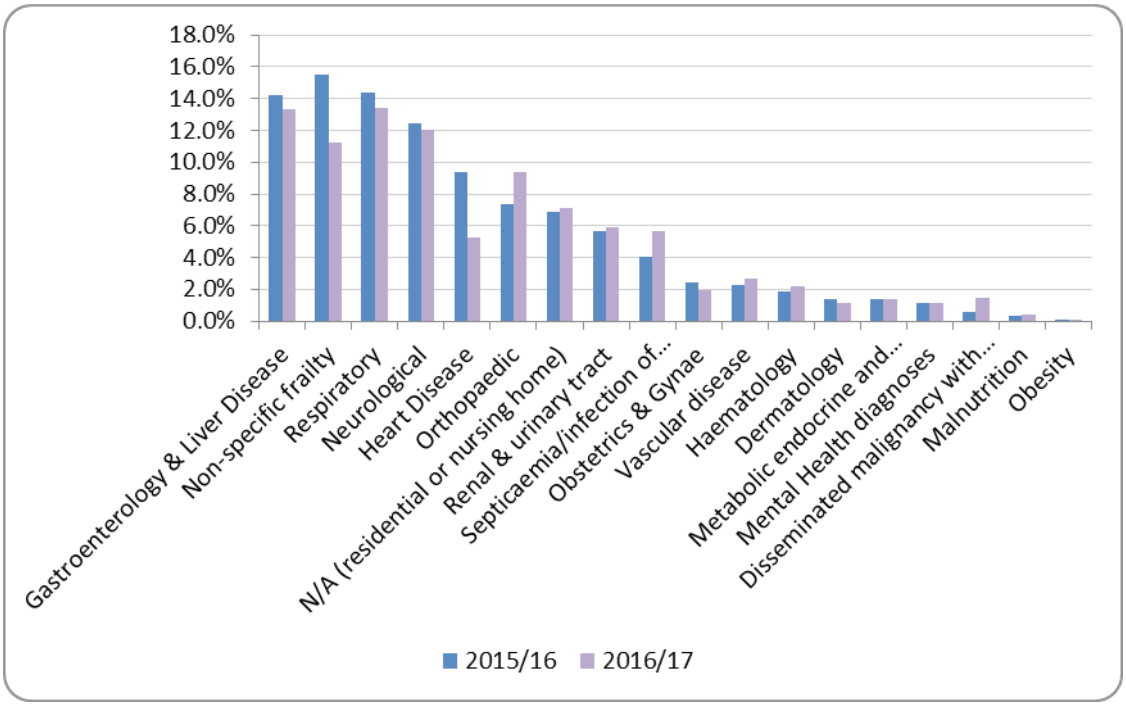


Figure 14: Proportion of surveyed patients by primary diagnostic area and year

Section 7:
'MUST' screening dashboard

This dashboard provides an overview of the quality and accuracy of the 'MUST' measurement undertaken in the BAPEN Nutritional Care Tool as outlined in Table 2

Proportion of patients where realistic figures for all objective measure can be obtained
Proportion of patients where current weight is 'Recalled'
Proportion of patients where current weight is 'Estimated'
Proportion of patients unable to be weighed due to equipment issues
Proportion of patients unable to be weighed due to staffing time
Proportion of patients unable to be weighed due to patient choice or illness
Proportion of patients where weight loss cannot be calculated due to lack of access to materials to make calculations
Proportion of patients where weight loss cannot be calculated due to staffing time

Table 2: Overview and accuracy of the 'MUST' measurements undertaken

The data for these measures is reported for records where the data item has been completed. If it has been left blank (this is recorded as 'undefined' in the database), then the record is excluded from the numerator and denominator. Thus, with the exception of the first of the following indicators, the denominator is always less than the total number of patients surveyed.

This smaller denominator also makes monthly time series analysis virtually untenable as the numbers are so small. Thus, a quarterly analysis is shown as run charts, with data between quarterly collection weeks added to the relevant quarter.

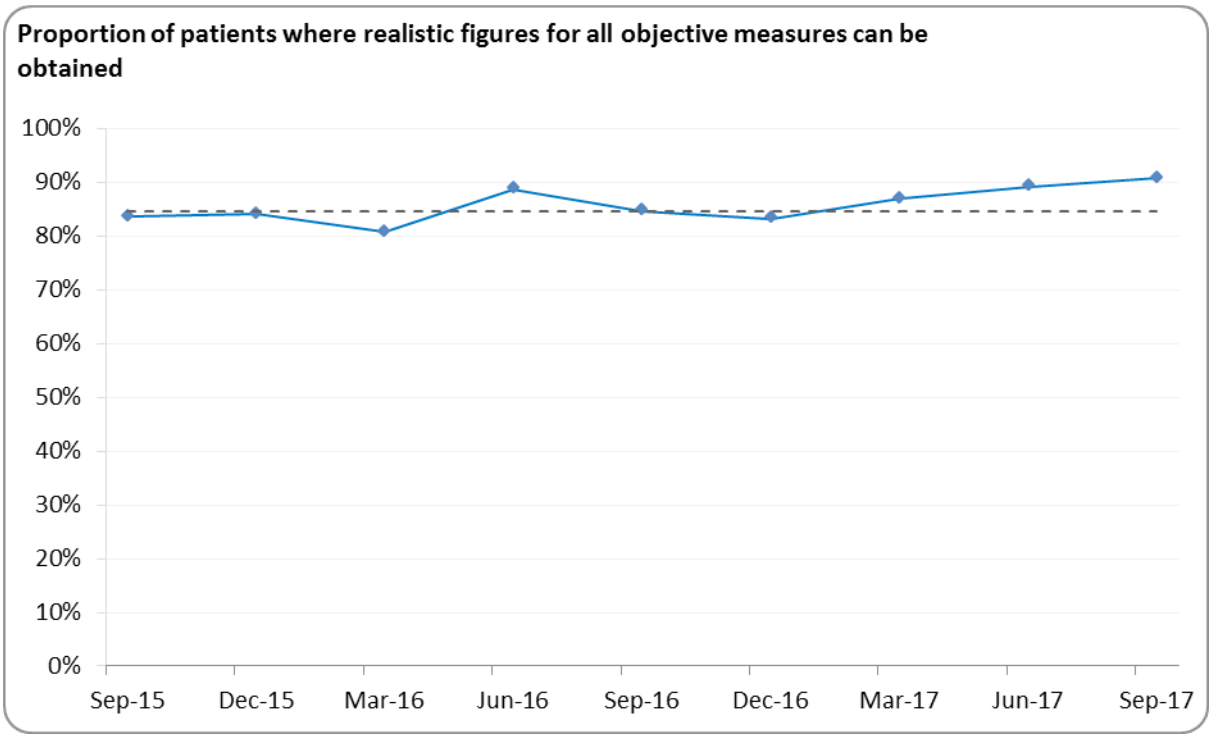


Figure 15

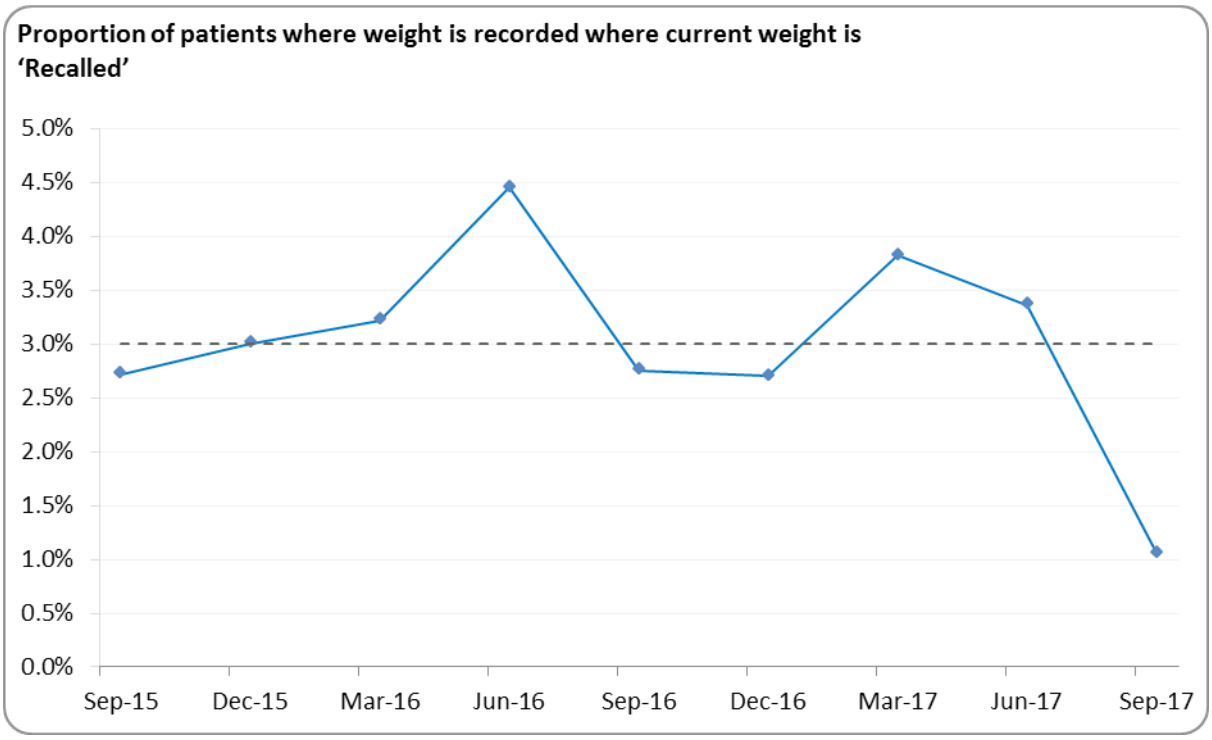


Figure 16

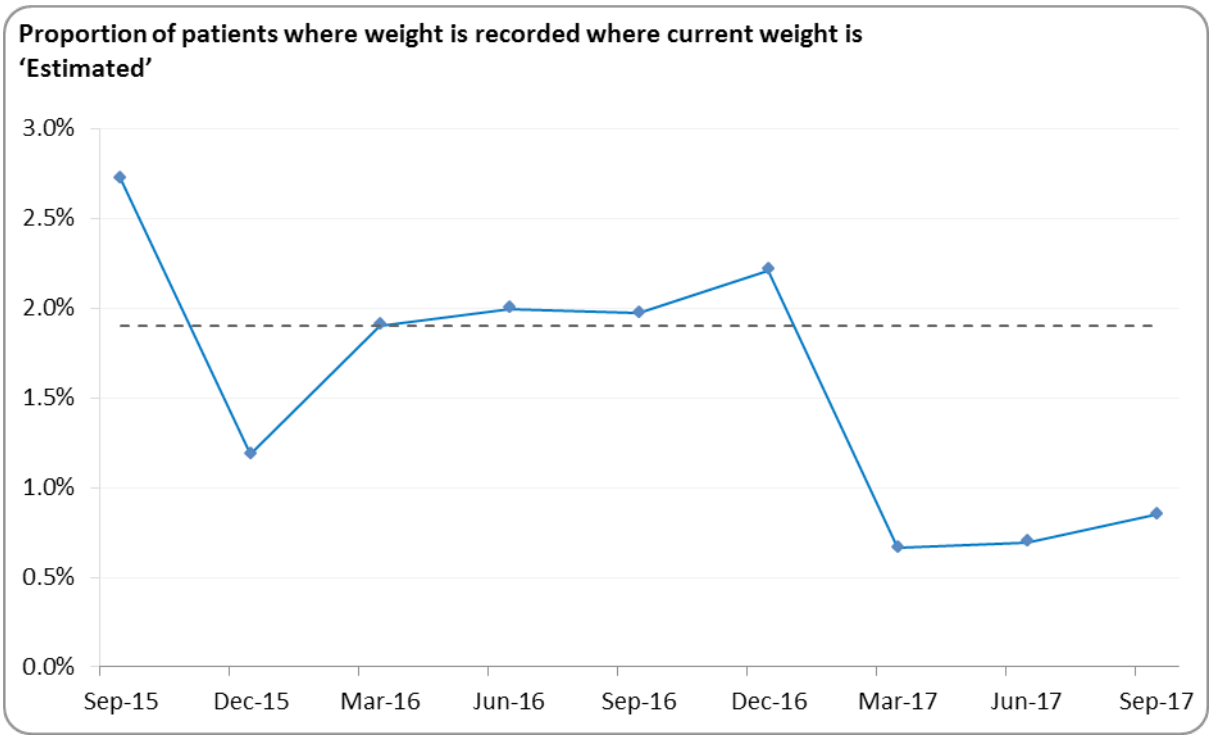


Figure 17

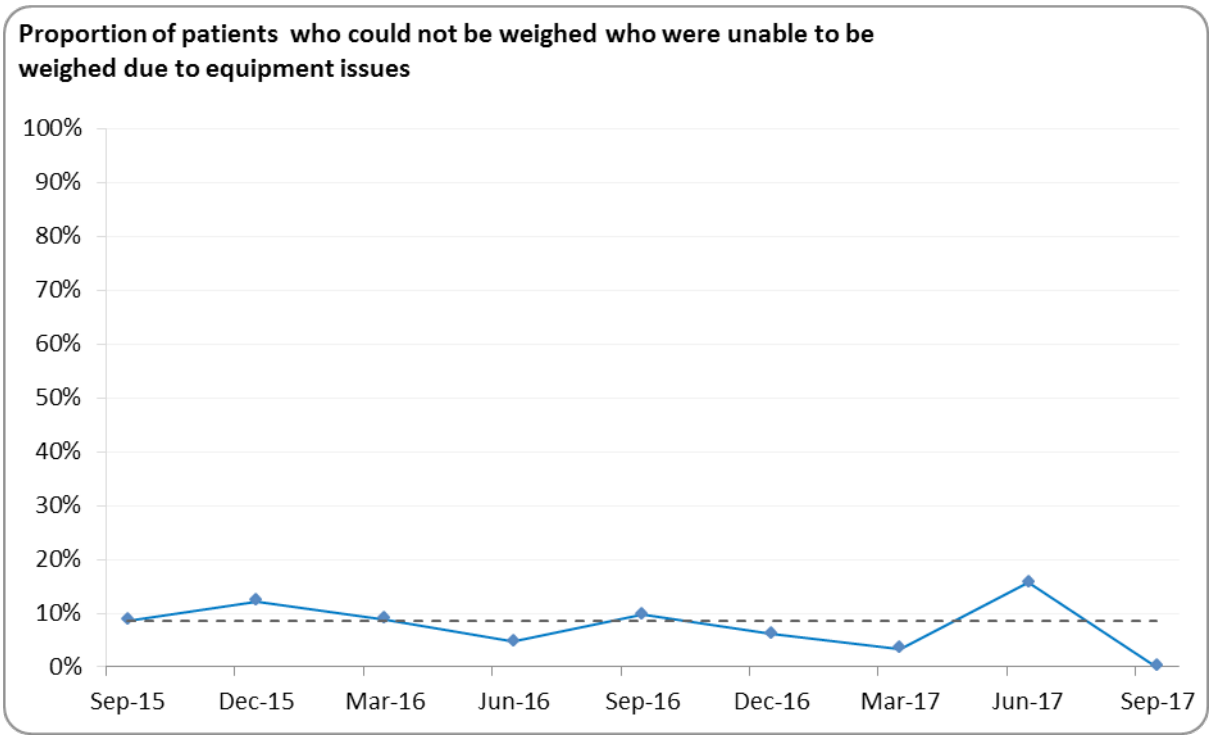


Figure 18

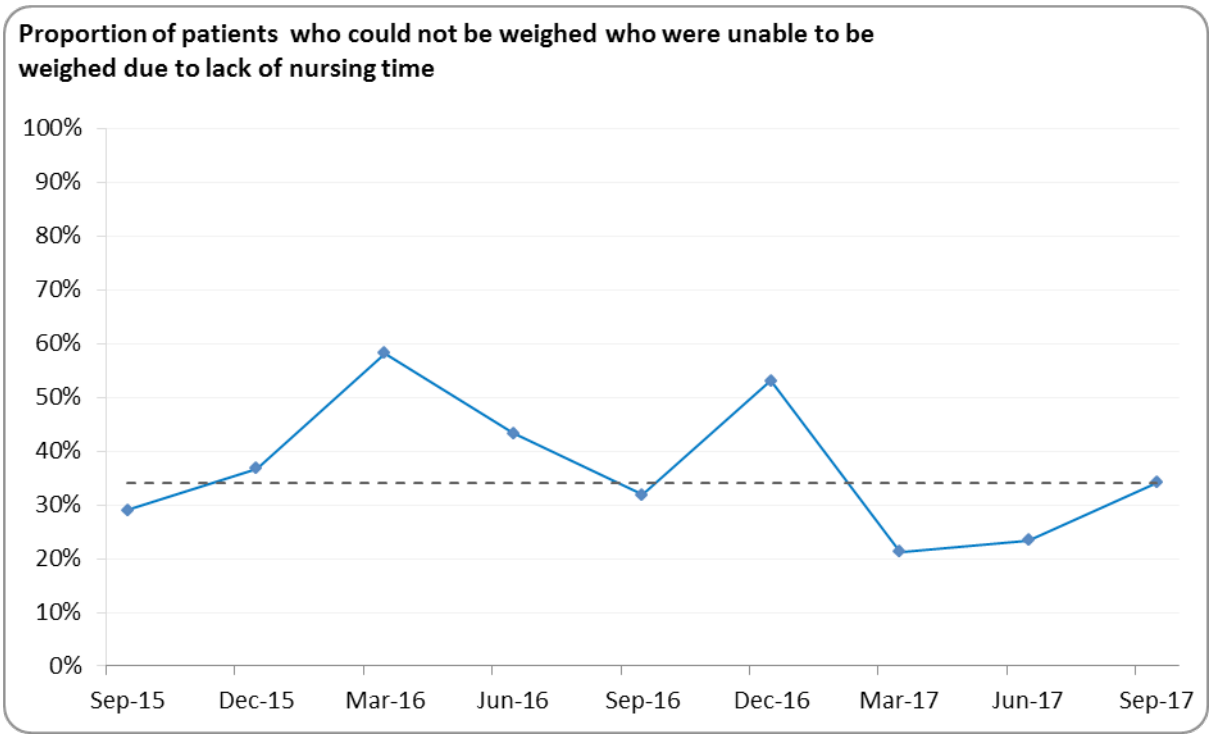


Figure 19

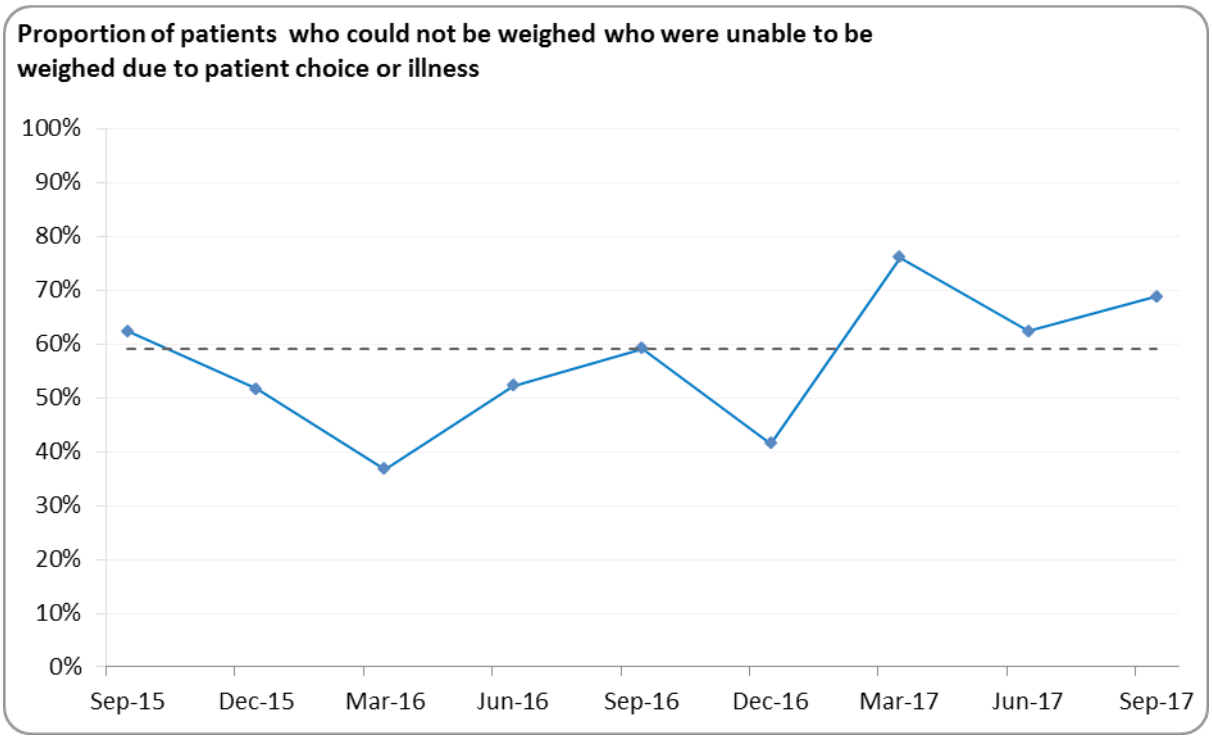


Figure 20

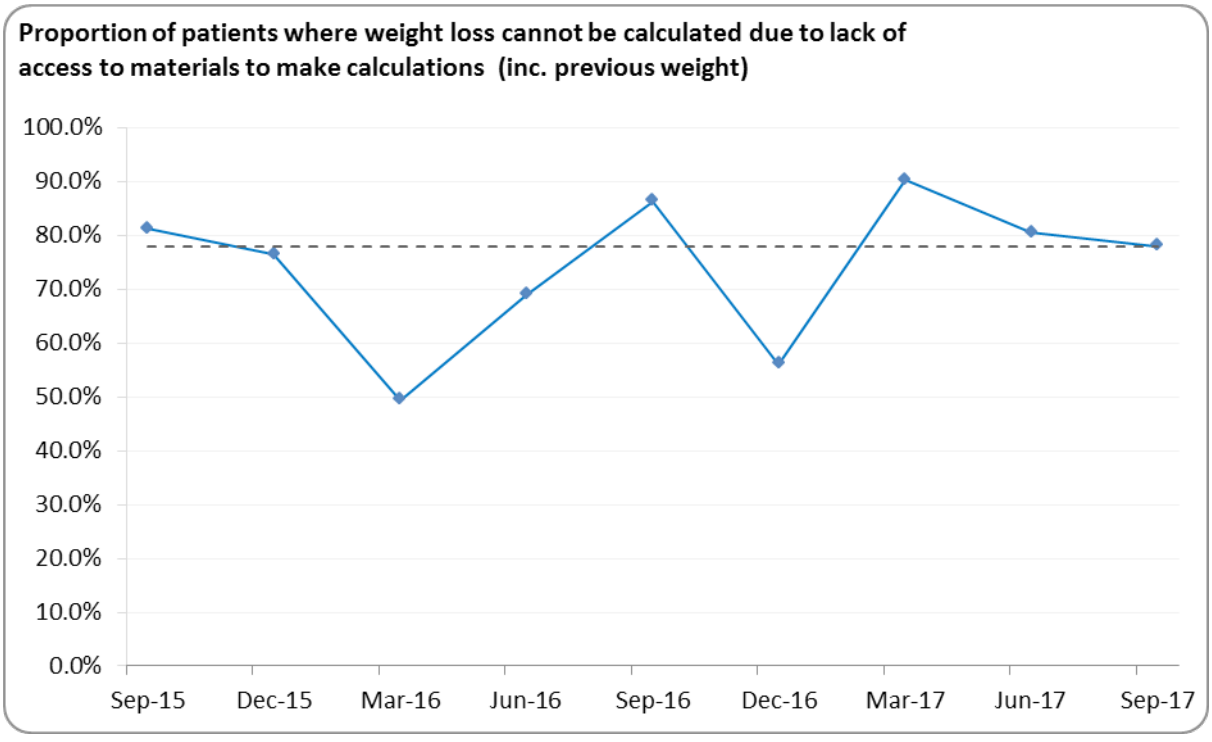


Figure 21

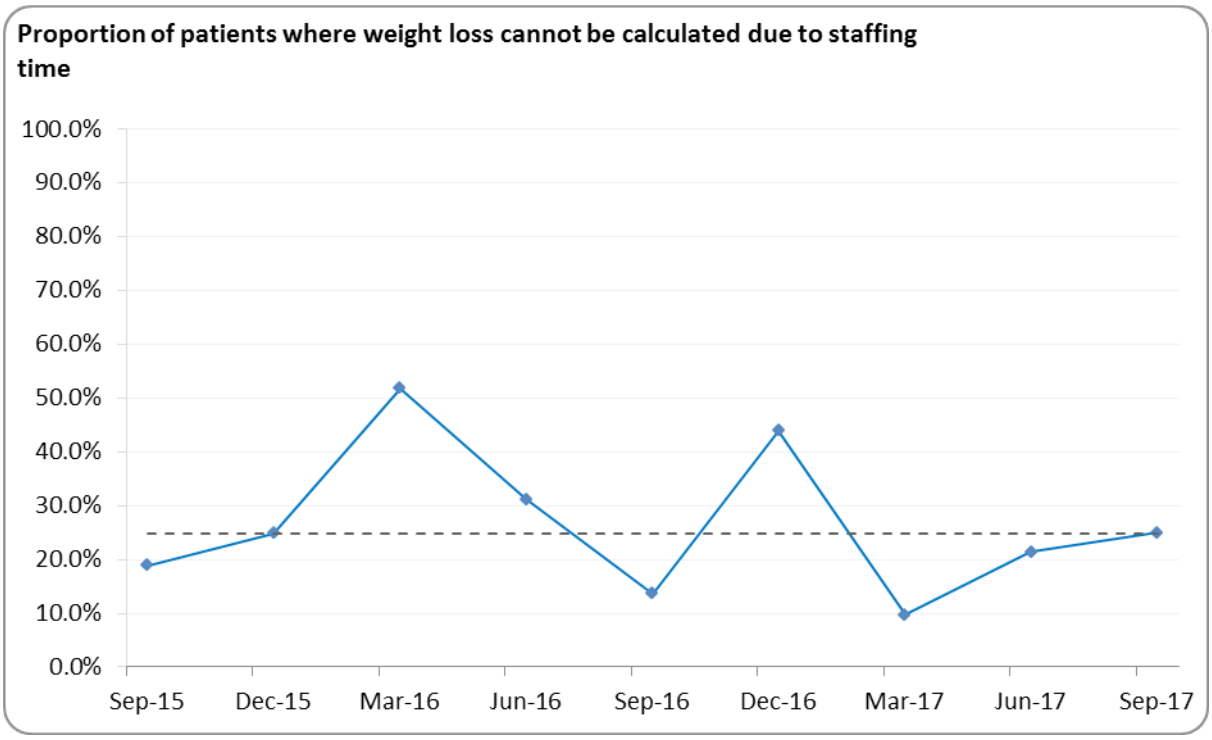

Proportion of patients where weight loss cannot be calculated due to staffing time
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Sep-15
Dec-15
Mar-16
Jun-16
Sep-16
Dec-16
Mar-17
Jun-17
Sep-17

Figure 22

Section 8 Conclusion: Our Ambition

The BAPEN Nutritional Care Tool provides a unique opportunity for the Clinical Nutrition Community to collate and publish national level data regarding:

- the approaches to organising nutritional care at an organisational level with the proportion of Trusts with a nutrition steering committee and nutrition support team in place, with levels of specialist nutrition nurses and;
- nutritional screening, the quality of nutritional care, patient experience and the tracking of changes in a patient's weight over time

If we can work together to ensure each acute trust is registered, this will provide a powerful data set to demonstrate the levels of improvement in leading organisations and the levels of improvement required.

Our ambition for the publication of the 2018 report is that ALL acute trusts will register and complete the following four national nutritional care data collection weeks in 2018

- **Week commencing 12th December 2017**
- **Week commencing 12th March 2018 (Nutrition and Hydration week)**
- **Week Commencing 11th June 2018**
- **Week commencing 10th September 2018**

On behalf of BAPEN, we would like to thank all the organisations who have participated in the data collection since the launch of the tool.

Special thanks to the following organisations who have submitted data for each quarter in at least one of the last two years; the Nutritional Care Tool would not exist without you!

- **Blackpool Teaching Hospitals NHS Foundation Trust**
- **Calderdale and Huddersfield NHS Trust**
- **Dartford and Gravesham NHS Trust**
- **Doncaster and Bassetlaw Hospitals NHS Foundation Trust**
- **Kettering General Foundation Trust**
- **Northumbria Healthcare NHS Foundation Trust**
- **Papworth Hospital NHS Foundation Trust**
- **St Helens and Knowsley Teaching Hospitals NHS Trust**
- **University Hospital Southampton NHS Foundation Trust**
- **Weston Area Health NHS Trust**
- **Worcestershire Acute NHS trust**
- **Yeovil District Hospital NHS Foundation Trust**

For further information please visit: www.data.bapen.org.uk

Appendix

Details of the measures contained within the BAPEN Nutritional Care Tool are outlined below.

Demographics, organisational and clinical details

Organisation

Description	The overarching organisation in which the survey is being undertaken (e.g. NHS Trust)
Rationale	Recording organisation name allows data to be analysed to a level at which variations can be identified and ensures appropriate questions appear in the tool (for example, if the organisation is an acute hospital, questions regarding the specialty are included but these are excluded for care homes
Instructions for data entry	You do not need to enter your organisation name, this is automatically generated based on your log-in

Current ward/team/area

Description	The name of the ward, team or area in which or under whose care the survey is being undertaken
Rationale	Improvement and change is most effective when it starts at the front-line of care and goes from the bottom up rather than imposed from the top down. The inclusion of a ward/team/area name allows data collected via the BAPEN Nutritional Care Tool to be analysed at a level that is meaningful to staff working within these groupings, and can potentially be discussed or displayed in patient areas with the same degree of import.
Instructions for data entry	Ward/team/area names are set up and linked to your log-in. You may have multiple wards/teams/areas linked to your log-in and will need to ensure that you enter data under the correct ward/team/area.

Specialty

Description	The main specialty of the ward/team/area that is undertaking the survey
Rationale	Understanding of nutritional care at the specialty level allows identification both of variation between different specialties as well as the ability to identify specific areas within which to target improvement.
Instructions for data entry	Select the appropriate specialty from the drop down menu. If the ward or team has more than one specialty area select the specialty where the volume of activity is greatest, or select the ‘mixed specialty option’.

Date of collection

Description	The date on which the survey has been carried out
Rationale	The BAPEN Nutritional Care Tool is designed to help track change over time. The date of collection allows this time series analysis to be undertaken.
Instructions for data entry	The current date is shown automatically, but can be overwritten if a different date is required. The format should be dd/mm/yyyy; the web tool will not accept dates entered which are not in this format.

Admitting ward/team/area

Description	The name of the ward, team or area in which or under whose care the patient was first admitted to the care setting.
Rationale	Nutritional screening is primarily initially undertaken on admission (or within 24 hours of admission). In order to track the provision of effective re-screening at appropriate intervals and effective nutritional care throughout the patient's journey within the organisation it is useful to understand where the initial care was provided and to track how many times patients are screened during their admission
Instructions for data entry	As for ward/team/area above.

Age group

Description	The patient's age group
Construction	Age grouped into 3 groups; 18-64, 65-74 and 75+
Rationale	Understanding nutritional processes and outcomes by age can provide important intelligence in deciding where to focus improvement efforts
Instructions for data entry	Select appropriate option from drop down menu.

Feeding route

Description	The route through which the patient receives nutrition
Construction	Options presented: Oral food & drink, altered textures, food & oral supplements, enteral, parenteral
Rationale	Understanding the route through which patients receive nutrition is critical to assessing whether or not they have received adequate nutritional care and assessment
Instructions for data entry	Select all options that apply to the patient from the options presented

Date of admission to care setting

Description	The date on which the patient was admitted to the care setting in which the survey is being carried out
Rationale	The date of admission is used to calculate length of stay (LoS) by subtracting it from the date of collection. The LoS is an important variable in breaking down the data from the BAPEN Nutritional Care Tool to be more meaningful.
Instructions for data entry	Select the date from the calendar pop up or type the date into the tool directly. The format should be dd/mm/yyyy; the web tool will not accept dates entered which are not in this format.

Setting

Description	The type of care setting in which the survey is being undertaken
Rationale	Data from national screening weeks suggests that there are differences in malnutrition rates between different settings. The BAPEN Nutritional Care Tool has been designed, as far as possible, to be applicable across multiple care settings, with exceptions noted above. Recording the setting provides the ability to assess variation between different settings in order to better understand the scope for change in and improvement and identify the differing challenges in each setting.
Instructions for data entry	Select the most appropriate setting from a drop down menu

Patient diagnosis

Description	The primary diagnosis for the patient being surveyed
Rationale	Understanding of nutritional care at the diagnosis level allows identification both of variation between different diagnoses as well as the ability to identify specific areas within which to target improvement. Recording diagnosis and its attendant detail (see below) also allows us to exclude specific cohorts of patients if required.
Instructions for data entry	Select the appropriate high level diagnosis from the drop down menu. You will be prompted to enter more detail dependent on your selection. You will only be prompted to enter data for this variable if you have selected 'Acute Hospital' under the setting options.

Diagnosis detail

Description	Diagnosis detail for the patient being surveyed
Rationale	Understanding of nutritional care at the diagnosis level allows identification both of variation between different diagnoses as well as the ability to identify specific areas within which to target improvement. Recording diagnosis and its attendant detail also allows us to exclude specific cohorts of patients if required.
Instructions for data entry	Select the appropriate diagnosis detail from the drop down menu. You will be prompted to select detail from a specific list of diagnostic details based on your selections under 'patient diagnosis'.

Process details

Screening on entry to the care setting

Description	The individual was screened with a validated screening tool ('MUST') on entry to care setting
Rationale	The NICE Guidance (CG32); Nutrition Support in Adults (2006) makes clear recommendations regarding the screening of patients in care settings (e.g. hospital, care homes) and in primary care. By recording the completion of screening on admission to the care setting it is possible to assess compliance to this element of the NICE Guidance / Quality standard.
Instructions for data entry	Select 'yes' or 'no' or 'not applicable' from the drop down list

Re-screening at an interval appropriate to the care setting

Description	The individual was re-screened with a validated screening tool ('MUST') at the time interval (e.g. weekly, monthly) appropriate to the to care setting
Rationale	The NICE Guidance (CG32); Nutrition Support in Adults (2006) and the 'MUST' screening tool make clear recommendations regarding the re-screening of patients in care settings. By recording the completion of re-screening at intervals appropriate to the care setting it is possible to assess compliance to this element of the NICE Guidance / 'MUST' protocol.
Instructions for data entry	Select 'yes', 'no' or 'not applicable' from the drop down list. If a patient has been in the surveying care setting for less than one week (not the ward/team/area), the 'not applicable' option should be selected.

Documented nutritional care plan

Description	Individuals found to be at risk on last nutritional screening have a documented nutrition care plan appropriate to the organisation and setting
Rationale	The 'MUST' screening tool makes clear recommendations regarding the development and implementation of an individualised nutritional care plan for patients found to be at risk of malnutrition. By recording the documented nutritional care plan it is possible to begin to assess implementation of improved nutritional care. However, we are very aware of the ease of 'ticking a box' and we ask that on completing this question, the care plan is appropriately reviewed.
Instructions for data entry	Select 'yes' or 'no' or 'not applicable' from the drop down list

Nutritional care plan being followed

Description	An appropriate nutrition care plan is being followed or has been offered to the individual
Rationale	We know from audits of nutritional care that screening and care planning is often completed/ documented but not then implemented. We fully appreciate the complexities of this question but it is an attempt to determine to what extent the nutritional care plans are implemented. By recording the implementation of the nutritional care plan it is possible to begin to assess improvements in the nutritional care delivered. As above, we are very aware of the ease of 'ticking a box' to indicate that the care is being delivered (when it may be variable) and we ask that on completing this question, the care plan and food and fluid record charts are appropriately reviewed.
Instructions for data entry	Select 'no', 'some elements, 'most elements' , 'yes' or 'not applicable'

Outcome details

Current weight

Description	Patient's weight in kilograms recorded at time of survey
Rationale	Weight is considered a reasonable and easily measured outcome measure when considering the quality of nutritional care, though has significant limitations which must be noted. Combined with current height this allows calculation of Body Mass Index (BMI) which is a critical element in calculating the 'MUST' score for the patient. For more detail see: 'MUST' Explanatory Booklet
Instructions for data entry	Record patient's weight as a whole number. If no weight is available enter "N/A".

Estimation of current weight

Description	Indication of how current weight (at time of survey) has been recorded
Rationale	Weight is a critical factor in assessing for risk of malnutrition and it is important to understand the accuracy and quality of the measurements taken. For more detail see: 'MUST' Explanatory Booklet
Instructions for data entry	Select 'Recalled,', 'Estimated', 'Calculated from subjective criteria', 'Actual weight', 'Patient weighed at time of survey'

Unplanned weight loss in past 3-6 months

Description	Unplanned patient weight loss recorded in the most recent 3-6 months in kilograms
Rationale	Weight loss is considered a reasonable and easily measured outcome measure when considering the quality of nutritional care, though has significant limitations which must be noted. Unplanned weight loss is a critical element in calculating the 'MUST' score for the patient. For more detail see: MUST Explanatory Booklet
Instructions for data entry	Record patient's weight in kilograms. If no weight is available enter "N/A".

Estimation of weight loss in past 3-6 months

Description	Indication of how unplanned weight loss in past 3-6 months has been recorded
Rationale	Weight is a critical factor in assessing for risk of malnutrition and it is important to understand the accuracy and quality of the measurements taken. Using this measure alongside the current weight enables calculation and categorisation of weight loss to help take into account fluctuations of weight due to causes other than poor nutrition or poor nutritional care. For more detail see: 'MUST' Explanatory Booklet
Instructions for data entry	Select 'Recalled', 'Estimated', 'Calculated from subjective criteria', 'Actual weight', 'Patient weighed at time of survey'

Patient's height

Description	Patient's current height in metres
Rationale	Combined with current weight this allows calculation of Body Mass Index (BMI) which is a critical element in calculating the 'MUST' score for the patient. For more detail see: 'MUST' Explanatory Booklet
Instructions for data entry	Record patient's height in metres. If no height is available enter "N/A".

Estimation of current height

Description	Indication of how current height (at time of survey) has been recorded
Rationale	Height is a critical factor in calculating BMI and thus assessing for risk of malnutrition and it is important to understand the accuracy and quality of the measurements taken. For more detail see: 'MUST' Explanatory Booklet
Instructions for data entry	Select 'Recalled,', 'Estimated', 'Calculated from subjective criteria', 'Actual height', 'Patient measured at time of survey'

Impact of acute illness

Description	Has the patient been acutely ill AND has there been, or likely to be, no nutritional intake for more than 5 days
Rationale	If the subject is currently affected by an acute patho-physiological or psychological condition, and there has been no nutritional intake or likelihood of no intake for more than 5 days, they are likely to be at nutritional risk. Such patients include those who are critically ill, those who have swallowing difficulties (e.g. after stroke), or head injuries or are undergoing gastrointestinal surgery. This consideration of the impact of acute disease is a critical element in calculating the 'MUST' score for the patient. For more detail see: 'MUST' Explanatory Booklet
Instructions for data entry	Select 'Yes' or 'No'

MUST score on admission

Description	The 'MUST' score that has been recorded on admission to the care setting
Construction (if applicable)	Score as per the 'MUST' screening tool. For more details see: MUST toolkit
Rationale	'MUST' is the dominant screening tool for adults in care, with some specialty exclusions which have specialist screening tool (e.g. renal, liver and paediatric specialties). The risk of malnutrition is, in this context, considered the most effective and reliable measure indicating the need for nutritional care. The initial risk assessment on entry to the care setting provides a baseline from which to assess change in nutritional status, which is assumed to be directly linked to the quality of nutritional care, although it is appreciated that this is multifactorial.
Instructions for data entry	Select the appropriate option from the drop down menu; if the patient has not been screened before due to recent admission, select 'This is patient's first screen'. If the patient has not been screened or the score is not documented or known select 'Not known/done'. Otherwise select the relevant score for the patient on the scale of 0 to 6. The score entered should be that which was first recorded on entry to the care setting, as opposed to the specific ward or team undertaking the survey (i.e. the admitting ward).

Patient experience: receiving food drink or nutritional care needed

Description	Has the patient received all the food and drink and/or nutritional care they have needed
Rationale	The experience of the patient is crucial in ensuring that all services are delivered effectively and in a truly patient centered way. Whilst the measurement of patient experience of nutritional care is a relatively untested area, and fraught with complexity, the inclusion of experiential questions will help to ensure that the patient plays a crucial part in the assessment and improvement of nutritional care.
Instructions for data entry	Select the appropriate option from the drop down menu, 'Yes', 'Yes to some extent' or 'No'. Is is very important that this question is asked of the patient and their views recorded. If the patient is unable to answer for any reason, or it is not felt clinically appropriate to ask the question at that time, a carer or relative may be asked if present. If this is not possible select the option 'Patient unable to answer'.

Patient experience: receiving help to eat and drink

Description	Has the patient received assistance to eat and drink if required
Rationale	The experience of the patient is crucial in ensuring that all services are delivered effectively and in a truly patient centered way. Whilst the measurement of patient experience of nutritional care is a relatively untested area, and fraught with complexity, the inclusion of experiential questions will help to ensure that the patient plays a crucial part in the assessment and improvement of nutritional care.
Instructions for data entry	Select the appropriate option from the drop down menu, 'Yes', 'Yes to some extent', 'No' or 'Not applicable (I haven't needed any help)'. It is very important that this question is asked of the patient and their views recorded. If the patient is unable to answer for any reason, or it is not felt clinically appropriate to ask the question at that time, a carer or relative may be asked if present. If this is not possible select the option 'Patient unable to answer'.

Patient experience: receiving help to eat and drink, additional information

Description	If the patient did not feel they received the assistance to eat and drink they required, record the reasons for this
Rationale	The experience of the patient is crucial in ensuring that all services are delivered effectively and in a truly patient centered way. Whilst the measurement of patient experience of nutritional care is a relatively untested area, and fraught with complexity, the inclusion of experiential questions will help to ensure that the patient plays a crucial part in the assessment and improvement of nutritional care. This additional information will provide insight into issues that may affect the ability of services to assist patients in accessing nutrition.
Instructions for data entry	Free text question; enter details up to 100 characters describing the reason why the patient was not able to received assistance to eat and/or drink.

2018 Data Collection Weeks

The four national nutritional care data collection weeks in 2018 are:

- Week commencing 12th December 2017
- Week commencing 12th March 2018 (Nutrition and Hydration week)
- Week Commencing 11th June 2018
- Week commencing 10th September 2018

Register to take part: www.data.bapen.org.uk

BAPEN

Putting patients at the centre of good nutritional care

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