



# Nutrition Screening Week NSW08

**1 - 3 July 2008**

## **Frequently Asked Questions.**

### **Why is this survey needed?**

BAPEN Nutrition Screening Week held in September 2007 was the first prospective national survey of the prevalence of malnutrition on admission to hospital and care in the UK. It demonstrated that in patients who were screened on admission to hospital (n=9336), 28% were found to be at risk of malnutrition (high risk, 22%; medium risk 6%), and in care homes, of 1610 residents screened 30% were 'malnourished' (20% high risk, 10% medium risk). The results of last year's survey provide benchmarks for nutrition screening practice and policy – the survey this year will allow us to strengthen the data and start measuring trends in prevalence of malnutrition and any seasonal variations as this year the survey will take place in the summer.

### **Why are hospitals *and* care homes being included in the survey?**

It is important to include information from both acute and community settings in order to provide the broadest and most accurate possible reflection of the prevalence of malnutrition across the UK today. To this end, we are aiming that the number and type of institutions participating should reflect the proportion of acute, mental health and primary care trusts in the 4 countries of the UK. Likewise, care homes recruited should include proportional representation of care homes for the elderly mentally infirmed and the disabled.

### **What will happen to the data / how will the data be used?**

The information collected will be analysed statistically according to health care setting, country and individual Trusts. The collated data will be used to inform the Department of Health and other government departments, other organisations and the media of the current magnitude and trends in the problem of malnutrition on admission to hospital and care homes. The results of the survey will also form the basis of launching or promoting other initiatives such as education and training of health professionals, including nurses, who usually undertake nutritional screening. The data will not be used for performance monitoring purposes.

### **Will ethical approval from the Trust be required?**

Ethical and /or R&D approval should not be required as the data to be collected in this survey is for audit purposes only, and is data that is/should be routinely recorded from patients on admission to hospital. No additional data is required therefore specific ethical approval should not be needed.

**Will Trust Management approval be required?**

It is suggested that permission is granted from Trust Management for data to be used in the survey. The analysis will collate data from all centres participating in the survey, but individual results will be returned to respondents to enable comparison of local data to national figures.

**What data should be collected?**

The information we wish to gather is very straight forward and basically includes the 'MUST' criteria i.e. weight, height, and recent weight loss, food intake over the previous and next 5 days, diagnosis and whether the patient is an elective or emergency admission. For each hospital / care home there is also a short questionnaire asking about type of establishment, number of beds, access to nutrition and dietetic services and current screening policy and practice.

**Do I need to 'score' the patients I recruit?**

No, only the raw data needs to be provided – this will be 'scored' during the analysis.

**What if we are unable to measure the height of a patient?**

If height cannot be obtained, or the patient cannot provide a reliable recalled height, instructions will be provided on calculating height from a measure of the length of the forearm (ulna). Use the not available column for when height (or surrogate measure) cannot be safely obtained e.g. confused, terminally ill, non-compliant patients.

**What if we are unable to weigh a patient?**

If the patient cannot be weighed, use a weight recently documented in their notes if present or use self-reported weight (if reliable and realistic). If neither of these are possible to obtain, a simple visual assessment of the patient's weight should be recorded (i.e. underweight, normal weight or overweight).

**What if we are unable to get an accurate figure for recent weight loss?**

If you cannot weigh a patient, it may be difficult to get an accurate figure for weight loss. If available, use serial measurements documented in the patients notes, or if reliable and realistic, record self-reported weight loss. If these options are not possible, it would be useful to provide an estimate of weight loss from visual assessment. When visually assessing weight loss, it can be helpful to look for signs such as loose fitting clothes and jewellery, also investigating any recent history of decreased food intake, reduced appetite or dysphagia (swallowing problems), also any underlying disease or psychosocial/ physical disabilities which may be likely to cause weight loss.

**Which patients should data be collected from?**

Data will need to be collected from patients admitted to medical, surgical, care of the elderly, orthopaedic/trauma and oncology wards on the 3 survey days (1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> July 2008). However, you can also collect data on patients on other wards if you wish for local purposes. Data should be recorded within 72 hours of admission to the ward.

For care homes, data should be collected on all residents admitted within 6 months of the screening week, including some data recorded on admission to the care home if available.

**Are there any patients we should not collect data from?**

Patients to be excluded are those under the age of 18 years, and those already established on enteral/parenteral nutrition support.

**When should the data be collected?**

Data should be collected from all patients admitted to the relevant wards on the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> July 2008. Data should be recorded within 72 hours of the patient's admission to the ward.

**Do I need to collect data on every patient admitted to hospital during the 3 day survey period?**

Data should be collected on every patient admitted to your medical, surgical, care of the elderly, orthopaedic/trauma and oncology wards during the survey period, except for those patients meeting the exclusion criteria outlined above. If this proves to be impossible, we ask that you collect data on as many patients as possible, but also provide figures for the total number of patients admitted to the wards on those days.

**Will all the information provided remain anonymous?**

Yes, once your centre is confirmed as participating in the survey, you will be allocated a centre number, and only this will be recorded on the data collection forms. Individual patients should be coded simply as 001, 002, 003 etc on the forms.

**Who should collect the data?**

For Hospital trusts, the general information sheet regarding the trust/unit can be provided by a designated healthcare professional or administrator. Data on individual patients should be collected either by a dietitian, dietetic assistant or nurse. Any relevant information that has already been collected on admission may be used.

For Care Homes, general information regarding the home should be provided by the care home manager. Data on residents should be collected by a nurse or dietitian if available.

### **How do we record the data?**

All forms for data collection will be available electronically, via the BAPEN website with links from the BDA and RCN websites, hopefully by the end of May 08. Forms can be downloaded, completed electronically and emailed to BAPEN office or printed off, completed manually and posted to the BAPEN office (at the address below). Forms should be returned to the BAPEN Office as soon as possible after the Screening Week, ideally by Friday 11th July 2008.

### **When will we receive the results of the survey?**

The results of the survey will be presented at the BAPEN conference in Harrogate on 4<sup>th</sup> and 5<sup>th</sup> November 2008. Participating centres will not be named in any reports or presentations. Similarly to last year, individual data sets from participating centres will be analysed and returned to reporters to enable local data to be compared with national figures as soon as practicable following the BAPEN presentation.

### **Who should I contact if I have any queries or questions about the survey?**

Any queries should be directed to the BAPEN office in the first instance. They can be contacted at: **BAPEN, Secure Hold Business Centre, Studley Road, Redditch, Worcestershire, B98 7LG**  
**[Bapen@sovereignconference.co.uk](mailto:Bapen@sovereignconference.co.uk) Tel: 01527-457850.**

Please also contact the BAPEN office to register your interest and confirm participation.