14 October 2015

BAPEN Nutritional Care Tool update

BAPEN's first ever, online Nutritional Care Tool has been put through its paces in the first data collection week. Between 21-27 September organisations were asked to use the Tool to survey patients on four wards (or more). Questions focussed on the effective screening of patients using 'MUST' and, uniquely, also asked patients for their views of the nutritional support they have received.

We are absolutely delighted to report an incredibly encouraging first data collection period, with more than 1,000 patients surveyed across 17 organisations. Although it is early days, the results indicate a high level of quality of nutritional care in participating organisations, but at the same time highlight variation and opportunities for learning and improvement.

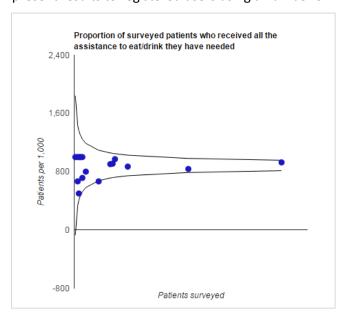
It's becoming clear, even at this early stage, that the use of the Tool differs between organisations; some are surveying 'little and often' to build up a long-term view of their data. Others are surveying at scale on a less frequent basis. Either approach is perfectly OK. The whole purpose of the Tool is as an enabler for organisations, so that data can be used to promote the best nutritional care in a way that best suits the organisations using it. We're focussed on improvement, not performance management. Comparisons between organisations are for learning purposes and we hope that this approach supports you in your ongoing work.

Initially we've looked at six key measures, the results of which can be seen in the table below:

- 1. Proportion of surveyed patients able to answer, who have received all the food and drink and/or nutritional care they have needed (Patient experience question 1)
- 2. Proportion of surveyed patients able to answer, who have received all the assistance to eat and drink they have needed (Patient experience question 2)
- 3. Proportion of surveyed patients screened on entry to the care setting ('MUST' on admission)
- 4. Proportion of surveyed patients re-screened at an appropriate interval ('MUST' rescreening)
- 5. Proportion of surveyed patients identified as being at risk of malnutrition on entry to the care setting (Patients at risk of malnutrition)
- 6. Proportion of surveyed patients who have lost more than 5% of admission weight whilst in care (Patients with >5% weight loss)

Organisation		Patient experience Q1 (%)	Patient experience Q2 (%)	MUST on admission (%)	MUST recreening (%)	Patients at risk of malnutrition (%)	_
Organisation 1	14	91%					
0	22	63%					
Organisation 2							
Organisation 3	24	73%					
Organisation 4	22	100%				48%	
Organisation 5	368	91%					
Organisation 6	2	100%		100%			
Organisation 7	260	84%					
Organisation 8	30	100%	50%	97%	0%	7%	0%
Organisation 9	40	94%	97%	95%	83%	15%	20%
Organisation 10	116	82%	87%	85%	77%	50%	14%
Organisation 11	1	100%	100%	100%	100%	100%	0%
Organisation 12	85	88%	90%	79%	90%	39%	19%
Organisation 13	14	100%	67%	93%	86%	36%	0%
Organisation 14	16	92%	100%	94%	94%	44%	0%
Organisation 15	26	78%	80%	96%	95%	35%	0%
Organisation 16	23	94%	100%	96%	80%	48%	26%
Organisation 17	100	96%	91%	86%	63%	34%	38%
OVERALL	1,163	88%	89%	89%	86%	39%	11%

In addition to the summary table, the Nutritional Care Tool site itself has also been updated to present results to registered users using a number of visualisations. At this early stage, key



measures have been presented as funnel plots, to help better understand the degree of variation between organisations submitting data.

We've also looked at simple bar charts to breakdown the key demographics. Of the 1,163 patients surveyed at the time of writing, 96% were surveyed in an acute setting and were generally older people (70% 65+ years) and had a wide range of primary diagnoses, the most common of which were 'neurological including stroke' (12.7%), 'gastroenterology & liver disease' (17.2%) and 'respiratory disease' (14.4%). The vast majority (70%) received nutrition

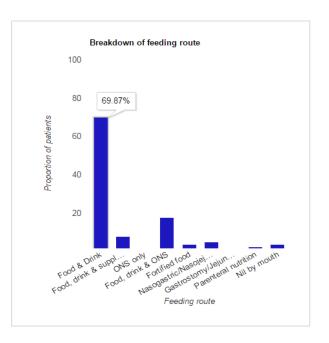
through food and drink alone

All plots have been developed to be interactive, allowing hover functionality to identify individual organisations and help users find the best learning. We'd really encourage you to explore the analytics section of the site and let us know what else we can do to help you make the most of the data you collect.

But we're not stopping there; further indicators are in the pipeline, specifically around how 'MUST' is carried out and the issues that organisations find in relation to accurately and regularly weighing patients.

In any measurement instrument where the focus is improvement, we look for change over time and as the volume of data builds up, time series charts will be added to the Tool to help organisations identify where they have made a change and link this back to their improvement work.

We would like to wholeheartedly thank all those who have taken the time to enter data and provide us with feedback on the



Nutritional Care Tool. In the coming months we will be focussing on spread and developing the analytics and functionality of the site in response to user feedback.

Participate in the next data collection week, starting 14th December 2015.