BAPEN COVID-19 Service Improvement & Innovation Awards Entry Form

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Summary of the Service Improvement & Innovation:

Development and implementation of an electronic MUST on the electronic patient record – Rio . This has been in development with our clinical transformation team , for over 1 year – however Covid -19 meant it was quickly rolled out across all areas of our trust – from community wards , MH wards, LD community homes, care homes , community nursing. The dietitians are imputing their weights to ensure there is a consistent approach, maximising the data inputted and ensuring patients who become at risk of malnutrition can be picked up in all clinical settings, as soon as they are assessed by any HCP.

Audits have shown that even when training is given staff can make mistake with calculating of BMI and weigh loss score. This ensures the calculation is correct and is part of the clinical record.

Action plans care clear and there is transparency to what has been done and when referrals on to SLT or dietetic is indicated. This has been very popular with nursing and support staff.

This will reduce the need for dietitians to visit patients on the ward or in their own.

This is a screen shot of step 1 and the action plans.

Step 1 - Calculate BMI Score

Last recorded height on RiO in cm:	(no data)
If no previous height recorded (above), are you able to measure the patient?	Please Select
Height (in centimetres e.g. 168cm):	
Last recorded weight on RiO in kg:	(no data)
Weight (in kilograms with decimal point):	
Last recorded BMI on RiO:	(no data)
Body Mass Index:	

ction Plans for Community / Mental Health / Learning Disability / In-Patient Setting (scored 2 or more - High Risk)	
1. Ensure the patient and relatives are aware of concerns regarding risk of malnutrition	☐
2. Ensure help is provided and advice on food choices, eating and drinking when necessary	☐
3. Ensure the need for a special diet is recorded and visible to staff members offering meals and snacks	☐
4. Encourage 3 meals and 3 high calorie snacks and milky drinks daily	☐
5. Use food fortification ingredients when serving meals eg butter, cream, cheese	☐
6. Keep a food record. Record all food and drinks offered and quantities taken over 3 days	☐
7. Request prescription of 2.4 Kcal/ml oral nutritional supplement, eg Ensure Compact 125ml BD	☐
8. If Mental Health In-Patient, refer to Dietitian via email : mentalhealth.dietitians@nhs.net If Community In-Patient ward, refer to Dietitian via the HUB : bks-tr.healthhub@nhs.net	☐

Challenges faced and how they were overcome:

Good team work. Fantastic opportunity to work with the IT clinical transformation team – to have a completely different approach.

Virtual Training via Teams – has been fantastic. To be able to use real life case studies (with test patients) inputting date straight into Rio. Showing staff how easy it is, and how empowered they are to make positive changes to patient who they identify as at high risk of malnutrition**.**

Evaluation and Outcomes:

The number of patients screened on admission has remained high however the quality of the MUST score data has improved and more patients identified at risk are being given the appropriate action plan.

A reduction in inappropriate prescribing**.**

Future Plans: The plan:

- **To produce a video training package for each of the settings. Short easy to watch training videos that staff can do when they have time or when working from home.**
- **The Must score will feed into a interactive white board on the ward – "flo." This will ensure any patient at medium or high risk of malnutrition will be "highlighted to staff at a glance" helping everybody from the person helping with menus, tea round, and medical staff.**

This is an exciting time using technology to maximise patient care and ensure when care takes place digitally – full and accurate assessment can take place.