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 exercises
- 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. On-going 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
Figure 1: The Model for Improvement

- 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 involved discussion as well as creative expression.
We believe the purpose of enabling our patients to eat and drink is:

- **Environment**
- **Wisdom**
- **Caring/Healing**
- **Culture**
- **Enjoyment**
- **Responsibility**

**H2O**

**Choice**

**Knowing The Person**
Claims, Concerns & Issues Exercise

CLAIMS
Staff want to improve patient experience and their knowledge about nutrition.
• MUST scores updated weekly
Staff are all attentive
Adhered to protected mealtime policy

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”

ISSUES
• Enforce protected meal times.
• Need menu developed
• Portion sizes to small especially for men
Reflecting on Journey.

- Change & Growth in Thinking
- Change & Life of Changes
- Compelling & Friends
- New Menu
- Power & Crafting
- Lesson & Crafting
- Empowerment
- Store
- Thinking
- New Menu
- Power & Crafting
- Lesson & Crafting
- Empowerment
- Store
- Thinking
Policy Influence:

- Promoting Good Nutrition - a strategy for good nutritional care for adults in all care settings in Northern Ireland 2011-2016 (DHSSPS 2013)
- Quality 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)
- 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
Promoting Good Nutrition & Hydration

Five High Calorie Foods

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

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

3. 2 glasses of full fat milk a day will provide 250 kcals.

4. 1 small tub of grated cheese will provide 200 kcals.

5. Each pack of jam provides 40 kcals.
Promoting Good Nutrition & Hydration

Main Meal
- Full: 400 kcal
- ½: 200 kcal
- ¼: 100 kcal

Dessert
- Full: 360 kcal
- ½: 180 kcal
- ¼: 90 kcal
- Milk pudding: 200 kcal

Porridge: 80 kcal
Double Cream 30ml: 135 kcal
Soup: 50 kcal
Bread roll & butter: 110 + 50 = 160 kcal

180ml: 20 kcal
150ml: 105 kcal
180ml: 125 kcal
50ml: 35 kcal
100ml: 70 kcal
100ml: 105 kcal

This is to assist with completing patient food charts, regarding portion sizes in the Northern Health and Social Care Trust.
## Malnutrition/Under Nutrition Care Bundle including Malnutrition Care Plan

**M MUST/Monitor:** Complete MUST Assessment with 24 hour of admission to a hospital ward

- 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
- Promote Protected Meal Time

**U User Involvement:** Identify the patient’s 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
- Has the patient been provided with written information *Your Nutrition is Our Concern and Until Your Appetite Improves* available on Trust intranet  
  Yes/No

**S Snacks:** Patient should have access to nutritious snack/drinks over 24 hour. Offer small frequent snacks

- 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.

**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.
- Patient has been involved in discussion regarding this care plan  
  Yes/No
- Consider nutritional needs on discharge

**O Offer Alternative at Food Refusal:** Offer alternative options if patient has refused food - monitor and record on food chart
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
Mrs Robinson
Or Cook
CP (not yellow)

Mrs Robinson
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?