

Hospitals addressing malnutrition

Malnutrition and dehydration are seriously misunderstood and sometimes neglected in hospitals. Older people, who make up a large proportion of inpatient activity, are particularly vulnerable with 33% already malnourished (or at risk) on admission to hospital.¹

The Mid Staffordshire NHS Foundation Trust Public Inquiry² revealed a catalogue of these unacceptable failures in providing basic nutrition and hydration care. Care Quality Commission inspections show that 12% of hospitals are still failing to meet the nutritional needs of patients.³

This gives hospitals a great opportunity to ask whether they are doing enough to prevent and treat malnutrition.

Malnourished people typically have:

- More hospital admissions and re-admissions⁴
- Longer stays in hospitals⁵
- Greater healthcare needs in the community (more GP visits, care at home and greater use of antibiotics)⁶
- Increased risk of mortality⁷

Clinical consequences of malnutrition include:

- Impaired immune response, reduced muscle strength, impaired wound healing, impaired psycho-social function and impaired recovery from illness which can result in poorer clinical outcomes

Best practice principles

Addressing malnutrition revolves around five principles which incorporate the NICE Quality Standard (QS24)⁸ and Clinical Guidance (CG32).⁹

- **Raising awareness** among patients, families and front line staff to support prevention and early treatment of malnutrition. This includes providing staff with appropriate training
- **Working together** within teams and across organisational and professional boundaries. It is also important to ensure that multi-disciplinary teams engage with catering teams
- **Identifying malnutrition** in the patient through screening and assessment using MUST (Malnutrition Universal Screening Tool) available from BAPEN¹⁰
- **Delivering personalised care, support and treatment** for patients at risk and implementing NICE's Quality Standard (QS24) and Clinical Guidance (CG32)
- **Monitoring and evaluating** patient weight, improvements and outcomes. It is also important to monitor whether hospitals have the right processes in place to address malnutrition

The benefits

- NICE identified malnutrition as the sixth largest source for NHS savings¹¹
- Early identification and treatment of malnutrition in adults could save the NHS £13 million a year after the costs of training and screening¹²
- NICE demonstrates that screening, early intervention and treatment could save £71,800 per 100,000 people¹³
- Appropriate use of oral nutritional supplements (ONS) has been found to save £849 per patient based on length of stay in hospital⁶

¹ Calculation based on BAPEN screening weeks 2007-11

² Robert Francis (chair), *The Mid Staffordshire NHS Foundation Trust Public Inquiry*, 2013

³ Available at: [http://www.cqc.org.uk/public/reportssurveysandreviews/themed inspections/dignityandnutritionolderpeople](http://www.cqc.org.uk/public/reportssurveysandreviews/themed%20inspections/dignityandnutritionolderpeople)

⁴ R. J. Stratton et al, 'Malnutrition in hospital outpatients and inpatients: prevalence, concurrent validity and ease of use of the 'malnutrition universal screening tool' (MUST) for adults', *British Journal of Nutrition*, 2004, 92.

⁵ J. F. Guest et al, 'Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK', *Clinical Nutrition*, 2011, 30, 4.

⁶ M. Elia et al, *The cost of disease related malnutrition in the in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults*, BAPEN, 2005.

⁷ M. Heismayr et al, 'Decreased food intake is a risk factor for mortality in hospitalised patients: The NutritionDay survey 2006', *Clinical Nutrition*, 2009, 28.

Making the changes: Quick wins

- Raise awareness among patients, visitors and staff with the following:
 - Display visual information on the importance of nutrition
 - Provide training sessions for staff including using MUST and how to support patients with eating and drinking
- Screen all patients for malnutrition using MUST
- Keep the patient at the heart of each decision to provide personalised care
- Protect patient meal times and make them the highlight of the day
- Monitor a patient's weight on a regular basis and investigate any unintentional weight loss

Making the changes: Longer term plan

- Look at embedding good nutrition and hydration care in existing pathways e.g. for long term conditions and enhanced recovery pathways
- Implement training programmes for staff
- Ensure nutrition and hydration needs are continually met for all patients on discharge including information for carers

Do not forget to:

- Realise the benefit of the changes made, e.g. improved personal outcomes, fewer incidents and financial savings
- Regularly gather feedback from patients, families and staff
- Regularly assess the processes in place using CQC standards

About the Malnutrition Task Force

The Malnutrition Task Force is an independent group of experts across health, social care and local government united to address the problem of preventable malnutrition and dehydration in older people.

Our vision

Prevention and treatment of malnutrition and dehydration should be at the heart of everything we do to ensure older people can live more independent, fulfilling lives.

Our mission

To ensure the prevention and treatment of malnutrition and dehydration is embedded in all care and community support services and that awareness is raised among older people and their families.

Key statistics

- Around 1 in 10 older people are malnourished or at risk of malnutrition. This equates to around 1 million older people in the UK¹⁴
- 33% of people aged 65 and over are malnourished (or at risk) on admission to hospital¹
- The number of people aged 65 and over is projected to rise by nearly 50% in the next 20 years to over 16 million¹⁵

⁸ Nutrition Support in Adults (QS24), NICE, 2012.

⁹ Nutrition Support in Adults (CG32), NICE, 2006.

¹⁰ Available at: http://www.bapen.org.uk/screeningformalnutrition/must/musttoolkit/the_mustitself

¹¹ *Benefits of Implementation: Cost saving guidance*, NICE, (updated) 2013.

¹² *National cost impact report to accompany CG32*, NICE, 2006.

¹³ *NICE support for commissioners and others using the quality standard on nutrition support in adults*, NICE, 2012.

¹⁴ M. Elia, R. M. Smith, *Improving Nutritional Care and Treatment: Perspectives and Recommendations from Population Groups, Patients and Carers*, BAPEN, 2009.

¹⁵ *National Population Projections, 2010-Based Projections*, Office for National Statistics, 2011.