

# **MALNUTRITION UNITED**

## **A PRACTICAL APPROACH TO TACKLING MALNUTRITION IN CARE SETTINGS**

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# Overview

- Malnutrition –the facts
- Background
- Pilot study
- The Programme
- Results



# Grandmother died of malnutrition while under nursing home care

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A Rochdale grandmother died weighing 4st 12lb whilst being cared for in a nursing home and was described by loved ones as looking like a skeleton.

Irene Willits, 88 died from malnutrition one day after leaving the care home to go to hospital.

When Mrs Willits moved to the home in November 2008, she weighed 5st 7lb. Mrs Willits weight then increased after being put on a high calorie diet to 6st 6lbs. The final time she was weighed, her weight had fallen to 5st 3lb.

The official verdict of death states that Mrs Willits “died against a background of general frailty of health. She died on 12/09/2009 of malnutrition.”

# BAPEN

- British Association for Parenteral and Enteral Nutrition
- Charitable Association that raises awareness of malnutrition
- Nutrition screening week surveys helps to establish burden of malnutrition in hospitals and care homes



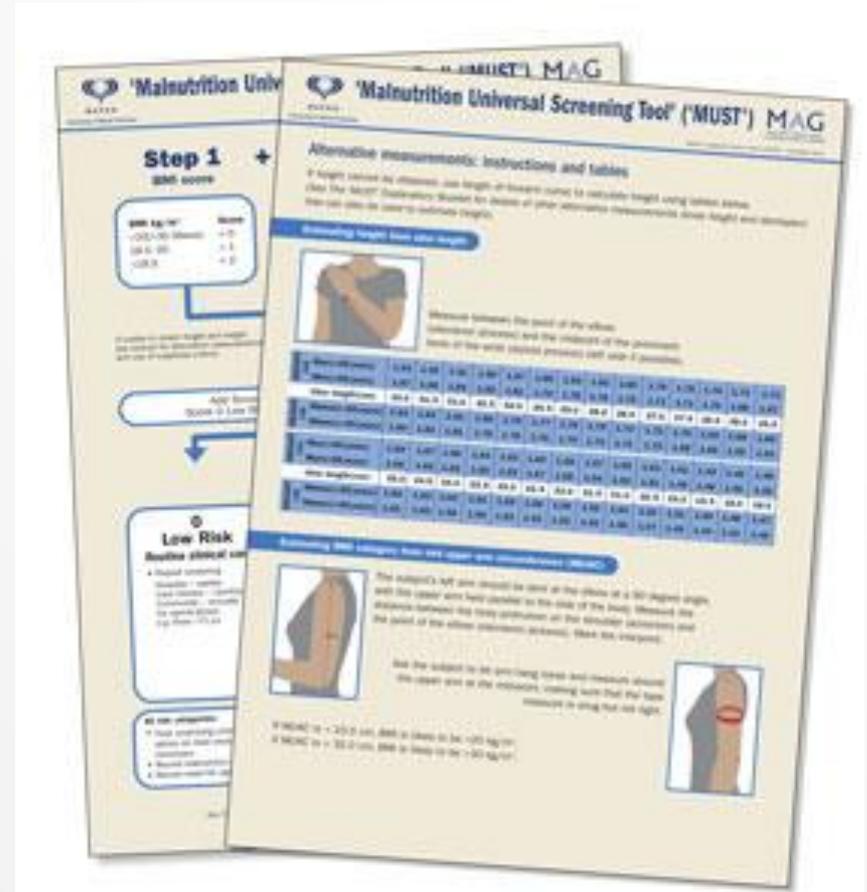
# BAPEN – 2015 report

- Aim to establish the prevalence of ‘malnutrition’ in different care settings
- Malnutrition affected 35% care home residents
- Being underweight was distinctly more common among care home residents than the general population.
- Subjects found to be at risk of being malnourished at the time of the survey were more likely to be underweight on admission and lose further weight during their residency



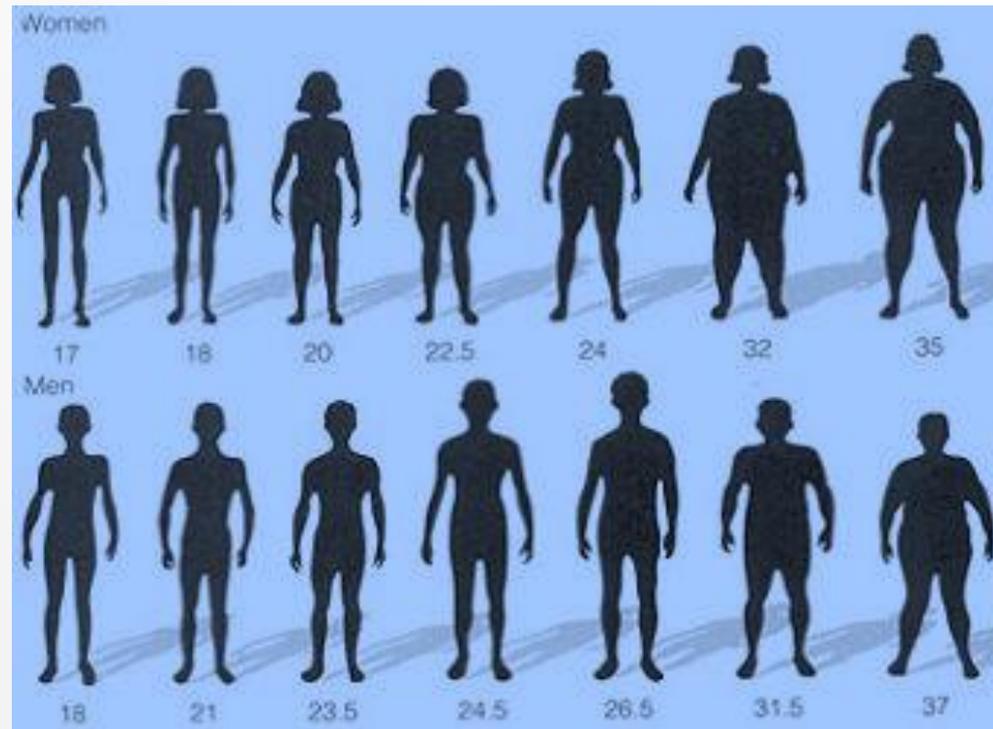
# Malnutrition

- MUST is the malnutrition screening tool used throughout Heywood, Rochdale and Middleton
- MUST identifies a person as high risk: BMI 18kg/m<sup>2</sup> or less, over 10% weight loss in the last 6 months or little or no food intake for over 5 days
- Score is in scale MUST 0-6



# Malnutrition (cont)

- BMI (Body Mass Index) is a measure that uses weight and height to work out if your weight is healthy.
  - BMI  $<18.5\text{kg/m}^2$  - underweight
  - BMI  $18.5 - 24.9\text{kg/m}^2$  - healthy
  - BMI  $25 - 29.9\text{kg/m}^2$  - overweight
  - BMI  $>30\text{kg/m}^2$  - obese



# Causes of Malnutrition

- Impaired speech, vision or hearing
- Dementia
- Confusion
- Depression
- Sensory loss
- Inability to chew/swallow
- Poor posture and mobility
- Poor manual dexterity
- Ill fitting dentures
- Decline in oral health
- Modified diets
- Taste changes and sensory loss
- Dehydration
- Dry mouth
- Isolation

# Consequence of Malnutrition

- Increased ill health
- Increased hospital admissions and length of stay
- Increased susceptibility to infections
- Increased recovery time post surgery
- The Public Sector Expenditure associated with treating malnutrition in England is estimated to be £19.6 billion pa.



# Background

- High proportion of residents in care settings are malnourished
  - 50% of people admitted into hospital from a care setting were identified as High risk
- Inaccuracy in screening for malnutrition
- High volume of referrals to dietetic department impacting on time taking to see more vulnerable patients living in their own homes
- Historically care settings in HMR have been dependant on the use of oral nutritional supplements. The overall cost of supplements in HMR is in excess of £800,000 per year.



# Background (cont)

- Culture of referring residents into the dietetic service was effectively handing responsibility of nutritional care to the dietitians
- Introduce a more preventative measure to tackling malnutrition
- Staff not addressing other issues that may be affecting a person's nutritional status e.g. oral health, symptoms of nausea or constipation and referring to relevant services such as GP, SLT



# Pilot Study

- Test of change carried out in a small number of Nursing Homes in the area
- Staff had to complete a pre-referral checklist prior to referral to dietitian department
- Introduction of a 'Food First' pathway for all residents scoring MUST 2
- Replacement of standard ONS with a high calorie home made milk shake - more palatable and more nutritious
- Training provided on completing nutritional screening tool, also support provided on one to one basis



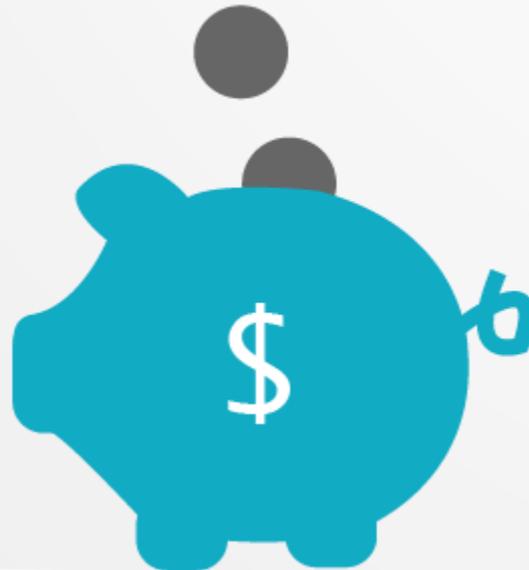
# Exclusion Criteria

- MUST >2
- Resident has a medical condition increasing requirements eg cancer Huntington's disease
- No food eaten for over 5 days



# Pilot Study (cont)

- Audit of nutritional screening identified increased accuracy in completing the tool
- Cost saving of approximately £2000 in spend on nutritional supplement per year.



# Aim of Programme

- To optimise nutritional status of Nursing/Care home resident
- Provide support and practical guidelines to a 'Food First' approach to tackling malnutrition
- Reduce reliance on Oral Nutrition supplements
- Improve nutritional screening of residents

# Malnutrition United Programme

- Launched in 2016, rolled out over June - August.
- New pathway developed to promote management of nursing and care home residents nutritional care by staff.
- Raising awareness of 'Food First' approach.
- Training and education on the 'Food First' approach.
- Pathway and care plans provided within programme for homes to follow.
- Yearly training on MUST or when required.



# Malnutrition United Programme (cont)

- MUST audit done before and after training.
- Introduced to managers of Homes to then be cascaded to care staff.
- Initial Nutrition and MUST training arranged to roll out programme.
- Total of 42 homes, 10 Nursing homes, 32 Care homes
- 8 Homes have not taken up any training.

# Pathway

- Residents assessed to be at risk of malnutrition are commenced on the 'Food First' approach pathway
- This approach helped to manage and treat residents with poor nutritional status and unintentional weight loss through the use of everyday nourishing food and drink.
- Nursing/Care homes were to follow the approach and pathway for 4 weeks for those scoring a high risk (MUST 2), this included:
  - Offering up to 2 homemade high calorie milkshakes
  - Commence food record chart
  - Record weight weekly
  - Repeat MUST monthly
  - Commence high risk malnutrition care plan



# Food fortification

- Food fortification is an integral part of the 'Food First' approach
- It helps those with a small poor appetite to make every mouthful count
- Ways to fortify:
  - Syrup/honey/jam/sugar to cereals/puddings
  - Cream/cheese/croutons to creamy soups
  - Extra butter, mayonnaise or cheese to sandwiches/toast/crumpets
  - Dried milk powder to tea, coffee, milk on cereal, sauces & pudding
  - Add sugar to hot drinks
  - Butter/cheese/creamy sauces to potatoes & vegetables
  - Cream/custard to puddings / fruit



# High Energy & High Protein Milkshake

Makes 3 shakes

Ingredients:

- 600mls full cream milk
- 100g dried milk powder
- 80mls milkshake powder/syrup



**356kcal & 19g  
protein per  
200mls  
serving!**

# Results

- Audit done before training and repeated 3 months after.
- An increase in the accuracy of using MUST to identify those at risk of malnutrition.
- Increased knowledge of MUST across care homes.
- Implementation of programme and pathway.
- In 2017-2018 saw a reduction in the cost of oral nutritional supplements across HMR to £500,000, a reflection of the reduced use in Nursing/Care Homes





# Studies and Audit

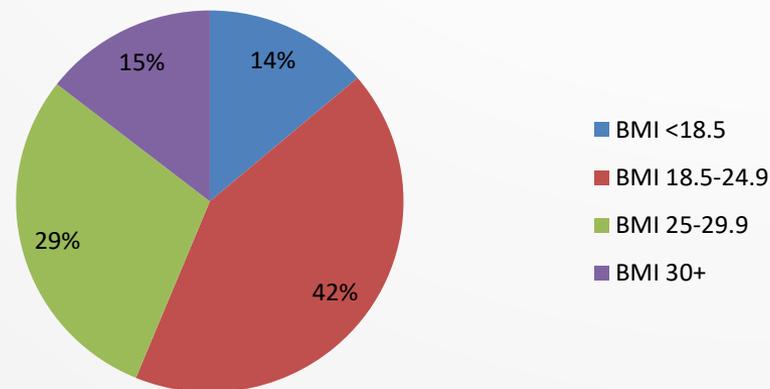
- Study completed in Wallsall on the prevalence of malnutrition in Nursing/Care Homes in July 2011.
- Training provided by dietitian and local Nutricia nutrition nurse on MUST and equipment available in homes.
- The study found 41% of residents across 17 homes were at risk of malnutrition, with 24% as a high risk, a mean BMI 17.5kg/m<sup>2</sup>



# Studies and Audit

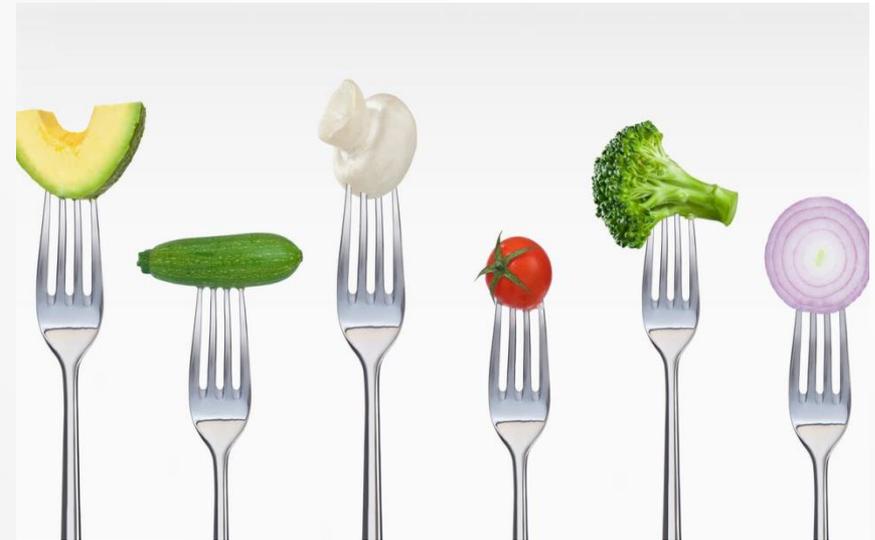
- Audit completed across 20 Nursing/Care Homes in HMR in November 2018.
- Data was collected on 15 residents at each home to get a snapshot of average BMI's
- This found 13.8% were a high risk of malnutrition (BMI <18.5kg/m<sup>2</sup>).

Average % BMI



# Present

- MUST training delivered annually
- Reiteration of pathway in training sessions
- 1:1 training sessions when needed or for new staff
- Increased presence of Nutritionist to prompt training and answer questions



**THANK YOU FOR LISTENING**

**ANY QUESTIONS?**