



# What's Food Got To Do With It? – The Dewsbury Link Nurse Project

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## Summary of project

Meeting patients' nutritional needs in hospital has been the source of much criticism over recent years. As health care technology has progressed and the demands on the qualified nurses' role have increased it has appeared that some of the essential elements of nursing care, including nutrition, have been relegated in importance with responsibility relinquished to other staff. This project aimed to put the responsibility for ensuring that patients eat and drink firmly back with the qualified nurse, and to reinforce that nutrition is seen as having "a lot to do with it" when promoting the recovery of health.

## Background

This project was driven from both a national and local agenda, the core element being to ensure that patients received appropriate assessment, planning, implementation and evaluation of their nutritional needs whilst in hospital.

Nationally, there are increasing demands on qualified nurses to take on new tasks, for example venepuncture and cannulation. It is essential for the profession that these skills are adopted within a holistic framework that does not place them above the more "fundamental" elements of nursing such as ensuring patients receive adequate nutrition. Whilst some would argue that the nurse's role in nutrition has become ambiguous, there is little doubt that "while they may delegate the task of feeding patients, for example to unregistered practitioners, they retain overall responsibility" (UKCC, 1997).

A local observational audit of meal provision was completed in the hospital wards in Dewsbury and District Hospital. Several recommendations were made that reflect national documents, including the correct preparation of the patient and bed area, better monitoring

of food intake and that all professionals respect the importance of mealtimes in ward areas.

These recommendations were backed up by another local audit on the incidence of pressure sores on heels. This identified that the majority of patients with pressure sores were nutritionally compromised on admission, reinforcing the findings of McWhirter and Pennington (1994) who concluded that 40% of patients are malnourished on admission to hospital.

In addition, 2 key references helped direct the focus of the project plan.

Hungry in Hospital (ACHCEW, 1997) looked at the realities of what was happening in many hospitals, allowing carers a stronger voice. Many of its recommendations, including the need for nurses to improve the nutritional care they provide to their patients, provided the framework to the project proposal with particular emphasis being paid to staff education.

The 1999 BAPEN report, Hospital Food as Treatment, stressed that the majority of patients continue to lose weight whilst in hospital and that the average food intake is less than 75% of that recommended, particularly for the elderly. It recommends that improved staff training, nutritional screening, assessment and monitoring of food intake, along with a reduction in interruptions at mealtimes, can result in meeting the patients' nutritional needs. It also reinforces that the 'primary responsibility of the nurse in charge of a ward at mealtimes is to ensure that their patients are fed'.

To this end, the Dewsbury Link Nurse Project proposal was developed.

## Aims and objectives of the project

The overall aim of the project was, to improve the nutritional care of patients in general wards in Dewsbury and District Hospital. A series of objectives were agreed by the Nutrition Link Nurse (NLN) group and the multi-disciplinary project group, in line with the project plan. The main objectives were as follows. To:

- Develop guidelines to clarify the role of the nurse/health care assistant at mealtimes
- Develop and implement a Nutritional Screening Tool (NST)
- Develop user friendly food and fluid record charts
- Examine the environment the food is served within
- Develop literature for patients and carers

It was anticipated that by achieving the aims and objectives, the following outcomes would be met, namely:

# RESULTS

- There would be appropriate assessment, care planning and monitoring of patients nutritional needs by the nurse within and external to the multi-disciplinary team
- Nutrition would be seen as a priority by both nursing staff and other health professionals at mealtimes
- Nursing staff would be responsive to the needs of the patients and their carers with regards to nutrition

## Project groups

### Nutritional Link Nurse (NLN) group

The NLN Group was seen as the main driving force of the project and the key to its success. Though facilitated by the project leaders, it was anticipated that it would be the nurses themselves who would undertake the majority of the new developments and project work. It was decided that link nurses to the project should be either D or E grade staff nurses as it was felt that they had the most significant role at ward level in both monitoring and care planning with regards to the nutritional needs of patients.

The nurses were recruited from general wards, as specialist areas, such as intensive care, were believed to have different needs with regards to nutritional assessment and mealtime requirements. The wards that provided NLNs for the project covered general medicine, general surgery, orthopaedics, elderly medicine, gynaecology and the admissions unit.

With the amount of work required over the 2 years of the projects, the project leaders knew that it would be difficult for wards to release the staff on a regular basis. It was therefore essential to ensure that the NLNs had the full support of their ward managers and project funding was used to provide back-fill at ward level to ensure that the NLNs could be released.

Though this was ostensibly a nurse project, the Hospital Manager, along with the General Managers for Surgery and Medicine, were kept informed of the project progress because of the potential implications for the ward staff within their directorates.

### Multi-disciplinary project group

A multi-disciplinary project group, made up of health professionals linked to the provision of nutrition for patients within the hospital setting, namely speech and language therapy, physiotherapy, occupational therapy, hospital catering and domestic services, was set up alongside the NLN group. Invitations to join this group were extended to local care homes and Age Concern to ensure that user groups were involved to give patients and carers a voice.

The project group met bi-annually to discuss the work undertaken by the NLN group during the previous six months and the proposed future work identified. Members of this group were also given open invitations to attend any of the NLN meetings and observe the work being undertaken, as were patient representatives from Age Concern and local care homes. They were also on hand to provide their specialist knowledge and support.

## Project launch

To commence the NLN project, all the nominated link nurses were invited to a time-out day in September 2000,

which was facilitated by the project leads. This introduced the project, its aims and objectives to the nurses looking at the kind of tasks that would be undertaken over the following two years. To enhance ownership of the project, the role of the NLN was discussed at length, with the group deciding on their own definition. The main aspects of the role were felt to relate to education, communication and raising the profile of nutrition. Laminated copies of the defined role were displayed in prominent places on each ward.

To raise the profile of the project, a competition was launched, inviting all staff both within the acute hospital and the community, to design a logo to represent the group and its work. By opening up the competition outside of the NLN group it instantly began to raise awareness amongst trust staff. The entries were judged by the local Age Concern group, who chose the winning entry that remains the NLN group logo to this day.

So that the NLN group were easily identifiable, t-shirts were purchased and printed with the logo, for all the link nurses, to be worn on time-out days and whenever they were doing project work, such as undertaking audits on the wards. Though some of the link nurses had initial reservations about wearing the t-shirts, once they started to undertake the ward based audits, everyone was happy to be identifiable, as it made them feel part of a team (something other link nurse groups in the hospital didn't have).

The logo was also put on resource folders given to each of the link nurses to be kept on their wards and accessed by all nursing staff. These contained minutes of meetings along with nutrition information, such as advice on special diets.

## Developing and implementing a Nutritional Screening Tool (NST)

The first piece of work undertaken by the NLN group, and the main part of the project plan, was the development and implementation of a Nutrition Screening Tool (NST). Though there were many types of nutrition screening already in use in the NHS, there was no evidence of a consistent approach. The NLN group therefore used a time-out day to design one of their own. The NST had to be clear, concise and easy to use. To this end the group decided to follow the same format as the 'Waterlow Score', a tool in use in all areas and therefore a concept that ward nurses were already familiar with.

Once designed, the tool was taken back to ward areas for comments from other staff. Following this exercise, the completed tool was printed.

To aid effective implementation, the NLN were asked to undertake training sessions within their ward areas. It was decided that all D and E grade staff plus ward sisters would receive training. Though they wouldn't be using the tool, it was felt important that ward health care assistants were invited too, to raise awareness of nutrition issues amongst this particular group of staff.

Continuing the ethos that the NLN had full ownership of the project, the decision was taken that the project leads would not participate in the training. The NLN would undertake training sessions at ward level in ways they felt most appropriate to suite their own areas. However, they could call on the project leads and other NLN for help at

any time. No help was requested throughout the implementation period.

At the next time-out day, the NST implementation was evaluated. While in some wards it had been widely embraced by all staff, on others it was poorly received. The problems ranged from staff not turning up to training sessions, to resistance to actually using the tool. There were also cases of staff being trained, but subsequently forgetting to use the tool.

Following this, the nurse project lead wrote to all ward managers/senior sisters asking them to ensure that their staff fully complied with the NST implementation (especially as they had fully committed to the project at the outset).

The original intention had been to audit the NST within 6 months. Unfortunately, due to many membership changes within the NLN group, the audit was finally undertaken 14 months into the project.

Most of the NLN group had never undertaken audits before, therefore the Clinical Audit Nurse attended group meetings to explain how to write an audit tool, carry out an audit and how to write the audit report. The audit was undertaken on a time-out day and each link nurse audited a ward other than their own.

Though never having written a report before, a small group, led by another of the link nurses, got together to collate the results and write up the audit findings, again with the help of the audit department. The results unfortunately confirmed what had already been suspected. There was a great variation between wards on how often the tool was being used, along with the accuracy of completion, quality of information recorded and care planning when it was used. The results also demonstrated the importance of senior nurse commitment to ensure that their staff attended training sessions and were accepting of practice changes.

Whilst it is important that a NST is used to identify any patient at risk of malnutrition, the process shouldn't stop there. Patients need to be reassessed periodically and monitored through intake assessment.

Food record charts and fluid input/output charts can provide an important source of information to allow Dietitians to calculate patient's intakes and therefore give appropriate dietary advice. The NLN group identified that there were many variations of such charts being used sporadically across the hospital and therefore decided to design their own. Like the NST, the drafts were taken to each ward for comments, prior to completion. Once ready, copies of all the various existing charts were removed and the new charts implemented across the hospital.

### **Patient mealtimes**

Another major piece of work carried out by the NLN group was to look at ward mealtimes. During the progression of the project, the Essence of Care benchmark for food and nutrition was developed and launched. The group were able to use this to inform the development of their audit tool.

Again carried out then written up by the NLN's

themselves, the audit demonstrated areas of both good and poor practice. Major areas of concern included interruptions at mealtimes, lack of basic hygiene, insufficient cutlery and lack of assistance to patients who required it.

With the poor results gained in the audit, the group agreed that the concept of 'protected mealtimes' needed to be implemented throughout the hospital. This would need to gain the support of a large range of professions, along with the Catering Department, a piece of work out with the scope and remit of the NLN project. The task for taking this forward was therefore passed onto, amongst others, the multidisciplinary 'Patient Feeding Catalyst Group'.

What the NLN group was able to do was address some of the more immediate problems. Changes were made at ward level e.g. ensuring all patients were offered toileting before the meals, encouraging patients to use ward dining rooms where available and, most importantly, all ward staff stopped from doing unnecessary tasks during mealtimes and providing assistance to patients instead. Wards were provided with specialised cutlery, plate guards and plate mats to allow patients with dexterity problems to feed themselves.

It was recognised by the group that patient's visitors also had a role to play at mealtimes. New patient/visitor information sheets were therefore designed and placed in each patient cardex asking visitors not to attend at these times. It was accepted that some patients could benefit from their visitor helping them to eat and drink, so provision was made for this, by asking the visitor to first gain permission to attend from the nurse-in-charge.

Part of the project plan was to change the role of nurses and health care assistants at mealtimes to enhance the patient meal experience. To aid this, the NLN group put together guidelines, along with questionnaires for both staff and patients to get their personal views on meal provision. Unfortunately due to a slippage with the project timetable, this work was not completed during the project itself.

### **Staff development**

Though the NLN project was designed to help patients, the link nurses themselves also benefited. Throughout the project, part of each time-out day was left for talks and workshops by other professionals, improving the link nurses knowledge in a variety of areas e.g. a Speech Therapist gave a talk on swallowing problems, giving practical advice on basic swallowing assessments, and how to help patients with dysphagia eat and drink safely.

One of the biggest disappointments during the project was the lack of support from some clinical areas, despite repeated attempts to improve attendance. This resulted in a small but very dedicated team of link nurses carrying out the vast majority of the project work. This could have proved disastrous, but for the core group, the benefits from doing the work proved to be immense. These nurses learnt a large number of new skills, from audit and report writing, to developing presentation skills. It also greatly increased their confidence levels, indeed many of them have subsequently undertaken study or projects that they have only felt able to take on because of their personal development throughout the project.

# FOODS

The new skills developed by the group were tested during the last major part of the project, namely the organisation of a nutrition study day. The day was opened to all nurses and health professionals, with a multi-disciplinary group of speakers, including the NLNs presenting their audit findings.

## Achievements

By the end of the 2- year project period, the NLN group had made a significant number of achievements, changes to patient mealtimes and nurse attitudes towards nutrition. These included:

- The design and implementation of a nutrition screening tool
- The design and implementation of food and fluid record charts
- Positive attitude changes leading to better monitoring of patients
- Patient and carers views being sought and incorporated
- Positive changes in practice at patient mealtimes
- Links built with Catering and the Patient Feeding Catalyst Group
- The development of new skills
- Highlighting of areas of good practice
- An article about the project in the Nursing Times

## Challenges

Despite very positive and important work being done by the group, it was often done in a culture of resistance and complacency. At the start of the project, there was full attendance from all areas, but by the end it was difficult to get more than a small core of nurses regularly attending. This was despite provision of funds for staff replacement costs, and initial support being given from Senior Nurses and Managers at the project start.

Changes in membership of the group also had a major impact on how the group functioned. The biggest change was the resignation of the nurse project lead, who found increased work commitments following her appointment as Nurse Consultant meant she could no longer lead the NLN project. It proved so difficult to get a new nurse lead for the remainder of the project, that the dietetic project lead took over all functions of the group so it could continue (though by this time they should only have been acting as a source of nutrition advice for the group). At the end of the project, a new Modern Matron who had nutrition as part of their remit took over the Nutrition Link Nurses, but it was disappointing that this level of commitment could not be found amongst Senior Nurses prior to this.

More widespread changes also affected the project to a lesser degree. During the 2-years of the project, Dewsbury Healthcare NHS Trust, merged with another Trust to become The Mid Yorkshire NHS Trust, meaning that what had been local trust initiatives, now had to be seen as part of wider Trust priorities.

## Future developments

As some of the initial projects developed by the NLN group could not be completed before the project's end, it was hoped that these would be carried out by the 'new' Nutrition Link Nurse Group i.e. after the end of the project, the group, under the leadership of the Modern Matron

was re-launched and expanded to cover all ward areas throughout the hospital, including critical care.

The group would hope to carry out more audits, including an Essence of Care Benchmark audit, continue mealtime observational audits and consider adopting the nationally launched Malnutrition Universal Screening Tool (MUST).

## Conclusion

Despite the problems encountered, the Nutrition Link Nurse Project has been, on the whole, a very positive experience. There have been significant changes to staff attitudes towards nutrition, and enhancement of the patient mealtime experience.

Having major project collaboration between nursing and dietetics has helped improve understanding of each professions role with regards to nutrition and the patient. This can only be to the good.

The decision at the outset to give the Nutrition Link Nurses themselves full ownership of the project proved to be the right one. Not only has it led to good practice developments initiated by the nurses themselves, it has allowed the participants to gain significant personal development and the opportunity to gain many new skills, which can only enhance their future practice and ability to optimise patient care.

## References

- Association for Community Health Councils for England and Wales (1997) *Hungry in Hospital*. London: ACHCEV.
- British Association for Parenteral and Enteral Nutrition (1999) *Hospital Food as Treatment*. BAPEN.
- McWhirter, J.R. and Pennington, C.R. (1994) Incidence and recognition of malnutrition in hospital. *British Medical Journal*. Vol. 308. pp 945-948.
- United Kingdom Central Council for Nursing Midwifery and Health Visiting (1997) *Responsibility for the feeding of patients in hospital*. Registrars letters. London: UKCC.

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