



MUST DO: promoting good nutrition in a community hospital in Northern Ireland

Project team: Siobhan Shannon, Jane Leighton and Marie McKillop

Duration: November 2013 – June 2015

Keywords: Nutrition, community hospital, person-centred nutrition care plan, patient and carer involvement

Project background

Dalriada Hospital, a small community hospital in an isolated, rural area on the North Antrim coast in Northern Ireland, provides an intermediate care unit and a regional multiple sclerosis service. The drivers for the project team to consider the issue of nutrition in the hospital included a previous service improvement initiative, a number of conversations with patients and families about the variety and choice of patient meals and a growing awareness of the prevalence of malnutrition, especially among older patients.

Aim and objectives

The aim of the project was to improve the patient experience and choice at mealtimes, to promote better nutritional intake and to promote recovery in the Dalriada Community Hospital. To achieve this, the objectives identified were to:

- Ensure patients at risk of malnutrition are identified on admission to hospital
- Engage ward staff and stakeholders in the steering group for the duration of the project
- Improve knowledge and management of nutrition/malnutrition among staff, patients and carers
- Provide patients with nutritious choices to meet their dietary needs and preferences
- Make care more person-centred by implementing a person-centred care plan

Implications for practice

- A claims, concerns and issues exercise can be used to demonstrate and measure progress
- Inclusion of all staff brings a variety of insights and leads to empowerment of staff members

This project was supported by the FoNS Patients First Programme in partnership with The Burdett Trust for Nursing

Key activities and outcomes

• Engaging key stakeholders

The project team set up a multiprofessional steering group of key stakeholders to support the development of the project, including nurses, managers, the occupational therapist, the catering manager, dietitians and healthcare assistants, who were invited by email. Unfortunately the project team was unable to engage representation from patients/carers due to the relatively short stays in the hospital. During the project, the steering group met nine times to discuss progress. The project team met more frequently and kept in touch at all times.

• Engaging the nursing team

The project team wanted to understand staff values and beliefs around nutrition in general and the need to promote good nutrition. To do this, the team decided to facilitate a values clarification exercise with a small group of staff. This led to the development of a poster.

• Engaging the wider nursing team

In order to engage with the wider nursing team around nutrition, the team decided to facilitate a claims, concerns and issues exercise in January 2014, conducted across a number of small staff focus groups. Staff identified a number of positive aspects about the hospital's approach to nutrition, as well as things that could be improved. On the basis of this, a number of practical steps were identified and implemented. For example:

- One of the healthcare assistants proposed putting a green triangle above a patient's name to help remind the domestic staff to leave the tray to ensure food intake is recorded adequately
- Food portions are standardised to make the recording of the amount of food eaten simpler

• Evaluation

A staff survey reported an improvement in staff knowledge of nutrition and greater confidence in using the MUST nutrition screening tool (tinyurl.com/MUST-tool).

Twenty patient satisfaction surveys, completed in February and September 2014, showed patients appreciated the greater choice of menus and the availability of snacks. They said the food was good and presentation excellent. Audits undertaken over the course of the project showed that mealtimes were protected, uneaten food was measured before being taken away, MUST screening in the first 24 hours rose to 100%, and there was an increase from 31% to 60% in compliant care plans.

Case study evidence suggests the hospital became more responsive to individuals' needs. For example, a patient with dementia who had not been eating was given coloured crockery and began to eat independently. For another patient with a raised potassium level, kitchen staff devised a low potassium menu. A further claims, concerns and issues exercise was conducted in February 2015 to re-energise the project after a period of upheaval at the hospital. This exercise produced a positive vibe as it showed staff their actions had already resulted in improved patient experience, greater staff knowledge of nutrition and greater interdisciplinary team work.