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## SHARING OUR EXPERTISE IS KEY TO BETTER OUTCOMES

**In this month's PENG column, Anne Holdoway and Sean White share news on the launch of the PENG Dietetic Outcomes Toolkit 'DOT' which aims to provide dietitians with a variety of approaches for collecting and reporting on outcomes in practice, with a particular focus on those relevant to nutrition support (oral, enteral and parenteral).**

Measuring outcomes and sharing of data ultimately demonstrates the value of our dietetic service to commissioners of services, as well as to the wider health community. Information regarding healthcare outcomes is now playing a pivotal role in medical decision-making and, as such, the measuring of dietetic outcomes and interpreting and sharing of key information is essential to ensure that others are aware of the value of the service that we are providing.

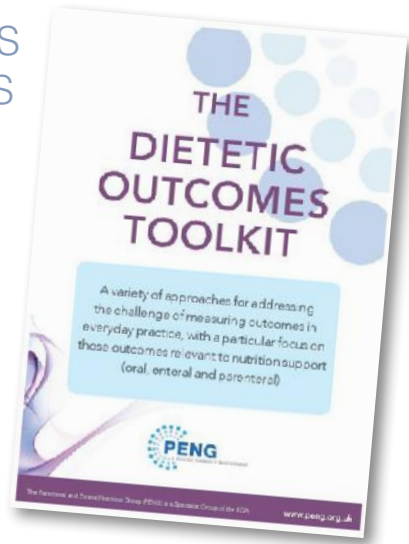
Many of our colleagues across the multidisciplinary team are using outcome tools to great effect to demonstrate their impact, or justify the need for further resource, whether it be an extension of a service or the employment of more staff. In the dietetic arena, the field of outcomes assessment has not yet fully matured and yet, now more than ever, we need to ensure that Commissioners, our healthcare professional colleagues and patients are made aware of the added value we offer.

Although measuring dietetic outcomes was the central theme at the BDA Conference five years ago, adoption and reporting has generally been slow to get off the ground. In response, the PENG committee and Clinical Leads agreed that one of our specialist group aims would include addressing the need to

encourage the collecting and reporting of outcomes in nutrition support. Initially, we surveyed our membership and found that many (51%) were collecting data in some form. However, many were unsure what data to collect, how to collect it, as well as experiencing issues relating to the time required and resources to collect data and report on it.

The PENG outcomes project picked up pace in 2015, with the formation of an outcomes working group drawing on the expertise of PENG members with considerable clinical experience. The remit of the working group was to consider the potential of developing a tool, or resource, to assist members and dietitians working in the field of nutrition support in measuring outcomes.

Following on from the membership survey and formation of the working group, we asked PENG members to share examples of outcome tools that they were using or intended to use. This scoping exercise highlighted that a large variety of tools were already in existence. Examples of tools were collated and the working group came together to review the range of outcome tools that members had



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submitted. Structured, productive discussions amongst all the working group members both virtually and face to face, concluded that a 'one size fits all' solution was not what we needed, as clinical areas clearly warranted a variety of approaches.

For the next phase of the project, the working group agreed that the best way forward was to evaluate existing tools, including practical application minimising the risk of reinventing the wheel and maximising output and efficiency. The results of the evaluation subsequently underpinned the development of the PENG Dietetic Outcomes Toolkit (DOT) incorporating viable tools that were considered of relevance to PENG members and dietitians working in nutrition support.

The toolkit was launched in March this year at BDA Live and aims to provide dietitians with a range of approaches for addressing the challenge of measuring outcomes in nutritional care, with a particular focus on those outcomes relevant to nutrition support. The intention is that individual dietitians and departments can utilise tools from the toolkit according to time available and level of outcome data required.

Ultimately, within PENG, we want to utilise outcome data collectively to strengthen the evidence-base for interventions and dietetic practice, enhance patient care and demonstrate the 'added-value' that the profession provides across the breadth of nutrition support.

Our vision was to provide a practical toolkit to collectively capture the tools available and develop new tools to help dietitians embed outcome data collection in their practice and to facilitate the reporting of outcomes in a meaningful way, not only to us as professionals, but also for our end users and those who commission our services. We hope that this initial toolkit fulfils this need,

but equally acknowledge the refinement of the toolkit will be necessary as dietitians put it into practice.

The toolkit contains examples of the different tools currently available and can be used by dietitians in a variety of conditions. It incorporates case studies to illustrate, at a practical level, how each tool can be used. Use of a particular tool will depend on the patient diagnosis and the agreed goals for intervention. To allow for the cross-fertilisation of ideas, tools that are not specific to nutrition support have also been included.

At the launch at this year's BDA Live event in London, PENG had the honour of running a symposium 'Capturing measurable outcomes in nutrition support'. The high level of attendance and interest in the session proved that outcome measurement is a key priority for many dietitians. We were lucky enough to hear inspirational talks from colleagues who had successfully implemented outcomes projects, including Bruno Mafri, Lead Renal Dietitian/Team Leader at Nottingham University Hospitals NHS Trust who outlined a dietetic-led outcome project in dialysis; Carol Weir, Clinical and Operations Director, MoreLife and Consultant PHE Whole Systems Programme at Leeds Beckett University and Iona Taylor, Community Dietitian at Leeds Community Healthcare NHS Trust who talked about their experiences in developing and implementing therapy outcome measures (TOMs) in practice. Marianne Williams, Specialist Community Gastroenterology Dietitian at Somerset Partnership NHS Trust also shared her experiences in using simple dietetic outcome data to help secure funding.

The PENG toolkit outlines a number of tools and case studies which we hope will assist dietitians in developing their own outcomes assessments. We are very grateful to

all the PENG members and NHS Trusts who helped in the development of this toolkit and hope that the toolkit will encourage dietitians across the country to share further tools. We also welcome feedback on the adoption of the toolkit and how you have used components of the toolkit in practice. By sharing experience and feedback, this will assist colleagues across the UK in demonstrating the added value that dietetics can bring to patient care.

If you have any materials you would be happy to share, please email [peng@bda.uk.com](mailto:peng@bda.uk.com).



## The PENG Dietetic Outcomes Toolkit (DOT) includes:

- a list of nutrition support measures and relevant outcome tools that can be used
- a list of potential barriers to achieving outcomes, to assist in identifying or explaining why goals/outcomes are not met, or only partially achieved
- examples of tools to use in practice including:
  - Patient Reported Experience Measures (PREMs)
  - Patient Reported Outcome Measures (PROMs)
  - Therapy Outcome Measures (TOMs)
  - Goal Attainment Scale (GAS)
- case histories relating to some of the tools including information on reporting
- examples of assessment forms
- reports generated from data collected

A free downloadable copy of the PENG Outcomes Toolkit can be found on the publications and resources section of the PENG website: [www.peng.org.uk/publications-resources/dietetic-outcomes-toolkit.php](http://www.peng.org.uk/publications-resources/dietetic-outcomes-toolkit.php)

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