



MALNUTRITION: RAPID SPREAD METHODOLOGY



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The use of Rapid Spread Methodology to improve nutrition within Blackpool Teaching Hospitals NHS foundation Trust.

WHAT IS A RAPID SPREAD TOOL?

In 2010, two Trusts piloted the 'Rapid Spread' methodology with the aim of introducing a change improvement across 30 wards in 30 days. The Rapid Spread methodology was then reviewed and improved. Three new areas were then chosen by the Department of Health (DoH) to test the modified methodology and Blackpool Teaching Hospitals NHS Foundation Trust (BTH) was chosen as one of these sites.

Also in 2010, the Chief Nursing Officer launched eight high impact interventions known as the 'Essential Collection' (1). This covered detail about the scale of opportunity for each of the high impact interventions in terms of improvement to quality outcomes and patient experience. One of these high impact actions for nursing and midwifery was 'Keeping Nourished'. It was this subject of improving the nutritional care of inpatients that BTH decided to focus on. The National Institute for Health and Clinical Excellence Guidance 'Nutritional Support in Adults' (2) stated that a nutritional screening tool should be used routinely on patients admitted to hospital. We acknowledged that this was not happening, but through using the Rapid Spread methodology, BTH was going to make changes that would improve the nutritional care of their patients (see left).

WHY IMPLEMENT?

These factors are well known and publicised, but unfortunately still exists:

- Malnutrition in the population has a massive impact on health and social care with spending on disease related malnutrition being estimated to be in excess of 13 billion per year (4).
- Malnutrition is often under-recognised and under-treated to the detriment and cost of individuals,

the health and social care services and society as a whole. It is a common problem with more than three million people at anyone time in the UK malnourished (4).

- Around 25 to 28 percent of admissions to hospital are at risk when evaluated using criteria based on the 'MUST' Tool (5).
- Approximately 25 percent of NHS hospital patients are either malnourished or at risk of malnutrition and as much as 70 percent of malnutrition in these patients is unrecognised and unmanaged (2).
- Length of stay for malnourished patients is on average 1.4 days longer than better nourished patients, with these patients being at increased risk of infection and pressure ulcers (2).
- An estimated 40 percent of hospital food is wasted.
- Clinical complications associated with malnutrition can be decreased by as much as 70 percent and mortality reduced by around 40 percent (5).
- Feeling nourished contributes to a positive patient experience. The lack of appropriate food and help with eating being a frequent issue raised on patient experience surveys.

WHAT WAS THE PROCESS?

The DoH Rapid Spread Tool is a workbook that gives health professionals a step-by-step methodology for implementing evidence-based practice across an entire organisation quickly. Rapid Spread is about igniting the passion to do things well and giving frontline staff the knowledge, tools and abilities to improve their skills. There are no small-scale pilots, no tailoring the evidence to local circumstances and it involves the whole organisation, therefore preventing any chance of momentum to fizzle out, which can often be the case in the NHS leading to frustrations.

Caroline qualified in 1994 and after a year at Rotherham returned to her home town, Blackpool, where she currently works as a Diabetes Dietitian managing a team of 15.

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Innovation in Nutrition



- patients were going to be nutritionally screened using the 'Malnutrition Universal Screening Tool' MUST Tool (3);
- patients were going to receive the correct food at the correct time;
- patients would receive help with feeding if required;
- patients would not become malnourished or dehydrated whilst an inpatient;
- BTH was on a 'Nutrition Mission'.

To ensure this did not happen, a multidisciplinary team (MDT) was established. Members of the team included nursing staff, dietitians, speech and language therapists, radiographers, catering and communications. Following the guidelines in the rapid spread workbook, an 'immersion event' was held involving all stakeholders in the MDT with the aim to mobilise, energise, organise and enthuse staff to support the new way of working. Following this event and with the help of the stakeholders MDT, the ward managers were asked over the next four weeks to prepare for the immersion launch. During this time, they were asked to liaise with members of their team and assess current practices on their wards and identify any barriers. Staff were asked to identify solutions as a team and report back to the MDT their findings and any changes they had implemented.

By active participation and involvement from the beginning, staff would believe that they had an active role to play and that change and improvements were possible. This new approach would hopefully then become the norm.

In April 2011, 'Nutrition Mission' went live across all the 39 wards in BTH. The communication team helped publicise the event by involving the local media, developing a site on the BTH intranet, ensuring the staff were aware and kept up to date, informed and engaged and producing leaflets and fliers for the patients. Board members were present and spent time visiting patients on the wards and assisting at meal times. Catering staff organised taster sessions of the new blended remoulded meals and members of the MDT were on hand to answer any questions.

During the implementation, data was collected from several perspectives over weekly, monthly and quarterly timescales. The data was submitted to and collated by the Clinical Quality Centre who analysed it and produced weekly data and trends. This allowed the ward managers to assess progress within their own clinical area and compare their results against the standards and targets since implementing

the rapid spread methodology. All this information was also made available on the BTH intranet site, enabling wards and departments to compare their performance against other wards and departments. This allowed for peer support and identified areas where improvement measures had been successful, which could then be shared and implemented in other areas. It also allowed managers to focus on areas where improvement was still required whilst sustaining standards in areas where targets had been met. It would also enable the organisation to identify the success of implementing the Rapid Spread methodology.

All the data was submitted to the DoH on a monthly basis. The data was to be collected for a 12-month period to ensure that targets were met and standards and improvements maintained. The stakeholders MDT met at least monthly to discuss progress, results and areas where improvements, further changes and support were required.

As a dietetic department, we submitted data on the number of inpatient referrals we received. We also audited for our own information, the use of the nutritional screening tool, MUST, by the nursing staff, whether it had been completed and completed accurately.

IMPROVEMENTS RESULTING FROM RAPID SPREAD

- introduction of 'hungry to help' volunteers, these individuals assist inpatients at meal times with feeding;
- review of timing consultant ward rounds and procedures ensuring that meal times are protected;
- staff rotas and break times are no longer at the same time as that of the patients;
- menus and catering trolleys are bed numbered to ensure quicker distribution of meals;
- nursing staff and housekeepers undertake pre-meal care and environmental checks;



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- adapted cutlery has been purchased;
- all-day breakfasts and snack boxes are now available to patients who had perhaps missed meals due to surgery/investigations;
- staff are trained to ensure that they acknowledge meal times are as important as medicine rounds;
- improved patient satisfaction survey results;
- introduction of red alert system (red lids on water jugs) so patients are readily identified at risk;
- increased number of nursing staff trained to undertake swallowing assessments;
- improvements in the quality, range, presentation and the availability of food and special diets;
- review of the timing for certain medications;
- incorporation of the food chart into the fluid balance chart in the nursing notes;
- food wastage has been reduced by over 50 per cent;
- dietary supplements are used more efficiently;
- patient satisfaction has improved;
- staff reported in the adoption survey that they now feel more empowered to make the changes required to deliver this important aspect of patient care.

NEXT STEPS

It is imperative that these changes are maintained and that the momentum continues. This will ensure that patients will continue to benefit from the improvements brought about by the Rapid Spread Methodology and also that the outcomes from the NHS Outcomes Framework 2013/14 (6), of which nutrition plays a fundamental part, are met:

- preventing people from dying prematurely;
- enhancing quality of life for people with long term conditions;
- helping people recover from episodes of ill health or following injury;
- ensuring that people have a positive experience of care;
- treating and caring for people in a safe environment and protecting them from unavoidable harm.

The stakeholders MDT continue to meet regularly to discuss future initiatives, monitor standards and ensure that actions are implemented and delivered. The intranet site is still available with a forum for staff to ask questions or raise concerns and issues. This area also allows staff to see the latest re-

corded data and news. In addition, the communication team deliver a newsletter to staff keeping them up to date and the executive team do walk-about visits on the wards looking for signs of the nutrition mission and talking to staff about the issue.

Further changes and improvements that are envisaged to be implemented:

- The catering department have recently devised a new one-week menu cycle which will be nutritionally analysed to ensure it meets requirements (7) and this will then be adapted to ensure it is suitable for all inpatients requiring special diets.
- An initiative from the patient experience team is the development of new picture menus for patients with dementia.
- Development of new food first literature for patients who are identified as being nutritionally at risk and are being discharged from hospital.
- Improved care pathways between acute and community dietetic services for patients who are discharged on supplements from the hospital in to the community.
- Further training of housekeepers on food first, the new menu system and snack list used in the hospital, in the hope that they will feel further empowered to deliver good nutritional care.
- Further training of nursing staff on completion of the MUST tool is planned, to ensure new starters and new members of staff have the necessary skills and that existing members of staff complete the tool accurately.
- To try and ensure effective and appropriate usage of oral nutritional supplements, so that patients who require ONS receive them for the correct period of time, whilst prolonged or unnecessary prescribing is avoided. The dietetic team are in liaison with the pharmacy department within BTH and GP practices in the community.

As is evident, although the Rapid Spread has finished, the staff within BTH are still trying to move forward whilst sustaining the standards already met. The nutrition of our patients is still our mission! Nutrition awareness has definitely improved throughout BTH and, as a department, we need to carry this forward and increase the role and profile of the Dietetic Department, the 'Dietetic Mission' now needs implementing.

References

- 1 NHS Institute for Innovation and Improvement (2010). High Impact Actions For Nursing and Midwifery: The Essential Collection
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- 3 Elia M (Ed). Screening for malnutrition: a multidisciplinary responsibility. Development and use of the 'Malnutrition Universal Screening Tool' ('MUST') for adults. MAG, a Standing Committee of BAPEN. Redditch: BAPEN, 2003
- 4 Elia M, Russell CA (eds). Combating malnutrition: Recommendations for Action. A report from the Advisory Group on Malnutrition, led by BAPEN. Redditch: BAPEN, 2009
- 5 British Association for Parental and Enteral Nutrition Malnutrition Matters Meeting Quality Standards in Nutritional Care (2012)
- 6 Department of Health The NHS Outcomes Framework 2013/14
- 7 British Dietetic Association (2012). The Nutrition and Hydration Digest; Improving Outcomes Through Food and Beverage Services

Questions relating to: *Malnutrition: rapid spread methodology*

Type your answers below and then **print for your records**. Alternatively print and complete answers by hand.

Q.1 What is rapid spread methodology?

A

Q.2 Give two reasons why the rapid spread tool was implemented.

A

Q.3 What were some of the practical aims of BTH's 'nutrition mission'?

A

Q.4 What improvements have been made that directly affect hospital staff?

A

Q.5 What practical improvements have been introduced on the wards?

A

Q.6 Give three outcomes from the NHS Outcomes Framework 2013/14 that are relevant to nutritional care.

A

Q.7 What further improvements are envisaged for the hospital menus?

A

Q.8 What changes can be made to improve the appropriate use of ONS?

A

Please type additional notes here . . .