Regional Nutritional Framework for Nursing

Title

A Nutritional framework for nurses, midwives and nursing assistants involved in the nutritional care of adult patients and clients.

(This framework excludes patients/clients who have specific enteral and parental nutritional needs and patients/clients with specific dietary interventions e.g. coeliac, as other local guidance apply).

1.0 Summary

This framework applies to the provision of food and nutritional care for adult patients and clients in acute and community settings in Health and Social Care (HSC) Trusts, independent care homes and the voluntary sector. This framework has been structured to reflect each key characteristic identified within the Promoting Good Nutrition Strategy (2011-2016)[1] (Appendix 1).

It reflects the revised NMC Code (2015)[2] which sets out the standards expected of nurses and midwives which puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism. The framework has also been mapped to the Care Standards for Nursing Homes (2015)[3] referencing nutrition, meals and meal times and reflects the Qualification and Credits Framework (QCF)[4] units of competence referencing nutrition which are based on national occupational standards. The contribution of the Patient and Client Council in promoting good nutritional care across all care settings has also been considered.

Nursing plays a critical role in ensuring that patients and clients; receive adequate food and fluid, that the nutritional needs of patients and clients are met, and mealtimes are a positive experience. Nursing Assistants also significantly contribute to this fundamental of care activity, to that end, registrants must ensure that aspects of nutritional care delegated to nursing assistants is appropriately supervised and supported through robust training programmes so to meet the required standard outlined in this framework.

This framework builds upon a number of policies, guidelines and regional strategies which contribute to the continuous improvement of nutritional care for adult patients

[1] Department of Health Social Services and Public Safety. Promoting Good Nutrition (2011-2016) A Strategy for good nutritional care for adults in all care settings in NI. DHSSPSNI, Belfast

2 The NMC Code (2015b) Professional Standards of practice and behavior for nurses and midwives. Available at www.nmc.org.uk

3 Department of Health, Social Services and Public Safety Northern Ireland. Minimum Standards for Nursing Homes. 2015. DHSSPS, Belfast.

4 Quality and Credits Framework. Available at http://www.accreditedqualifications.org.uk/qualifications-and-credit-framework-qcf.html

and clients. It defines the processes necessary for successful delivery of good nutritional care, reflecting a person centered culture within the care environment where food and the patient experience of nutrition, are fundamental to holistic care provision.

2.0 Background

The Promoting Good Nutrition Strategy (PGN) (DHSSPS 2011) is designed to build on the "Get your 10 a day" standards and applies across all Health and Social Care settings in Northern Ireland (NI). Promoting good nutrition is everyone's business and the success of PGN requires local implementation mechanisms to be in place.

It has been estimated that at any one time more than 3 million people in the United Kingdom (UK) are at risk of malnutrition (Elia 2007)[5].

Malnutrition affects 20% of adults on admission to hospital within NI and 29% of patients admitted to hospital within NI are in a state of under-nutrition (Elia 2007) It is important to ensure the nutritional status of patients is adequately assessed, screened and managed in all care settings including the patients/clients own home. Malnutrition is not just an acute settings issue. In 2007 BAPEN[6] estimated that there were 3 million people malnourished in the UK, 93% of whom are in the community. This represents 5% of the population and this incidence increases to 14% for those over 65 years of age.

3.0 Malnutrition Definition

Malnutrition is defined as 'a state of nutrition in which a deficiency, excess or imbalance of energy, protein and other nutrients causes measurable adverse effects on tissue/body form (body, shape, size and composition) and function, and clinical outcome' (Elia 2000)[7].

4.0 Corporate Responsibility

Corporately there is a requirement to ensure robust accountability and governance arrangements for effective nutritional care are in place across organisations. This is further demonstrated through the implementation of key performance indicators by

[5]. Elia M. Russell CA (2007) Nutrition Screening Survey in the UK in 2007. 2008. Available from http://www.bapen.org.uk/pdfs/nsw/nsw07_report.pdf.

[6] BAPEN (2007) The British Association of Parenteral and Enteral Nutrition), London, UK.

[7] Elia M (2000) Detection and management of under nutrition in the community. *A report by the Malnutrition Advisory Group* (a standing committee of The British Association of Parenteral and Enteral Nutrition), London,

the Chief Nursing Officer applied to measure and monitor nurses contribution to the patient experience of nutritional care.

4.1 Nursing Responsibility in Nutritional Care

It is the responsibility of the registered nurse to include the following in their holistic provision of Nutritional Care to patients/clients:

- Assessment and Screening
- Care Planning and Review
- Recording
- Referral
- Person Centred Care - Patient Experience
- Training and Education
- Monitoring and Accountability

4.2 Assessment and Screening

4.2.1 It is the duty of care for the registered nurse to ensure that within different health care settings, nutritional screening is undertaken as outlined within the PGN strategy. The registered nurse needs to ensure the outcomes of the nutritional screening assessment and the associated care plan devised are clearly documented within the individual patient records.

4.2.2 MUST[8] can be used to assess and screen patients/clients nutritional risk. Where height and weight are not obtainable, a range of alternative measures and subjective criteria can be applied. Mid Upper Arm Circumference (MUAC) may be used to estimate BMI category in order to support the overall impression of the patients /clients nutritional risk.

4.2.3 Nutritional Screening is to be repeated according to recommendations of the screening tool being used and in-line with the DHSSPS PGN strategy. The outcome of which is to be recorded in the patients/clients records.

4.2.4 As with the application of all assessment tools, it is important that the registered nurse does not ignore her/his professional judgment and consideration is given to other presenting variables in the patient/client assessment process.

[8] Malnutrition Universal Screening Tool (MUST) Available at http://www.nipec.hscni.net/Image/SitePDFS/DHSSPSPGNGuidanceandResourcesNov13.pdf

4.3 Care Planning and Review

4.3.1 It is the responsibility of the registered nurse to develop a plan of care for patient/clients who have an identified nutritional need. Person centred care plans are a means of evidencing and ensuring that the patient/client (and their carer if appropriate) actively engage in their plan of care. All nutritionally "at risk" patients will have a nutritional care plan that is communicated, implemented, monitored and reviewed (BAPEN 2003)[9].

4.3.2 The patient's MUST score should be communicated as the individual transfers across care settings to ensure their individualised nutrition care plan is maintained.

4.3.3 Robust systems should be in place to ensure that patients/clients who require assistance with eating and drinking are clearly identified through the care planning process. Patient/client dignity and privacy must be maintained if identifiers such as the "plate model" are displayed.

4.3.4 Patients/clients should be invited to share their opinion on their food as part of their plan of care.

4.4 Recording

4.4.1 The registered nurse must ensure that all food and fluid intake is monitored and recorded in the relevant food record and fluid balance charts if this forms part of their planned care and in accordance with actions resulting in use of the MUST.

4.4.2 Any relevant variances to the care plan must be noted clearly in the nursing documentation and corrective action taken noted in the nursing documentation.

4.4.3 Where assistance with eating or documentation of food/fluid intake is delegated to another nurse or support worker/assistant (or carer if appropriate), the delegating registered nurse must be assured that the delegatee has the necessary training to undertake same effectively.

4.4.4 Reporting mechanisms must be in place, thus facilitating comprehensive feedback regarding the patient/clients nutritional intake.

4.5 Referral

4.5.1 Depending on specific patient needs identified during/following

[9] BAPEN (2003) Development and use of the Malnutrition Universal Screening Tool ('MUST') for adults. Available at http://www.bapen.org.uk/

nutritional screening, it may be necessary for the registered nurse to make a timely referral to another health care professional such as the Nutrition and Dietetics, Speech & Language or Occupational Therapy services. This referral must be clearly recorded within the patient's care plan.

4.5.2 It is the registered nurses responsibility to ensure that where a dietary prescription has been recommended by another professional for example speech and language therapy /dietician, that this dietary prescription is accurately followed and administered to the patient as prescribed. (NPSA, 2012).[10] When assistance with eating is a delegated duty, all nutritional care patient/client specific information must be shared. At NO point should attempts be made to adapt an alternative meal to match the dietary prescription.

4.5.3 As a multidisciplinary approach is necessary to ensure patients are supported in achieving their optimal nutritional status, the nutrition care plan must reflect any recommendation from other disciplines and requires continuous review, until agreed outcomes are achieved.

4.6 Person Centred Care - Patient Experience

4.6.1 Following nutritional assessment, patients/ clients should be offered/ receive the recommended food and fluids. This may include fortified foods/ fluids and / or nutritional supplements as recommended by Dietitians/ Doctor or as per local policy/ guidelines.

4.6.2 Within the care planning process, the patient/ client preferences for foods are identified, recorded and arranged as necessary, particularly where this is influenced by allergies, religion, culture and ethnicity.

4.6.3 Patients/clients should be afforded the opportunity to attend to their personal comfort needs including toileting and access to hand hygiene facilities as required.

4.6.4 In in-patient facilities protected mealtimes for patients/clients should be adhered to. It is expected visiting times will be restricted to non-mealtimes and only in special circumstances, with prior agreement, will carers assist their family members with eating and drinking needs.

4.6.5 Appropriately trained staff should be available to assist patients/clients with eating and ensure an environment conducive to eating and free from unnecessary disturbances such as cleaning, clinical /diagnostic

[10] NPSA, (2012) Dysphagia Diet Food Texture Descriptors Available at http://www.nrls.npsa.nhs.uk/resources

investigations and ward rounds.

4.6.6 Where a meal is not received at an appropriate time, is interrupted or missed for whatever reason, it is the registered nurses responsibility to ensure a replacement meal can be accessed and noted in the relevant food documentation. Equally, repeated mealtime interruptions should be addressed at local level.

4.6.7 All aspects of patient safety in the hygienic preparation, delivery and presentation of food by nursing and others are fully considered with catering colleagues.

4.6.8 Any relevant instruction to another organisation or relevant carer in the discharge process should be clearly communicated verbally and in written form and documented in the patients/clients notes.

4.7 Training and Education

4.7.1 The regional PGN Strategy and other resources (BAPEN, NICE, Local Policy, Local Guidelines) should be accessed and locally utilised for training purposes and to reinforce planning nutritional care for and with patients/clients.

4.7.2 All registered nurses and nursing assistant staff will receive nutritional awareness training at their departmental induction.

4.7.3 Any additional aspects of nutritional training will be delivered according to local need relevant to the care setting.

4.7.4 It is recommended that any in-house training to registered nurses and support staff is delivered compositely between nursing and dietetics staff and is guided by the NIPEC Quality Assurance for in-house teaching requirements[11]

4.8 Monitoring and Accountability

4.8.1 The registered nurse is accountable for the nutritional care of his/her patient/client and must ensure all staff including support staff are aware of the nutritionally "at risk "patients.

4.8.2 Compliance by Trusts in Evidencing Care: Key Performance Indicators for Nursing and Midwifery[12] reflects the Trusts contribution

[11] In-House Teaching Quality Assurance Process Self - Assessment Tool http://www.nipec.hscni.net/InHouseTeaching.aspx

[12] Evidencing Care: Regional Nursing Key Performance Indicators Available at http://www.nipec.hscni.net/MainEvidencingCare.aspx

to the patient experience of the care they have received. Compliance of completed MUST tools are indicative of the patient experience and Trusts will be held to account for non- compliance.

4.8.3 Health care providers are recommended to conduct their individual audits of MUST and other relevant screening tools compliance and address any shortcomings formally through their own local and regional governance arrangements.