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**RAPID AND COST EFFECTIVE INTERVENTIONS  
IN THE NUTRITIONAL MANAGEMENT OF PATIENTS  
AT A LARGE DISTRICT GENERAL HOSPITAL LEAD  
TO SIGNIFICANT IMPROVEMENTS IN SERVICE  
AND PATIENT CARE**

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**Introduction** We anecdotally observed a lack of good practice amongst healthcare staff in identifying and managing patients at risk of nutritional deficiency admitted to the Gloucestershire Royal Hospital.

**Aims/Background** We aimed to assess the compliance with NICE guidelines regarding MUST (Malnutrition Universal Screening Tool) scoring of patients as well as the action that was taken as a result of these scores. Through the use of targeted, rapid interventions including staff education, streamlined documentation and creation of a nutrition team we sought to improve the management of these patients.

**Method** A snapshot case note audit of the patients on a 28 bedded gastroenterology ward was undertaken in November 2012. This showed poor rates of MUST scoring, few dietetic referrals and long duration from referral to review, and inappropriate diet provided to patients with complex nutritional needs e.g. liver disease. In response, we created a nutrition learning tool for the nursing staff and junior doctors highlighting the importance of screening, the nuances of nutritional management of liver patients and the benefits of good nutritional management in terms of recovery from illness and length of stay. We created an action plan with the nursing staff to improve compliance with MUST scoring and we further raised awareness by presenting our findings at a grand round meeting. We created a diet sheet to educate staff about nutrition in liver disease and created a patient information leaflet. We then reaudited in January 2013.

**Results** 28 patients were assessed on initial audit; only 36% had an admission MUST screen completed and of these 60% were deemed medium or high risk of malnutrition. Only 2/3 of these patients had a management plan to improve nutrition documented in the notes. Referral to a dietician of eligible patients was often delayed. There were 3 patients with a BMI of less than 18 who had not had their MUST screening completed.

A significant improvement in these indices was noted on reaudit in January 2013.

**Conclusion** We have demonstrated that rapid, cheap interventions can make a major difference to the management of patients with nutritional deficiency. Our next step is to roll-out our approach across the hospital whilst maintaining the improvements we have seen. To this end we plan to take the data forward to the trust board in an attempt to secure funding for extra specialist nurse presence in nutrition and extra PAs in consultant job plans to create a nutrition team for the hospital. With the NHS being under financial pressure currently, cheap and rapid improvement projects such as this will be important in driving service development.

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