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Tailored training on screening for malnutrition using the ‘Malnutrition Universal Screening Tool’ (‘MUST’) and management plans improves screening accuracy and documentation in care homes in West Sussex

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Malnutrition is a common and costly problem in the UK, with public health expenditure in excess of £13 billion⁽¹⁾. Malnutrition affects more than 1 in 3 care home residents in the UK⁽²⁾. Screening for malnutrition is recommended on admission to care homes and individuals should be monitored and appropriate action taken according to malnutrition risk⁽³⁾. Recording and accuracy of screening can be variable, which can compromise care of malnourished individuals.

This survey in care homes aimed to review current screening practices, provide training tailored to the care home’s needs on ‘MUST’ and local management plans and monitor the impact.

All care plans (n = 546) were reviewed in 20 care homes (75% nursing care (15 homes), 15% residential care (3 homes) and 10% dual registered (2 homes)). Training was provided to each care home, based on their training needs. 4 weeks after training a random selection of care plans were reviewed (55% of original population (n = 299)). Data were collected on; screening and management plan documentation and screening accuracy.

Training significantly improved the documentation of height (72% vs 90% p = 0.00 (two tailed paired t-test) and weight (74% vs 90% p = 0.00 (two tailed paired t-test)). The ‘MUST’ was present in 25% more care plans after training. There was a significant improvement in the number of correct scores for BMI (step 1) (58% vs 83% p = 0.00 (two tailed paired t-test) and weight loss (step 2) (52% vs 84% p = 0.00 (two tailed paired t-test), with a 61% increase in correct total ‘MUST’ score (p = 0.00, two tailed paired t-test). Malnutrition prevalence increased from 26% to 36% (14% medium risk, 22% high risk); dietetic referrals did not increase during this time (7% vs 5%).

Malnutrition prevalence in West Sussex care homes is similar to that seen locally and nationally^(2,4). Inaccurate calculation of ‘MUST’ underestimated the prevalence of malnutrition similar to that seen when a non-validated tool is used. Providing training to care homes already using ‘MUST’ improved documentation and accuracy of screening. The increased dietetic time to provide training on screening and management plans can be offset as care homes are empowered to initiate first line management of malnourished individuals. Further work to assess the efficacy of the management plans is needed with further training to help implementation.

1. Elia M & Russell C (2009) Combating Malnutrition: Recommendations for Action. Report from the advisory group on malnutrition, led by BAPEN.
2. Russell & Elia (2011) Nutrition screening survey in the UK in 2010. A report by BAPEN.
3. National Institute for Health and Clinical Excellence (NICE) (2006) Nutrition support in adults Clinical guideline 32. www.nice.org.uk.
4. Parsons E *et al.* (2009) *JNHN* 13(1):s159.