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The influence of a department-generated malnutrition universal screening tool (MUST) training package on malnutrition identification and management in care homes on the Wirral

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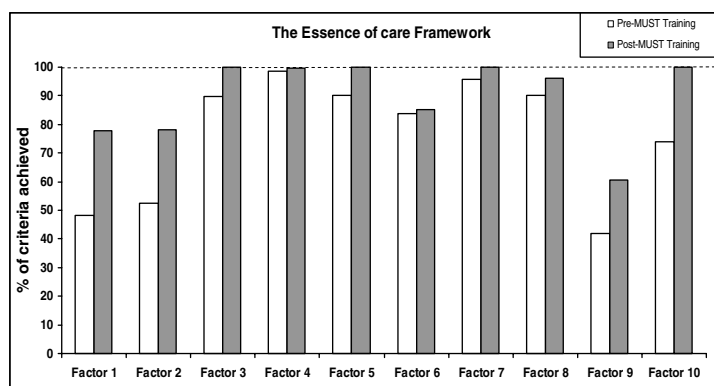
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Malnutrition is a health care issue which is under-detected and under-managed in the community. Previous reports indicate a high prevalence of malnutrition in the community, especially in institutionalised individuals^(1,2). Anecdotal evidence suggests care homes on the Wirral are not adhering to national guidelines in the identification and management of malnutrition^(3–5), thus are at risk of under-detecting residents at high risk of malnutrition.

The purpose was to audit care homes on the Wirral against “*The Essence of Care Framework*”⁽⁶⁾, prior and after delivery of a department-generated MUST training package^(5,7). We aimed to implement MUST in care homes on the Wirral and improve care homes practices in the identification and management of malnutrition.

After written consent, 120 residents from 12 care homes were randomly selected and audited against the 10 factors from “*The Essence of Care Framework*”⁽⁶⁾, prior to the delivery of a department-generated MUST training package. MUST training package was constructed in accordance with key issue identified from audit results, and was delivery to care homes on the Wirral by HPC registered Dietitians. Following MUST training delivery, 88 residents from 10 care home were randomly re-audited. Key issues identified from re-audit were used to adjust MUST training resources for follow-up training sessions.

Pre-MUST training audit indicated that MUST was not used in the majority of care homes audited and all factors from “*The Essence of Care Framework*”⁽⁶⁾ were not being achieved to 100%. Areas of concern included: nutritional screening and assessment; planning, implementation and evaluation of nutritional care plan; and monitoring food and fluid intake (Figure). Following department-generated MUST training package delivery, care home staff reported 100% confidence in understanding and implementing MUST. Post-MUST training audit indicated that MUST was being implemented in all care homes audited. Furthermore, an improvement in all factors from “*The Essence of Care Framework*”⁽⁶⁾ was observed. Substantial improvements included: 63% in malnutrition screening and assessment; 47% in planning, implementation and evaluation of nutritional care plan; and 45% in monitoring food and fluid intake (Figure).



Percentage of criteria achieved within the factors of the “*The Essence of Care Framework*”⁽⁶⁾, prior and after department-generated MUST training package delivery. Factor 1: screening and assessment to identify patients nutritional needs; Factor 2: planning, implementation and evaluation of care for those patients who require a nutritional assessment; Factor 3: a conducive environment; Factor 4: assistance to eat and drink; Factor 5: obtaining food; Factor 6: food provided; Factor 7: food availability; Factor 8: food presentation; Factor 9: monitoring; Factor 10: eating to promote health.

Auditing care homes against “*The Essence of Care Framework*”⁽⁶⁾ was effective in identifying key issues of concern regarding nutritional care practices in care home on the Wirral. The department-generated MUST training package was effective in implementing MUST and improving the nutrition care practices of care homes on the Wirral. Sustainability of improved nutritional care practices was ensured by follow-up training sessions and initiative for in-house training by senior care staff.

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6. Department of Health (2003) *The Essence of Care: Patient Focused Benchmarks for Health Care Practitioners – Benchmarks for Food and Nutrition*. London: TSO.
7. Malnutrition Advisory Group (2003) *The MUST Explanatory Booklet, A Guide to the Malnutrition Universal Screening Tool for Adults*. Worcester, UK: Malnutrition Advisory Group.