The development of a system of multidisciplinary assessment of compliance to national clinical standards for complex nutritional care

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Nutritional care describes the delivery of food and fluid based on an individual's need and preferences. When that is not possible via the oral route, enteral tube feeding and parenteral nutrition may be required. NHS Healthcare Improvement Scotland (HIS) published Clinical Standards for Food, Fluid & Nutritional Care (2003 & 2014). These standards were insufficiently detailed for the management of complex nutritional care, which by definition includes nutrient delivery by tube or intravenous line. Subsequent publication of six Complex Nutritional Care Standards (2015) provide a rationale, criteria and good practice guidance, covering policy and strategy; assessment and plan of care; enteral tube feeding, parenteral nutrition; supporting patients and staff education and training. They apply to nutritional care provided in a Scottish Health Board, across all age groups. However, there lacks a consistent approach to the implementation and monitoring of safe, effective person-centred, complex nutritional care across the fourteen Health Boards in Scotland. This proposal is innovative in that it provides the basis for a national improvement programme in Complex Nutritional Care. BAPEN executive committee has endorsed this submission and HIS has supported the initiative as it supports the implementation of the CNC standards , and reflects the aims of the patient safety programme.

The objectives and scope of this initiative would be to develop a quality assurance framework for a nationwide approach to awareness raising, implementation and scrutiny of the standards. This work would be completed under the auspices of BAPEN Scotland. This would include the development of a network of nutrition support teams, the creation of a self assessment tool, an annual visit by an expert multidisciplinary team (MDT), and a report with a detailed improvement plan, providing a report to BAPEN. Compliant Health Boards would receive a BAPEN certificate of endorsement.

At 12 months - appointment of a project administrator and the creation of self assessment tool in Survey Monkey[®] circulated to all nutrition teams. This would provide a baseline for the development of the improvement plan. The plan would provide the basis for a MDT visit to determine what actions are completed/ outstanding. The MDT would provide appropriate direction/advice in achieving actions.

At 24 months – completion of Health Board visits and creation of report outlining baseline and improvements made to meet the requirements of the HIS Complex Nutritional Care Standards.

Resources & enablers

The financial resource required from MNI would be: Administrative staff to plan and coordinate visits

Auministrative start to plan and coordinate visits

- 30 hours per week of Band 3 Administrator £20 000
 Total £27 200
- Travel expenses for MDT visits £5 300 = TOTAL = £25 300 (€30 000)

What factors will make it successful?

Overall responsibility for the execution of the work will sit with BAPEN Scotland, which is a professional association, so does not have a governance role. Agreement would be sought from each Health Board to participate in the process. Success would rely on good cooperation between HB nutrition teams and the BAPEN appointed MDT. Success would mean all HBs involved, self assessed and visited with an agreed improvement plan developed and measured as meeting the Standards.

Results/outcomes & expected impact

- The CNC standards were developed to improve patients care. This project will advance patient safety and contribute to optimal nutritional care by promoting adherence to standards.
- The project innovative is innovative as this model has not been previously been used across one system.
- Sharing of the outcome of this work will be likely to influence national nutrition policy so that a programme of national scrutiny is developed.
- The development of a quality assurance programme for the management of complex nutritional care could be transferred to other settings / countries.

Reference: NHS QIS Standards for Complex Nutritional Care 2015. http://

www.healthcareimprovementscotland.org/our_work/patient_safety/improving_nutritional_care/ complex_nutrition_standards.aspx

2017 MNI Grant Submission Initiative/Research Project for Optimal Nutritional Care

