Implementation of
The Nursing Care Standards for Patient Food
in Hospital, 2007

Report complied by
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Background

The RCN Nursing Care Standards for Patient Food in Hospital, 2007 were collaboratively developed by the DHSSPS Directorate of Nursing and Midwifery and the Royal College of Nursing (RCN) in response to the RCN’s national Nutrition Now campaign. The Standards were launch in Northern Ireland by the Chief Nursing Officer in November 2007.

Regional Group for Implementation of the RCN Standards for Food in Hosp

The CNO subsequently asked the RCN to establish a Regional Group for Implementation of the RCN Standards for Food in Hospital. The purpose of the Regional Group is to give direction to Trusts and ensure a common approach to implementation of the standards. The Regional Group membership has a senior nurse and a lead dietician from each Trust with responsibility for leading local implementation of the standards and for reporting on the progress. The Regional Group meets quarterly and has achieved the following outcomes to date:

- Developed a draft regional policy
- Developed an evidence-based care plan
- Reviewed and updated the Malnutrition Universal Screening Tool (MUST) Tool
- Developed Care Bundles and an observation of practice template
- Secured placement of a nutrition student in each Trust to assist with training on the MUST tool and audit of Standard 1.
- Provides a report to the Chief Nursing Officer on progress within the Trusts
- Provides a forum for sharing of information between the Trusts

Southern HSC Trust Implementation Group

A Southern Trust Implementation Group was established in 2008. A senior nurse is Chair of the Implementation Group and the Dietetic Manager is Deputy Chair. The Group has a multidisciplinary membership, including Locality Services Managers, and has a focus on implementing the standards within acute, older persons and primary care and mental health and disability directorates. Members of the Group are responsible for disseminating information within their respective disciplines, divisions and directorate and for feeding back on progress and presenting issues. The Group initially met on a 6 weekly basis but this has reduced to quarterly as progress on the implementation of the standards has been achieved. The chair reports to the Executive Director of Nursing and the operational care Directors on ongoing progress. The chair and deputy chair are members of the Regional Implementation Group chaired by the RCN.

Progress to date

In April 2008, the Southern Trust Implementation Group undertook a baseline assessment of compliance with the standards in all wards in the Southern Trust. At a workshop in June 2008 the standards were launched and the findings of the audit disseminated. The Trust was not fully compliant with any of the standards and it was recognised that time and staff commitment would be required to meet the required standards. Each directorate head of service, together with the nurse managers, has developed an action plan for the implementation of the standards in their area and is responsible for reporting to the Implementation Group on the progress. As above, the standards are being implemented in the Trust’s Acute, Non-Acute and Mental Health and Disability directorates. An overview on progress is as follows:
• **Standard 1 – All patients admitted are screened using the MUST tool (Malnutrition Universal Screening Tool).**

In preparation for the introduction of the MUST tool register nurses have participated in an awareness session facilitated on-site by dieticians and nutrition students. A rolling programme of awareness sessions continues within the directorates. Weekly audits of records are completed in each ward out by the nutrition students to monitor compliance in the use of the MUST tool. The following shows overall compliance in each directorate for the month of July 2010:

- Acute 84%
- Non Acute 91%
- Mental Health & Disability 83%

The agreed arrangement that the Nutrition students would facilitate this audit will conclude in August 2010 and alternative plans for the collection and collation of this information needs to be considered by the Implementation Group and Senior Nursing and Midwifery Governance Forum.

The MUST tool has been incorporated in the new *Patient Centred Care Record* which is being introduced in the Acute and Non Acute adult wards in October 2010. This Southern Trust record replaces a number of different documents use to record nursing care in the legacy Trusts. In addition, lead nurses are exploring how the *Patient Centred Care Record* could be adapted for use in acute mental health inpatient wards.

• **Standard 2 – Following screening by nurses, patients who are identified as malnourished or at risk of malnutrition are referred for and receive a nutritional assessment appropriate to their level of need.**

Registered nurses apply the MUST tool to identify those patients at risk from malnutrition and, where appropriate, refer the patient for dietetic assessment. During the month of July 2010 15% \([n = 57]\) of patients in acute and non acute adult wards assessed using the MUST tool were identified as being at risk of malnutrition and were referral for dietetic assessment. As above, this information was collected and collated by the Nutrition students and arrangements for this to continue needs to be considered.

• **Standard 3 – Patients who require nutritional intervention will have nursing care plan devised, implemented, evaluated and renewed to reflect the patient’s nutritional and physical care needs and which documents both the dietetic plan and nursing care assessment.**

The Implementation Group has designed and implemented an agreed Food Record Chart which informs patient-specific care planning in relation to their nutritional needs. The Person Centre Care Record to be introduced in the Southern Trust’s acute and non acute adult wards includes the MUST tool and associated nursing care plan documentation. Nutritional care planning is supported by the roll out of the regional initiative to improve nurse record keeping and includes audit and learning cycles to improve standards of record keeping and nursing care.
• **Standard 4 – Patients who require food and / or fluid intake to be monitored will have that activity carried out in a way that is informative, accurate and up to date.**

The Trust Implementation Group has reviewed and redesigned the Food Record Chart and is now being used in all wards. The Southern Trust Food chart has been shared with the Regional Group for their consideration for use in all five Trusts. Future work will include the development of an audit tool to monitor compliance with the Food Record Chart.

• **Standard 5 – Patients who require support eating and drinking are clearly identified.**

A review has been undertaken of the systems currently in place to support the identification of patients who require support with eating and drinking. The Implementation Group found that no consistent arrangements were in place and agreed a range of flagging measures for use across the Trust, for example, the use of red trays, red napkins, coded menus. The flagging arrangements are currently being trialled and arrangements for audit will be agreed at the next Implementation Group meeting. In addition, the development of audit tools is being discussed by the Regional Group to ensure consistency in measurement across the five Trusts.

• **Standard 6 – All patients who require support with eating and drinking receive assistance when it is required.**

The Implementation Group has agreed that Ward Managers will be responsible for ensuring that a registered nurse oversees the distribution of meals to patients and delegates an appropriate person to assists a patient where required. It was identified that on the CAH site staff meal breaks in the evening coincided with patient tea time. In consultation with the Locality Services Manager, the canteen evening opening time has been changed to ensure that sufficient staff remain on the ward when patients evening meals are being served.

• **Standard 7 – Patients will be served their food and allowed to eat their meals without disruption.**

Protected meal times have been implemented in the acute, non-acute hospitals and mental health and disabilities facilities. Staff and visitors are asked to respect meal times and non-urgent activity such as cleaning and ward rounds is actively discouraged. Patient meal trolleys are delivered to the acute wards on a staggered rota to optimise the time other disciplines, such as physiotherapist and chaplains, have to attend to patients.

To date the Implementation Group has concentrated on the compliance with Standards 1 – 7 thus some of the work required in implementing Standards 8 – 10 is at an early stage.

• **Standard 8 – Patients receive their meals in a physical environment that is conducive to enjoying their food.**

Every effort is made to ensure that, as far as possible, the physical environment is conducive to patients enjoying their meals. Examples of improvement include; implementation of protected meal times, discouragement of ward rounds, preparing patients for meals, use of hand wipes, offering toilet facilities prior to meal times.
• **Standard 9 – Patients are offered a replacement meal if they miss their meal for whatever reason and can access snacks at ward level.**

The content of replacement meals does vary on each site. For example, on acute wards in CAH replacement meals can be sought from the canteen up to 7pm. On the non-acute sites there is no catering service available after 3pm, therefore wards have a supply of staple foods, such as bread, beans, custard, biscuits, soup etc, which patients can avail of if required. The Implementation Group intends to explore this standard in more detail and there has been discussion on the introduction of cook/chill on the non-acute hospital sites.

• **Standard 10 – The patient receives food in a way that is appealing and appetising.**

The Implementation Group intends to explore this standard in more detail in the near future.

**Summary**

The Southern Trust has been progressing with the implementation of the Standards for Patient Food in Hospital since 2008 and has achieved compliance with a number of standards. The following summarises the Implementation Group Action Plan for 2010 – 2011. The Implementation Group will continue to work to achieve full compliance and will report on progress to the Executive Director of Nursing and operational care Directors on a quarterly basis.

<table>
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<tr>
<td>1 All patients admitted are screened using the MUST tool</td>
<td>• The MUST tool is embedded in the admission assessments completed by registered nurses and is also part of the Patient Centred Care Record. However, the arrangements whereby the Nutritional students undertake weekly compliance audits will cease in August 2010. The Implementation Group will need to consider how compliance can be monitored after this date • Awareness sessions are being rolled out in Aug/sept 2010 to inform ward managers on the use of the audit tool • Lead nurses are exploring how the Patient Centred Care Record could be adapted for use in acute mental health inpatient wards.</td>
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<td>2 Patients who are malnourished or are at risk of malnutrition are referred to the dietetic service</td>
<td>• Registered nurses refer those patients who are identified as at risk from malnutrition to the dietetic service for assessment. However, as above, information on compliance had been collected by the Nutrition students and alternative arrangements now need to be considered by the Implementation Group.</td>
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<td>3 Patients who require nutritional intervention will have nursing care plan to reflect nutritional and physical care needs</td>
<td>• Patients who require nutritional intervention have nursing care plan which includes a dietetic plan • Nutritional care planning is supported by the roll out of a regional initiative to improve nurse record keeping.</td>
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<td>4 Food and / or fluid intake monitored in a way that is informative, accurate and up to date</td>
<td>• Implementation Group has designed a Food Record Chart which is used in all wards • Future work will include the development of an audit tool to monitor compliance with the Food Record Chart.</td>
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### 5
**Patients who require support eating and drinking are clearly identified**
- No consistent arrangements were in place so a range of flagging measures are currently being trialled on the wards. Decision has been taken to purchase red trays
- Arrangements for audit need to be agreed
- Link with the Regional Group to ensure consistency in measurement across the five Trusts.

### 6
**All patients who require support with eating and drinking receive assistance**
- Ward Managers are responsible for ensuring that a registered nurse will oversee the distribution of meals to patients and will delegate to an appropriate person to assists a patient where required and arrangements for monitoring this need to be agreed
- In CAH the canteen evening service opening time has been changed to ensure sufficient staff are on the ward at patient evening meals times and arrangements for monitoring this need to be agreed.

### 7
**Patients will be allowed to eat meals without disruption**
- Protected meal times have been implemented in the acute, non-acute hospitals and mental health and disabilities facilities
- Arrangements for monitoring compliance of this standard need to be agreed.

### 8
**The physical environment is conducive to enjoying food**
- Associated improvements include protected meal times, use of hand wipes, toilet facilities prior to meal time but further scoping of the physical environmental issues which may impact on compliance with this standard will be undertaken
- Arrangements for monitoring of any required changes need to be agreed.

### 9
**Patient offered a replacement meal if req.**
- Full scoping exercise on replacement meals needs to be undertaken
- Arrangements for monitoring of any required changes need to be agreed.

### 10
**Food is appealing and appetising**
- Exploration of the criteria / evidence needed for compliance with this standard
- Agree an action plan to address issues arising
- Agree arrangements for monitoring of any required changes need to be agreed.

### Acknowledgment
The Implementation Group acknowledges the commitment required to achieve full compliance with these standards and would like to thank, and commend, members of the Implementation Group, staff and managers for their hard work and achievements thus far.