NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Draft quality standard for nutrition support in adults

1 Introduction

Nutrition support in adults has important implications in both health and social care settings. When people are malnourished, their basic health and social care outcomes are significantly impacted upon.

Malnutrition is both a cause and an effect of ill health. Good nutrition support services are crucial in treating a number of other conditions. In many cases nutrition support is provided as part of a wider care package looking to treat the underlying cause of malnutrition or the increased risk of malnutrition.

This quality standard covers adults (18 years and older) in hospital and the community who are at risk of malnutrition or who have become malnourished, and adults who are receiving oral nutrition support, enteral or parenteral nutrition. For more information see the scope for this quality standard.

This draft quality standard describes markers of high-quality, cost-effective care that, when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for people requiring nutritional support in the following ways:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long-term conditions.
- Helping people to recover from episodes of ill health or following injury.
- Ensuring that people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

These overarching outcomes are from The NHS Outcomes Framework 2012/13.

The quality standard is also expected to contribute to the following overarching outcome(s) from the 2011/12 Adult Social Care Outcome Framework:

- Enhancing quality of life for people with care and support needs.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

Other national guidance, current policy documents and regulatory standards have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, healthcare professionals and patients alongside these documents, including 'Meeting nutritional needs – Essential Standard 5' (Care Quality Commission, 2010) and the 'Guiding principles for improving the systems and process for oral nutritional supplement use' (National Prescribing Centre, 2012), listed in the evidence sources section. While these documents describe the basic principles and standards of nutrition support, the quality statements in this quality standard should be seen as the markers of high-quality care.

2 Draft quality standard for nutrition support in adults

Overview

The draft quality standard for nutrition support in adults requires that all care services take responsibility for the identification of people at risk of malnutrition and provide nutritional support for everyone who needs it. An integrated approach to provision of services is fundamental to the delivery of high-quality care to adults who need nutritional support, and it is particularly important that nutritional status is clearly documented in care plans and communicated within and between services. Malnutrition is often a result of an underlying condition, and any nutrition support should be given alongside treatment for these conditions.

The Health and Social Care Act (2012) sets out a new responsibility for NICE to develop quality standards and other guidance for social care in England. The Secretary of State for Health will formally commission NICE to develop additional quality standards for social care, taking advice from a consultative body on the choice and prioritisation of topics. These social care quality standards will link with corresponding topics published for the NHS. They will be developed in full consultation with the social care and other relevant sectors, and will be presented and disseminated in ways that meet the needs of the social care community. As we develop this library of social care standards, we will cross refer to any published NICE quality standards for the NHS that make reference to social care, and consider these links during the quality standards update process.

No.	Draft quality statements
1	People in all care settings are screened for malnutrition and the risk of malnutrition using a validated screening tool
2	All people who are screened for malnutrition or the risk of malnutrition have their screening results and nutritional support goals (where applicable), documented in their care plan at key stages of their care.
3	People who need nutrition support are offered treatment that, in combination with any dietary intake, provides their complete nutritional requirements
4	People (and/or the carers of people) managing their own artificial nutrition support are trained to recognise and respond to adverse changes in their wellbeing and in the management of their nutritional delivery system.
5	People receiving nutritional support are offered a review of the indications, route, risks, benefits and goals of nutritional support at planned intervals by a healthcare professional.
6	People access nutritional care that is overseen by a nutrition steering group

In addition, quality standards that should also be considered when commissioning and providing high-quality nutrition support services are listed in section 7.

General questions for consultation:

Question 1	Can you suggest any appropriate healthcare outcomes for each individual quality statement?
Question 2	What important areas of care, if any, are not covered by the quality standard?
Question 3	What, in your opinion, are the most important quality statements and why?
Question 4	Are any of the proposed quality measures inappropriate and, if so, can you identify suitable alternatives?
Please refer to Quality standards in development for additional general points for consideration (available from www.nice.org.uk).	
Statement-specific questions for consultation:	
Question 5	For draft quality statement 6: Can nutrition steering committees be effectively established in community settings?

Draft quality statement 1: Recognition - Screening

Draft quality statement	People in all care settings are screened for malnutrition and the risk of malnutrition using a validated screening tool.
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure that people in appropriate care settings are screened for malnutrition and the risk of malnutrition using a validated screening tool. b) Evidence of local arrangements that screening for malnutrition is carried out by health and social care workers who have undertaken training to use a validated screening tool. **Process:** a) The proportion of people in all care settings who are screened for malnutrition or the risk of malnutrition using a validated screening tool. Numerator – the number of people in the denominator who are screened for malnutrition or the risk of malnutrition using a validated screening tool. Denominator – the number of people in a care setting **Outcome:** Incidence rates of malnutrition.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place to offer screening for malnutrition and the risk of malnutrition using a validated screening tool to all people in their care. **Health and social care professionals** ensure they screen people for malnutrition and the risk of malnutrition using a validated screening tool **Commissioners** ensure they commission services with local arrangements for malnutrition screening using a validated screening tool. **People** are offered checks for malnutrition (to see if they are getting all the nutrients they need) appropriate for them, using a tool that is proven to work.
Source clinical guideline references	NICE clinical guideline 32 recommendations 1.2.2, 1.2.3 (key priorities for implementation), 1.2.4, 1.2.5.
Data source	**Structure:** a) and b) Local data collection. **Process:** i) Local data collection. Acute hospitals, care homes and mental

	health trusts can review historical data on screening rates by reviewing the previous findings of the annual national nutrition screening survey conducted by the British Association for Parenteral and Enteral Nutrition (BAPEN). ii) Department of Health Essence of care benchmarks for food and drink, best practice indicators for factor 7 (screening and assessment) include measures for screening on admission to hospital, care homes and on registration with GP surgeries. **Outcome:** Local data collection.
Definitions	**Settings** The term *settings* refers to any care setting where there is a clinical concern about any risk of malnutrition. These include, but are not limited to the following settings / situations that are set out in the NICE clinical guideline 32 • All hospital inpatients on admission and all outpatients at their first clinic appointment should be screened. Screening should be repeated weekly for inpatients and when there is clinical concern for outpatients. • Screening should take place on initial registration at general practice surgeries and when there is clinical concern. (Clinical concern includes, for example, unintentional weight loss, fragile skin, poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, impaired swallowing, altered bowel habit, loose fitting clothes or prolonged intercurrent illness.) Screening should also be considered at other opportunities (for example, health checks, flu injections). • People in care homes should be screened on admission and when there is clinical concern. • Hospital departments who identify groups of patients with low risk of malnutrition may opt out of screening these groups. Opt-out decisions should follow an explicit process via the local clinical governance structure involving experts in nutrition support. **Screening** As set out in NICE clinical guideline 32 recommendation 1.2.6: 'Screening should assess body mass index (BMI) and percentage unintentional weight loss and should also consider the time over which nutrient intake has been unintentionally reduced and/or the likelihood of future impaired nutrient intake. The 'Malnutrition Universal Screening Tool' ('MUST'), for example, may be used to do this'. The term 'screening' is not used here to refer to national screening programmes such as those recommended by the UK National Screening Committee (UK NSC).
Equality and diversity	Nutritional screening should be available to all people it is appropriate for, including those who are unconscious, sedated,

considerations	unable to speak or communicate (either because of language problems or because of their disease), and those who cannot be weighed or have their height measured. Some screening tools (such as 'MUST') cater for all the above scenarios, but other screening tools are less able to accommodate people with these issues.

Draft Quality Statement 2: Documentation of results and nutrition support goals

Draft quality statement	All people who are screened for malnutrition or the risk of malnutrition have their screening results and nutritional support goals (where applicable), documented in their care plan at key stages of their care.
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure that a person's screening results and nutrition support goals are clearly documented in their care plan at key stages of their care. **Process:** a) The proportion of people screened for malnutrition or the risk of malnutrition that have their screening results and nutritional support goals (where applicable) documented in their care plan at key stages of their care. Numerator – The number of people in the denominator who have their screening results and nutritional support goals (where applicable) documented in their care plan at key stages of their care. Denominator – The number of people screened for malnutrition or the risk of malnutrition.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place to document malnutrition screening results and where applicable nutrition support goals in the care plans of people who are malnourished at key stages of their care. **Health and social care professionals** write a complete record of a person's malnutrition screening results and where applicable nutrition support goals in the person's care plan at key stages of their care. **Commissioners** should ensure they commission services with local arrangements to document malnutrition screening results and where applicable nutrition support goals in the persons care plans at key stages of their care. **People** who are checked for malnutrition (to make sure they are getting the nutrients they need) have the results of this check and the goals of any support they are getting written in their care plan at important stages in their care.
Source clinical guideline references	NICE clinical guideline 32, recommendations 1.9.1, 1.9.2, 1.9.5

Data source	**Structure:** a) and b) Local data collection. **Process:** a) Local data collection. Acute hospitals, care homes and mental health trusts can review historical data on screening rates by reviewing the previous findings of the annual national nutrition screening survey conducted by the British Association for Parenteral and Enteral Nutrition (BAPEN). **Outcome:** Local data collection.
Definitions	**Results** Identification of a person's malnutrition risk category that is recognised across all settings. **Goals** The aims of any nutritional support care that is documented in the care plan, agreed following review of the malnutrition risk. **Key stages** The following are some examples of key stages of care; transfer within and between departments, discharge from secondary to primary care, transfer to care home or transfer to home. **Where applicable** This refers to people who have been identified as being malnourished or at risk of malnutrition where nutrition support goals should have been identified. For those screened who aren't malnourished or at risk of malnutrition, their results should be recorded in their care plan but they will not require nutrition support goals**.**

Draft Quality Statement 3: Treatment

Draft quality statement	People who need nutrition support are offered treatment that, in combination with any dietary intake, provides their complete nutritional requirements.
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure that people who need nutrition support are offered a treatment that, in combination with any dietary intake, provides them with their complete nutritional requirements b) Evidence of local arrangements to ensure that care settings are able to provide appropriate support including artificial feeding when needed. **Process:** The proportion of people who need nutrition support receiving treatment that, in combination with any dietary intake, provides them with their complete nutritional requirements. Numerator – The number of people in the denominator who receive treatment that, in combination with any dietary intake, provides them with their complete nutritional requirements. Denominator – the number of people who need nutrition support. **Outcome:** Measure of nutritional status.
Description of what the quality statement means for each audience	**Service providers** ensure that systems are in place for all people who need nutrition support to be offered treatment that, in combination with any dietary intake, provides them with their complete nutritional requirements. **Health and social care professionals** offer all people who need nutrition support treatment that, in combination with any dietary intake, aims to provide them with their complete nutritional requirements. **Commissioners** ensure they commission services that allow all people who need nutrition support to be offered treatment that aims to provide them with their complete nutritional requirements. **People** who need nutritional support (help to get all the nutrients they need) are offered one or more kinds of treatment that aim to provide them with any nutrients they don't get from the food they eat.
Source clinical guideline references	NICE clinical guideline 32 recommendations 1.3.3 (key priority for implementation), 1.3.4, 1.6.7
Data source	**Structure:** a) and b) Local data collection. **Process:** Local data collection. **Outcome:** Local data collection.

Definitions	**Nutritional support** This refers to recommendation 1.6.7 in NICE clinical guideline 32 on the overall nutrient intake needed in any nutrition support treatment and recommendation 1.3.3 on the appropriate method of providing nutritional support (oral, enteral or parenteral nutrition support, alone or in combination). **Complete nutritional requirements** Any nutritional support should provide complete nutritional requirements in accordance with locally agreed protocols and the individual needs of the patient. NICE clinical guideline 32, recommendation 1.6.7 states that complete nutritional requirements should include adequate; energy, protein, fluid, electrolyte, mineral, micronutrients and fibre needs. This should take into consideration a person's activity levels, lifestyle, underlying clinical condition, gastrointestinal tolerance, potential metabolic instability and risk of re-feeding problems and the likely duration of nutrition support. **Treatment** NICE guidance recommends that nutrition support can be provided through oral, enteral or parenteral feeding routes, or any combination of these three, as appropriate to a person's needs.
Equality and diversity considerations	People's special dietary requirements, including those that vary according to religious and cultural beliefs, should be taken into account.

Draft quality statement 4: Self-management

Draft quality statement	People (and/or the carers of people), managing their own artificial nutrition support are trained to recognise and respond to adverse changes in their wellbeing and in the management of their nutritional delivery system.
Draft quality measure	**Structure** a) Evidence of local arrangements to ensure that systems are in place for people (and/or the carers of people) managing their own artificial nutrition support to be trained to recognise and respond to adverse changes in their wellbeing and in the management of their nutritional delivery system. b) Evidence of local arrangements to ensure that systems are in place for people (and/or the carers of people) managing their own artificial nutrition support to be able to contact a specialist for advice if they identify any adverse changes in their wellbeing and in the management of their nutritional delivery system. **Process** a) The proportion of people (and/or the carers of people) managing their own artificial nutrition support who are trained to recognise and respond to adverse changes in their wellbeing and in the management of their nutritional delivery system. Numerator: the number of people in the denominator who have received training to recognise and respond to adverse changes in their wellbeing and in the management of their nutritional delivery system. Denominator: People or the carers of people managing their own artificial nutrition support. b) The proportion of people (and/or the carers of people) managing their own artificial nutrition support who are provided with contact details of a specialist in nutrition support Numerator: the number of people in the denominator who are provided with contact details of a specialist in nutrition support. Denominator: People or the carers of people managing their own artificial nutrition support. **Outcome** Patient knowledge and experience of training and support.
Description of what the quality statement means for each audience	**Service providers** ensure that systems are in place for people (and/or the carers of people) managing their own artificial nutritional support to be trained in how to recognise and respond to adverse changes in their wellbeing and in the management of their nutritional delivery system and to be told how to contact an expert who will be readily available to provide advice and support when needed.

	Health and social care professionals provide people (and/or the carers of people) managing their own artificial nutrition support with training in how to recognise and respond to adverse changes in their wellbeing and in the management of their nutritional delivery system and tell people how to contact an expert who will be readily available to provide advice and support when needed. **Commissioners** ensure they commission services that have systems in place for people (and/or the carers of people) managing their own artificial nutrition support to be trained in how to recognise and respond to adverse changes in their wellbeing and in the management of their nutritional delivery system and to tell people how to contact an expert who will be readily available to provide advice and support when needed. **People** (and/or the carers of people) who are managing their own enteral tube feeding and/or parenteral nutrition (where nutrients are fed directly into a vein) are trained to recognise and respond to any problems with their wellbeing or the system that delivers their food, and know how to contact a specialist if they need help.
Source clinical guideline references	NICE clinical guideline 32 recommendation 1.5.7.
Data source	Structure: Local data collection. Process: Local data collection. Outcome: Local data collection.
Definitions	**Management** This refers to the everyday self-management of a person's artificial nutritional support. Management should also include a system through which people are able to access urgent help from an expert in nutritional support when needed. **Artificial nutrition support** This refers to people who are receiving enteral tube feeding and/or parenteral nutritional support.
Equality and diversity considerations	Training and education should be accessible to people who are not fluent English speakers, and translations may need to be provided.

Draft quality statement 5: Review

Draft quality statement	People receiving nutritional support are offered a review of the indications, route, risks, benefits and goals of nutritional support at planned intervals by a healthcare professional.
Draft quality measure	**Structure**: Evidence of local arrangements to ensure that people receiving nutrition support have the indications, route, risks, benefits and goals of their nutrition support reviewed by a healthcare professional at planned intervals. **Process:** a) The proportion of people receiving nutrition support who have the indications, route, risks, benefits and goals of their nutrition support reviewed by a healthcare professional at planned intervals. Numerator – The number of people in the denominator who have the indications, route, risks, benefits and goals of their nutrition support reviewed by a healthcare professional at planned intervals. Denominator – The number of people receiving nutrition support. **Outcome**: Rates of inappropriate, ineffective or unplanned forms of nutrition support.
Description of what the quality statement means for each audience	**Service providers** ensure there are systems in place for people who are receiving nutritional support to have the indication, route, risks, benefits and goals of nutritional support reviewed by a healthcare professional at planned intervals. **Health and social are professionals** review the indications, route, risks, benefits and goals of nutritional support at planned intervals in people who are receiving nutritional support. **Commissioners** ensure that they commission services that have systems in place for people receiving nutrition support to have the indications, route, risks, benefits and goals of their nutrition support reviewed by a healthcare professional at planned intervals. **People** receiving nutrition support have any changes made to their diet or how they receive nutrients(food) reviewed regularly by their healthcare professional
Source clinical guideline references	NICE clinical guideline 32 recommendations 1.1.3, 1.5.1, 1.6.9, 1.7.3.
Data source	Structure: Local data collection. Process: Local data collection. Outcome: Local data collection.

Definitions	**Planned intervals** The intervals between reviews will depend on the clinical needs of an individual and the complexity of the nutrition support needed. Table 1 of NICE clinical guideline 32 provides a guide for intervals between reviews for people with more complex needs.

Draft quality statement 6: Organisational priorities

Draft quality statement	People access nutritional care that is overseen by a nutrition steering group
Draft quality measure	**Structure** a) Evidence of local arrangements to ensure care organisations have a nutrition steering group overseeing nutritional support care provision as part of the local governance framework. b) Evidence of local protocols to ensure that nutrition steering groups include representation from all relevant professional groups.
Description of what the quality statement means for each audience	**Service providers** should ensure nutrition support services are overseen by a nutrition steering group that includes representation from all relevant professional groups. **Health and social care professionals** provide nutritional care services that are overseen by a nutrition steering group, and are members of their local nutrition steering committee if appropriate. **Commissioners** ensure that they commission nutrition support services that are overseen by a nutrition steering group. **People** receive nutritional care which is overseen and supported by a nutrition steering group.
Source clinical guideline references	NICE clinical guideline 32 recommendations 1.1.4, 1.1.5, 1.1.6, 1.1.7.
Data source	Structure: Local data collection.
Definitions	**Nutrition steering committees in acute trusts** Recommendation 1.1.7 of NICE clinical guideline 32 states that 'Members of the nutrition steering committee should be drawn from Trust management, and include senior representation from medical staff, catering, nursing, dietetics, pharmacy and other healthcare professionals as appropriate, for example, speech and language therapists'. The TEG agreed to include the term nutrition steering group rather than committee in the statement as they intend for this statement to be relevant to community and primary care settings as well as acute trusts.
Specific questions for consultation	Can nutrition steering groups be effectively established in community settings?

3 Status of this quality standard

This is the draft quality standard released for consultation from 4 July 2012 until 1 August 2012. This document is not NICE's final quality standard on nutrition support in adults. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 1 August 2012. All eligible comments received during consultation will be reviewed by the Topic Expert Group and the quality statements and measures will be refined in line with the Topic Expert Group considerations. The final quality standard will then be available on the NICE website in November.

4 Using the quality standard

It is important that the quality standard is considered alongside current policy and guidance documents listed in the evidence sources section.

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of health and social care. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. As quality standards are intended to drive up the quality of care, achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, we recognise that this may not always be appropriate in practice when taking account of patient safety, patient choice and clinical judgement and therefore desired levels of achievement should be defined locally.

We have indicated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through their Indicators for Quality Improvement Programme. For statements for which national quality indicators

do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of health and social care.

For further information, including guidance on using quality measures, please see 'What makes up a NICE quality standard'.

5 Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments will be published on the NICE website with the final version of the quality standard.

Good communication between health and social care professionals and people receiving nutrition support is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, acquired communication disabilities (such as aphasia) and to people who do not speak or read English. People receiving nutrition support should have access to an interpreter or advocate if needed.

6 How this quality standard was developed

The evidence sources used to develop this quality standard are listed in appendix 1, along with relevant policy context, definitions and data sources. Further explanation of the methodology used can be found in the 'Quality Standards Programme interim process guide'.

7 Related NICE quality standards

Patient Experience in adult NHS services, NICE quality standard (2012).

Service user experience in adult mental health, NICE quality standard (2011)

Appendix 1: Development sources

Evidence sources

The documents below contain clinical guideline recommendations or other recommendations that were used by the TEG to develop the quality standard statements and measures.

Nutrition support in adults. NICE clinical guideline 32 (2006; NHS Evidence accredited)

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- National Prescribing Centre; (2012) Prescribing of adult oral nutritional supplements – guiding principles for improving the systems and processes for ONS use.
- National Patient Safety Agency (2011) Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants.
- British Association of Parenteral and Enteral Nutrition (BAPEN) (2011) Nutrition screening survey in the UK and Republic of Ireland in 2011.
- Department of Health (2010) Essence of care 2010: benchmarks for food and drink.
- British Association of Parenteral and Enteral Nutrition (BAPEN) (2010) Nutrition screening survey in the UK and Republic of Ireland in 2010.
- Care Quality Commission (2010) Essential standards of quality and safety.
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) (2010) Parenteral nutrition: a mixed bag.
- Department of Health (2007) Improving nutritional care.
- Age Concern (2006) Hungry to be heard: the scandal of malnourished older people in hospital.

Definitions, and data sources for the quality measures

References included in in the definitions and data sources sections:

- British Association of Parenteral and Enteral Nutrition (BAPEN) (2011) Nutrition screening survey in the UK and Republic of Ireland in 2011.
- Department of Health (2010) Essence of care 2010: benchmarks for food and drink – best practice indicators for factor 7 screening and assessment.