NICE National Institute for Health and Care Excellence

NICE quality standard

Nutrition support in adults

Quality standard

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Contents

This standard is based on CG32.

This standard should be read in conjunction with QS14, QS15, QS63, QS81, QS89, QS108, QS2, QS123, QS127 and QS158.

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Statement 1 People in care settings are screened for the risk of malnutrition using a validated screening tool.

Statement 2 People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their nutritional requirements.

Statement 3 All people who are screened for the risk of malnutrition have their screening results and nutrition support goals (if applicable) documented and communicated in writing within and between settings.

Statement 4 People managing their own artificial nutrition support and/or their carers are trained to manage their nutrition delivery system and monitor their wellbeing.

Statement 5 People receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.

Quality statement 1: Screening for the risk of malnutrition

Quality statement

People in care settings are screened for the risk of malnutrition using a validated screening tool.

Rationale

Malnutrition has a wide-ranging impact on people's health and wellbeing. Screening for the risk of malnutrition in care settings is important for enabling early and effective interventions. It is important that tools are validated to ensure that screening is as accurate and reliable as possible.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that people in care settings are screened for the risk of malnutrition using a validated screening tool.

b) Evidence of local arrangements to ensure that screening for the risk of malnutrition is carried out by health and social care professionals who have undertaken training to use a validated screening tool.

c) Evidence of local arrangements to ensure that care settings have access to suitably calibrated equipment to enable accurate screening to be conducted.

Process

a) The proportion of people in care settings who are screened for the risk of malnutrition using a validated screening tool.

Numerator – the number of people in the denominator who are screened for the risk of malnutrition using a validated screening tool.

Denominator – the number of people in a care setting.

b) The proportion of people admitted to hospital who are re-screened weekly for the risk of malnutrition.

Numerator – the number of people in the denominator who are re-screened weekly for the risk of malnutrition.

Denominator – the number of people admitted to hospital.

c) The proportion of people in care home settings who are screened monthly for the risk of malnutrition.

Numerator – the number of people in the denominator who are screened monthly for the risk of malnutrition.

Denominator – the number of people in community care settings.

Outcome

a) Incidence of people at risk of malnutrition.

b) Prevalence of risk of malnutrition.

What the quality statement means for different audiences

Service providers ensure systems are in place to screen people in the appropriate context (see definitions) for the risk of malnutrition using a validated screening tool.

Health and social care professionals ensure they screen people in their care (see definitions for settings) for the risk of malnutrition using a validated screening tool.

Commissioners ensure they commission services with local arrangements for screening in the appropriate care settings (see definitions) for the risk of malnutrition using a validated screening tool.

People admitted to hospital, attending an outpatient clinic for the first time or having care in a community setting are offered checks for their risk of malnutrition (not getting enough calories and nutrients, such as protein and vitamins, to meet the body's needs) using an accurate and reliable tool.

Source guidance

Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. NICE guideline CG32 (2006, updated 2017), recommendations 1.2.2, 1.2.3 (key priorities for implementation), 1.2.4 and 1.2.5

Data source

Structure

a), b) and c) Local data collection.

Process

a) 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 British Association for Parenteral and Enteral Nutrition (BAPEN) Annual national nutrition screening survey.

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.

b) Local data collection

c) Local data collection

Outcome

a) and b) Local data collection.

Definitions

Care settings and eligibility

The term 'settings' refers to any care setting where there is a clinical concern about risk of malnutrition. These include the following, as set out in NICE's guideline on nutrition support for adults.

- All hospital inpatients on admission and all outpatients at their first clinic appointment should be screened. Screening should be repeated weekly for inpatients and for outpatients if there is clinical concern.
- Screening should take place on initial registration at general practice surgeries and when there is clinical concern. Screening should also be considered at other opportunities (for example, health checks, flu injections).
- People in care homes on admission or where there is clinical concern. The topic expert group (TEG) advised that screening should be repeated monthly for people in this setting, or sooner if there is clinical concern.
- The TEG, based on their expert opinion and professional practice advised that community settings include domiciliary care and local authority day care services and should have protocols for conducting screening when a person first accesses services.
- Hospital departments who identify groups of patients with a 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 specialists in nutrition support.

Clinical concern

Screening should be carried out when there is clinical concern, for example, if the person has 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.

Validated screening tool

As set out in NICE's guideline on nutrition support for adults 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 BAPEN Malnutrition Universal Screening Tool (MUST), for example, may be used to do this.

A validated tool should be used to conduct the screening to support accuracy and consistency within and between settings. The TEG agreed that a validated tool is a tool for which there is evidence that it has been tested to ensure that:

- it measures what it is intended to measure
- its measurements are reproducible.
- it is user friendly
- it has been developed by a multidisciplinary group.

The term 'screening' is not used here to refer to a national screening programme such as those recommended by the UK National Screening Committee.

Equality and diversity considerations

Nutritional screening should be available to everyone for whom it is appropriate, including people who are unconscious, sedated, unable to speak or communicate (because of language problems or because of their condition), and those who cannot be weighed or have their height measured. Some screening tools (such as MUST) cater for all of these people.

Quality statement 2: Treatment

Quality statement

People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their complete nutritional requirements.

Rationale

It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet. A management care plan aims to provide this and identifies condition specific circumstances and associated needs linked to nutrition support requirements.

A nutritionally complete diet can improve speed of recovery and contribute to reducing admissions to hospital and length of hospital stays.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that people who are malnourished or at risk of malnutrition are offered a management care plan that aims to meet their complete nutritional requirements including underlying conditions, specific circumstances and associated needs.

b) Evidence of a local written protocol that all management care plans aim to provide complete nutritional requirements.

c) Evidence of local arrangements to ensure that care settings are able to provide appropriate nutrition support including artificial feeding when needed.

Process

The proportion of people who are malnourished or at risk of malnutrition who receive a management care plan that aims to meet their complete nutritional requirements.

Numerator – the number of people in the denominator who receive a management care plan that aims to meet their complete nutritional requirements.

Denominator – the number of people who are malnourished or at risk of malnutrition.

What the quality statement means for different audiences

Service providers ensure that systems are in place for all people who are malnourished or at risk of malnutrition to have a management care plan that aims to meet their complete nutritional requirements.

Health and social care professionals give all people who are malnourished or at risk of malnutrition a management care plan that aims to meet their complete nutritional requirements.

Commissioners ensure they commission services that give people who are malnourished or at risk of malnutrition a management care plan that aims to meet their complete nutritional requirements.

People who have malnutrition (not getting enough calories and nutrients, such as protein and vitamins, to meet the body's needs) or who are at risk of malnutrition receive a management care plan that, in combination with any food they are able to eat, aims to provide all the nutrients their body needs.

Source guidance

Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. NICE guideline CG32 (2006, updated 2017), 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

Management care plan

This refers to the nutrition support provided alongside other dietary intake that aims to provide a person's complete nutritional requirements. The plan also takes into account any underlying conditions and the individual's specific circumstances and associated needs.

Complete nutritional requirements

This includes providing adequate energy, proteins, fluids, electrolytes, minerals, micronutrients and fibre, taking into account personal factors including physical activity levels.

Equality and diversity considerations

People's special dietary requirements, including those that are consistent with religious and cultural beliefs, should be taken into account irrespective of the underlying reason for these requirements.

Quality statement 3: Documentation and communication of results and nutrition support goals

Quality statement

All people who are screened for the risk of malnutrition have their screening results and nutrition support goals (if applicable), documented and communicated in writing within and between settings.

Rationale

Documentation and written communication of a person's nutrition screening results and any nutrition support goals is important for ensuring continuity of care both within settings and after transfer between settings. This also helps to manage significant patient safety issues, such as nutrition support not continuing when it is required or people being given inappropriate food for their circumstances.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that a person's screening results and nutrition support goals (if applicable) are documented and communicated in writing when a person transfers within and between settings.

Process

a) The proportion of people screened for the risk of malnutrition whose screening results

and nutritional support goals (if applicable) are documented in their care plan.

Numerator – the number of people in the denominator whose screening results and nutritional support goals (if applicable) are documented in their care plan.

Denominator – the number of people in a care setting who meet the criteria for screening (see statement 1).

b) The proportion of people screened for the risk of malnutrition whose screening results and nutritional support goals (if applicable) are communicated in writing within and between settings.

Numerator – the number of people in the denominator whose screening results and nutritional support goals (if applicable) are communicated in writing.

Denominator – the number of people transferred within or between settings and who have been screened for the risk of malnutrition.

What the quality statement means for different audiences

Service providers ensure systems are in place to document and communicate in writing the results of screening for the risk of malnutrition and, if applicable, nutrition support goals, when a person transfers within and between settings.

Health and social care professionals document and communicate in writing the results of screening for the risk of malnutrition and, if applicable, nutrition support goals when the person transfers within and between settings.

Commissioners should ensure they commission services with systems in place to document and communicate in writing the results of screening for the risk of malnutrition and, if applicable, nutrition support goals when a person transfers within and between settings.

People who are screened for the risk of malnutrition (not getting enough calories and nutrients such as protein and vitamins, to meet the body's needs) have the results of their screening and the goals of any nutrition support (such as special nutrient-rich foods,

nutritional supplements and fortified foods, or liquid food given through a tube) they are having recorded and communicated in writing when they transfer within and between settings.

Source guidance

Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. NICE guideline CG32 (2006, updated 2017), recommendations 1.9.1, 1.9.2, 1.9.5

Data source

Structure

a) Local data collection.

Process

a) and b) 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 British Association for Parenteral and Enteral Nutrition (BAPEN) Annual national nutrition screening survey.

Outcome

Local data collection.

Definitions

Results

Identification of a person's malnutrition risk category that is recognised across care settings, including 'no risk' (this should also be communicated within and between settings).

Goals

The aims of any nutrition support that is documented in the management care plan, agreed following review of the person's risk of malnutrition.

Documented

The results from the screening should be documented in the person's care records and linked to a care plan. People who are identified as well-nourished will usually continue with routine care. For people identified as malnourished, the specific care plan and nutrition support goals should be clearly documented.

If applicable

For people screened who are not malnourished or at risk of malnutrition, the results should be recorded in their care plan but they do not need specific nutrition support goals.

Quality statement 4: Self-management of artificial nutrition support

Quality statement

People managing their own artificial nutrition support and/or their carers are trained to manage their nutrition delivery system and monitor their wellbeing.

Rationale

People and/or their carers managing their artificial nutrition support need to be able to prevent and quickly recognise any adverse changes in their wellbeing that could be linked to their nutrition support. This includes their nutrition delivery system and storage of feed before administration. Early recognition of adverse changes enables people to obtain advice and urgent support to prevent problems arising or worsening.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that systems are in place for people managing their own artificial nutrition support and/or their carers to be trained to manage their nutrition delivery system and monitor their wellbeing.

b) Evidence of local arrangements to ensure that systems are in place for people managing their own artificial nutrition support and/or their carers to be able to contact a specialist urgently for advice if they identify any adverse changes in their wellbeing and in the management of their nutrition delivery system.

Process

a) The proportion of people managing their own artificial nutrition support and/or their carers who are trained to manage their nutrition delivery system and monitor their wellbeing.

Numerator - the number of people in the denominator who have received training to manage their nutrition delivery system and monitor their wellbeing.

Denominator – the number of people or the carers of people managing their own artificial nutrition support.

b) The proportion of people managing their own artificial nutrition support, and/or their carers, who are provided with contact details of a specialist in nutrition support who can provide urgent advice.

Numerator – the number of people in the denominator who are provided with contact details of a specialist in nutrition support who can provide urgent advice.

Denominator – the number of people and or the carers of people managing their own artificial nutrition support.

Outcome

a) People's confidence and competence to manage their own or others artificial nutrition support.

b) Rates of adverse events and complications in people managing their own or others' artificial nutrition support.

What the quality statement means for different audiences

Service providers ensure that systems are in place for people managing their own artificial nutrition support and/or their carers to be trained to manage their nutrition delivery system and monitor their wellbeing and told how to contact a specialist to provide urgent advice and support when needed.

Health and social care professionals provide people managing their own artificial nutrition support and/or their carers with training in how to manage their nutrition delivery system and monitor their wellbeing and give them contact details of a specialist who can provide urgent advice and support if needed.

Commissioners ensure they commission services that have systems in place for people managing their own artificial nutrition support and/or their carers to be provided with training in how to manage their nutrition delivery system and monitor their wellbeing, and that provide contact details of a specialist who can provide urgent advice and support if needed.

People who are managing their own artificial nutrition support (feeding through a tube) and/or their carers are taught how to prevent, recognise and respond to any problems with their wellbeing or their artificial nutrition support system and given contact details of a specialist who can provide urgent advice and help if needed.

Source guidance

Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. NICE guideline CG32 (2006, updated 2017), recommendation 1.5.7

Data source

Structure

a) and b) Local data collection.

Process

a) and b) Local data collection.

Outcome

a) and b) Local data collection.

Definitions

Training

The training should ensure that a patient or carer is competent to prevent, recognise and respond to changes in their wellbeing, particularly those related to their nutritional support. They should also be competent in managing their own nutrition delivery system, including the equipment used to deliver the feed, and storing the feed in an appropriate environment.

Management

The daily self-management of a person's artificial nutritional support. Management should also include a system through which people are able to obtain urgent help from a specialist in nutritional support when needed. Self-management and/or management of artificial nutritional support by carers is **not** a replacement for monitoring and follow-up by care professionals. Management should be regarded as a partnership between the person and/or their carer and the care professional.

Artificial nutrition support

Enteral tube feeding and/or parenteral nutritional support.

Urgently

Urgent access to specialist advice should be available 24 hours a day every day of the week (NICE's guideline on nutrition support for adults).

Equality and diversity considerations

Training and education should be accessible to people who have difficulties reading or speaking English and those who need information in non-written form.

Quality statement 5: Review

Quality statement

People receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.

Rationale

People's nutritional status is affected by a number of different factors and can therefore change rapidly. Regular review of the nutrition support care plan by a care professional enables the plan to be adapted to best meet the current needs of the person.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that people receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support 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 at planned intervals.

Numerator – the number of people in the denominator whose most recent review (subject to decision) is no later than planned after their last review.

Denominator – the number of people receiving nutrition support.

What the quality statement means for different audiences

Service providers ensure there are systems in place for people receiving nutrition support to be offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.

Health and social are professionals review the indications, route, risks, benefits and goals of nutritional support in people who are receiving nutrition support at planned intervals.

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 at planned intervals.

People receiving nutrition support have their need for nutrition support, their method of nutrition support and the risks, benefits and goals of their nutrition support reviewed at planned times.

Source guidance

Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. NICE guideline CG32 (2006), recommendations 1.1.3, 1.5.1, 1.6.9, 1.7.3

Data source

Structure

Local data collection.

Process

Local data collection.

Definitions

Nutrition support

This refers to recommendation 1.6.7 in NICE's guideline on nutrition support for adults 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, dietary advice, enteral or parenteral nutrition support, alone or in combination).

Planned intervals

The intervals between reviews will depend on the clinical needs of the person and the complexity of the nutrition support needed. Table 1 of NICE's guideline on nutrition support for adults provides a guide for intervals between reviews for people with more complex needs.

Clinical concern

A review should be carried out if there is clinical concern that 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.

Equality and diversity considerations

The review should take into account the person's dietary requirements, including those that vary according to religious and cultural beliefs.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- British Dietetic Association
- National Nurses Nutrition Group (NNNG)
- Royal College of Nursing (RCN)
- PINNT
- Motor Neurone Disease Association
- BAPEN