Implementation of the Malnutrition Universal Screening Tool

A screening tool designed to identify patients at risk of malnutrition across the whole range of health care settings is gradually becoming established in practice. The Malnutrition Universal Screening Tool (MUST) was developed by the Malnutrition Advisory Group and is endorsed by the British Dietetic Association, the RCN, and the Registered Nursing Home Association.

The advantage of the tool is its universality. It can be used by different health care professionals and with a variety of client groups. It can be used in hospitals, nursing homes, and in the community.

As a result a patient can, for example, be admitted into hospital from a nursing home with a MUST score that can be understood and acted on by hospital staff.

The tool was launched in November 2003. The British Association for Parenteral and Enteral Nutrition (BAPEN) has sent it to a variety of interested professionals including chief pharmacists, dietetic managers, and nurse managers.

BAPEN has received requests for the tool from 20,000 health care professionals. Of these, 45 per cent were from dieticians, 40 per cent from nurses, 10 per cent from GPs, and 5 per cent from students.

**Using MUST in practice**  The interest in MUST has been prompted by a number of triggers. One of these has been the Essence of Care document (NHS Modernisation Agency, 2003) that benchmarks the fundamentals of care, such as food and nutrition. This recommends the use of a screening tool as a ‘process of identifying patients who are already malnourished or who are at risk of becoming so’.

The use of MUST has taken off in an accelerated form in Scotland. This is the result of the Food, Fluid and Nutritional Care Standards published last September (NHS Quality Improvement Scotland, 2003). This has an absolute requirement that all patients admitted to hospital are screened for malnutrition.

However, launching a new tool is not without its difficulties – it takes effort and organisation. Lynne Colagiovanni, chairperson of the National Nurses Nutrition Group (NNNG) and nutrition nurse at University Hospital Birmingham NHS Trust, is keen to implement the tool but is having to tread carefully. The hospital already has an in-house screening tool which staff have invested time in.

She says: ‘Its difficult to have to go to everyone and say “Don’t do that anymore. We want you to use MUST now”. We are going to have to be sensitive to the feelings of our ward staff.’

However, the long-term plan is to implement the tool. As Ms Colagiovanni says: ‘It is the only screening tool that we know is valid and reliable in a variety of care settings.’

Karen Walmsley, district nurse leader at Preston Primary Care Trust, is considering the implementation of MUST. Ms Walmsley is one of small group of district nurses looking for a tool that would enable the 100-strong community nurse team to standardise the care and advice given. She thinks MUST will fulfil the brief but has some concerns.

‘We want to be in tandem with hospital staff who are also implementing MUST,’ says Ms Walmsley. ‘But we have some difficulties with the tool so have arranged a meeting with the community dietician to iron them out. For example we are concerned about skewing the score if we do not know the patient’s previous weight.’

Ms Walmsley envisages that MUST will be disseminated among staff by team leaders and within staff forums, and sees this part of the process as relatively straightforward.

Christine Setchfield, matron/manager of the Balgowan Care Home in Kent, is already using MUST for assessing patients. She says: ‘I find MUST easy to use and my staff like it. It gives an easy way to work out the body mass index.’

However, a deficit of local resources has prevented Ms Setchfield from following MUST recommendations through to their conclusion.

If the patient has a low weight or is losing weight, the tool advocates referral to a community dietician. But as this service is not currently available within East Kent Primary Care Trust, staff have to implement measures themselves and contact the hospital dietician for written information.

Ms Setchfield is pleased that the tool is being launched locally in the next few weeks. ‘It will be more useful when it is more widely taken up,’ she says.

**Conclusion**  It is impossible to get a complete picture of the spread of the tool as it can also be downloaded from the BAPEN website along with an explanatory booklet. BAPEN also has funding to send out 55,000 copies of a smaller A5 version to community nurses, as this is the format that is most commonly used in community settings.

A BAPEN spokesperson said that so far MUST has been picked up in a lot of different settings, and there has been particularly strong interest from primary care trusts and care homes. Hopefully a knock-on effect will spur interest across health care, which will lead to widespread use and allow the tool to fulfil its envisaged universal role.