When patients are admitted to hospital from residential care homes, effective communication between the two settings on nutrition needs is crucial.

Sharing nutrition needs from care home to ward

In this article...

- Developing a nutrition communication tool
- How to embed the tool in clinical practice

What worked well

Staff consistently reported that the layout of the tool was easy to follow. One staff member said it was beneficial when a new resident arrived at a care home at dinner-time. Staff were able to make an immediate and person-centred assessment of the resident’s nutritional requirements using the tool so individual food preferences were met.

Both hospital and care home staff commented that a comprehensive nutritional care assessment was particularly beneficial for vulnerable patients who need assistance with eating and drinking or had specific nutritional requirements and preferences. Other benefits include:
- Increased compliance in undertaking nutritional screening and care planning;
- Better identification of patients’ individual requirements, for example if they need to be encouraged or prompted to eat or have their food cut up;
- Improved documentation of likes and dislikes, which ensures patients’ individual requirements are met;
- Clearer communication and improved rapport between hospital and care home staff;
- Greater reassurance for family and carers that nutritional care is a priority.

Further opportunities

As staff became more confident in using the communication tool and recognised its benefits, they identified opportunities to use it more broadly including:
- Adopting the tool for transfers within and between hospitals;
- Using the tool with community nursing teams;
- Providing a communication tool for care home catering teams;
- Demonstrating compliance with national clinical quality indicators.

Conclusion

The development and introduction of the nutrition communication tool supported the admission and discharge process for patients, ensuring a seamless nutritional care journey between hospital and care home.

Increased compliance and embedding the tool in everyday practice increases opportunities to support safe, effective and person-centred nutritional care.

The tool was initially tested in one clinical area and feedback sought from staff on its usability. It was refined and restated in to achieve reliable use of the tool before it was introduced in other clinical areas.

References


Penny Bond is implementation and improvement support team leader, Healthcare Improvement Scotland; Jane Ewen is education facilitator/nutrition champion at NHS Grampian; Michelle Miller is improvement adviser at Healthcare Improvement Scotland.

BOX 1. COMMUNICATION TOOL COMPONENTS

- Nutritional screening (BMI and MUST scores)
- Physical assistance with eating and drinking, including chewing and swallowing difficulties
- Personal dietary needs
- Specialised/therapeutic diet requirement
- Food fortification/food snacks
- Prescribed nutritional support