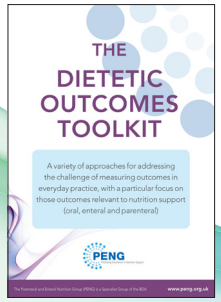
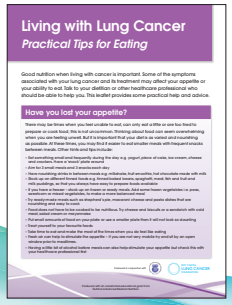
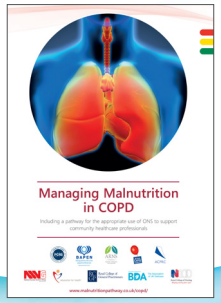
The Pathway

Making Malnutrition Matter

malnutritionpathway.co.uk



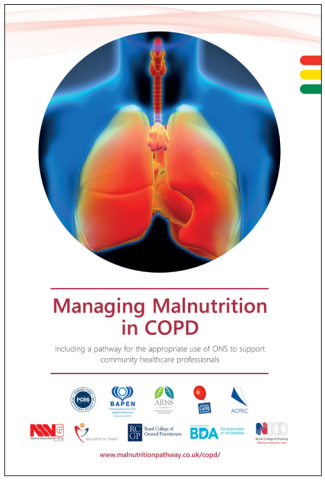




New Tools, Guidance and Reports

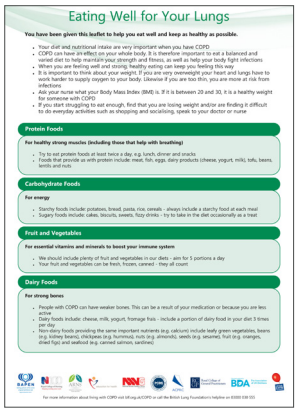
New Guidance Launched to Help Combat Malnutrition in Patients with COPD

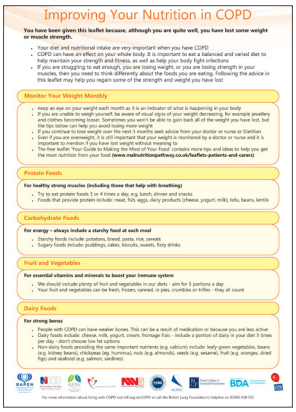
A new practical guide 'Managing Malnutrition in COPD' has been launched to assist healthcare professionals in identifying and managing people with COPD who are at risk of disease-related malnutrition and includes a pathway for the appropriate use of Oral Nutritional Supplements (ONS) to support community healthcare professionals and resources that contain practical hints and tips on diet that healthcare professionals can discuss with their patients.

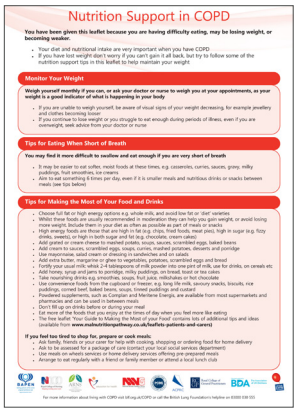


It is estimated that around 21% of individuals with COPD (up to 630,000 people in the UK) are at risk of malnutrition[1]. Malnutrition may develop gradually over several years or might develop or progress following exacerbations. The consequences of malnutrition in COPD are significant and are associated with increased healthcare costs, increased mortality, longer hospital stays, more frequent readmissions, reduced muscle strength and reduced respiratory muscle function [2-9]. Preventing malnutrition developing and treating it when it arises confers positive benefits not only for the patient but can also have a positive impact on healthcare budgets through reducing health and social care costs associated with malnutrition.

The guide 'Managing Malnutrition in COPD' has been developed by a multi-professional panel, with expertise and an interest in diet and managing malnutrition and COPD. The guide is endorsed by ten key professional and patient organisations including the Association of Respiratory Nurse Specialists (ARNS), the British Lung Foundation (BLF), the Royal College of Nursing (RCN), the British Dietetic Association (BDA) and the Royal College of General Practitioners (RCGP)[10]. The document is based on clinical experience and evidence alongside accepted best practice. It includes a pathway to assist in the appropriate use of oral nutritional supplements and is complemented by three colour coded patient leaflets which provide practical dietary advice according to malnutrition risk category (green – low risk, yellow – medium risk, red – high risk). | **Article continues on page two >**







Note from the Editor

Welcome to the summer issue of 'The Pathway' which contains updates on activities relating to malnutrition over the past few months. This issue features new guidance launched; 'Managing Malnutrition in COPD' which has been developed by a collaboration of healthcare professionals involved in the treatment and management of patients with COPD and has been endorsed by key professional and patient associations. The guidance aims to complement the 'Managing Adult Malnutrition in the Community' guidelines and pathway but gives specific advice for patients with COPD – many of us have been trying to ensure that nutrition is integrated into the care pathways of patients, particularly for those with complex dietary needs, and I hope that guidance like this will assist in making this happen across the UK for patients with COPD.

I was fortunate enough to be invited to talk at the Association of Respiratory Nurse Specialists (ARNS) conference on the subject of COPD and nutrition earlier this year along with Michaela Bowden, Lead Respiratory Nurse for Quality & Development at Bolton NHS Foundation Trust and the ARNS representative on the 'Managing Malnutrition in COPD' guidance (see page 5). The enthusiasm of the nurses in the room for the new guidance was infectious and from the questions we received at the end of the session it was evident that many were already planning how they could incorporate them into their practice.

If we are going to make a difference to the identification and management of malnutrition that continues to affect up to 3 million in the UK, we need to harvest this sort of enthusiasm and develop it to ensure that all of the multi-disciplinary team are well versed on the signs, symptoms and consequences of malnutrition and that patients are getting appropriate diagnosis, management and care including timely dietary advice.

I hope the articles in this issue of 'The Pathway' will motivate you and provide you with tools to assist you in preventing avoidable malnutrition. Please do let us know if you have been involved in any local or national initiatives which have helped to tackle malnutrition in the community and that you would be happy to share with our readers.

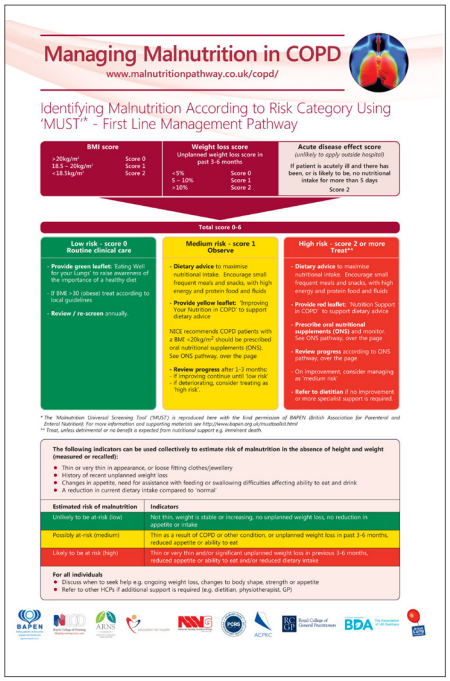
Enjoy reading!

Anne Holdoway

Consultant Dietitian and Chair of the 'Managing Adult Malnutrition in the Community' panel

New Guidance Launched to Help Combat Malnutrition in Patients with COPD

Continued from front page



The guidance is an updated version of the Respiratory Healthcare Professionals Nutritional Guidelines for COPD Patients which were developed in 2011, and has been designed to complement the 'Managing Adult Malnutrition in the Community'[11] guidelines (**www.malnutritionpathway.co.uk**) which were launched in 2012 and are now used nationwide.

The guide and resources are available to download for free via the Malnutrition Pathway website - **malnutritionpathway.co.uk/copd**

'Managing Malnutrition in COPD' includes:

- An overview of COPD and malnutrition including its causes and clinical consequences, cost implications and details on prevalence
- Information on the identification and management of malnutrition in patients with COPD according to risk category
- Guidance on optimising oral intake including dietary advice and the appropriate use of oral nutritional supplements according to body mass index, weight history, acute disease state and recent nutritional intake
- A practical pathway on the appropriate use of oral nutritional supplements in the management of malnutrition in COPD

The three complementary colour-coded patient leaflets all contain dietary advice, encourage physical activity (within the patient's limits) and tips on how to cope with or address common symptoms of COPD which can affect both ability and pleasure around eating such as dry mouth, taste changes and shortness of breath. In addition the red (high risk) leaflet includes advice for patients on incorporating oral nutritional supplements into their diet. The three leaflets are:

- Green Leaflet – 'Eating Well for Your Lungs' – for patients at low risk of malnutrition
- Yellow Leaflet – 'Improving Your Nutrition in COPD' – for patients at medium risk of malnutrition
- Red Leaflet – 'Nutrition Support in COPD' – for patients at high risk of malnutrition

Download the pathway and three complementary patient leaflets free today from **www.malnutritionpathway.co.uk/copd**

Help us to improve our resources by filling in our online survey and you could win a £20 Amazon voucher

Fill in our 5 minute on-line survey and you could be the lucky winner of a £20 Amazon voucher. The aim of this survey is to help us to find out more about how beneficial the Managing Adult Malnutrition in the Community document is in your practice and to get your opinions on the materials available on the website. As a thank you for your time those who complete the survey can enter a free prize draw to win a £20 Amazon voucher (one voucher will be given out every 3 months).

CLICK HERE

References

1. Collins PF et al. Prevalence of malnutrition in outpatients with chronic obstructive pulmonary disease. Proc Nut Soc. 2010; vol 69(Issue OCE2): E148
2. Collins PF et al. An economic analysis of the costs associated with weight status in chronic obstructive pulmonary disease (COPD). Proc Nut Soc. 2011; 70(OCE5): E324
3. Ezzell L and Jensen GL. Malnutrition in chronic obstructive pulmonary disease. Am J Clin Nut. 2000;72(6):1415-16
4. Gupta B et al., Nutritional status of chronic obstructive pulmonary disease patients admitted in hospital with acute exacerbation. J Clin Med Res 2010 Mar 20;2(2):68-74
5. Collins PF et al., 'MUST' predicts 1-year survival in outpatients with chronic obstructive pulmonary disease. Clin Nutr. 2010;5(2): 17.
6. Collins PF et al., The impact of malnutrition on hospitalisation and mortality in outpatients with chronic obstructive pulmonary disease. Proc Nutr Soc 2010; 69(OCE2)
7. Landbo C et al., Prognostic value of nutritional status in chronic obstructive pulmonary disease. Am J Respir Crit Care Med 1999; 160(6):1856-1861.
8. Collins PF, Elia M, Stratton RJ. Nutritional support and functional capacity in chronic obstructive pulmonary disease: a systematic review and meta-analysis. Respirology, 2013 May; 18(4): 616-29.
9. Vermeeren MA et al., Prevalence of nutritional depletion in a large outpatient population of patients with COPD. Respir Med, 2006 Aug;100(8):1349-55
10. The 'Managing Malnutrition in COPD' document and supporting patient materials have been supported by 10 key professional and patient associations:
    - The Association of Chartered Physiotherapists in Respiratory Care (ACPRC)
    - The Association of Respiratory Nurse Specialists (ARNS)
    - The British Association For Parenteral And Enteral Nutrition (BAPEN)
    - The British Dietetic Association (BDA)
    - The British Lung Foundation (BLF)
    - Education for Health
    - The National Nurses Nutrition Group (NNNG)
    - The Primary Care Respiratory Society (PCRS)
    - The Royal College Of General Practitioners (RCGP)
    - The Royal College Of Nursing (RCN)
11. Managing Adult Malnutrition in the Community. Holdoway A. (panel chair). 2012. United Kingdom. **www.malnutritionpathway.co.uk** Accessed 04.07.2016

What the Experts Say About 'Managing Malnutrition in COPD'

"ARNS has been delighted to be involved with the development of these guidelines and is pleased that we have engaged with the multi-professional team to ensure that we are offering continuity of nutritional care for patients" says Matthew Hodson, Chair of the Association of Respiratory Nurse Specialists (ARNS). "It is estimated that around 1 in 5 patients with COPD will be at risk of malnutrition and identifying and managing it are key to better outcomes and quality of life for patients. I think that nurses and other healthcare professionals involved in treatment of patients with COPD will find the management pathway and the pathway for using oral nutritional supplements invaluable in assisting them in identifying and managing this treatable condition."

"Patients with COPD who experience weight loss and are of a low body weight will have a poorer prognosis and an increased risk of mortality. Malnourished patients have an increased risk of acute exacerbations, hospital readmission and poor quality of life" says Dr Elizabeth Weekes, Consultant Dietitian and NIHR Clinical Lecturer and the British Dietetic Association's Parenteral and Enteral Nutrition Group (PENG) representative on the 'Managing Malnutrition in COPD' expert panel. "It is common for stable COPD patients to consume close to recommended daily amounts for both energy and protein while at home however their nutritional intake is often compromised during acute exacerbations. Dietary advice to optimise oral intake is vital for these patients and for those with a low BMI NICE recommends that the diet is supplemented with oral nutritional supplements (ONS). This guidance helps healthcare professionals to identify individuals at risk of malnutrition and assists them in implementing an appropriate nutritional care plan. The pathway emphasises the importance of regular monitoring by healthcare professionals once a care plan is in place to ensure patients meet their nutritional goals."

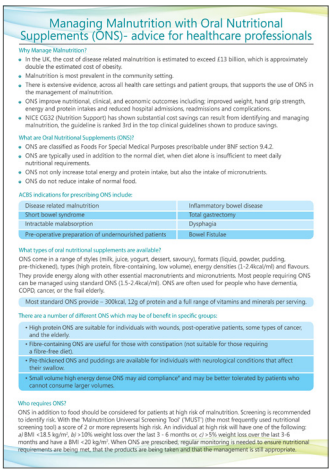
"Nurses play a key role in the treatment of patients with COPD" says Michaela Bowden, Lead Nurse Quality & Development (Respiratory), Bolton NHS Foundation Trust and the ARNS representative member of the 'Managing Malnutrition in COPD' expert panel, "and these guidelines will assist them in assessing the nutritional status of patients, putting appropriate nutritional care plans in place and referring on for dietetic input when required. They also provide advice on frequency of review and follow-up. The colour-coded patient materials will be invaluable as they enable nurses to give targeted nutritional advice according to risk category."

"This guidance aims to complement the 'Managing Adult Malnutrition in the Community' document which was launched in 2012 to assist GPs and other community healthcare professionals in identifying and managing the 3 million people in the UK at risk of disease-related malnutrition," says Anita Nathan, General Practitioner, member of the GPs Interested in Nutrition Group and member of the 'Managing Malnutrition in COPD' expert panel. "Patients with COPD can face significant challenges when it comes to eating, particularly after an exacerbation, making them susceptible to malnutrition; this guidance is well placed to assist GPs with providing the relevant advice according to risk category."

"We know that pulmonary rehabilitation plays a key role in the management of individuals with COPD and that nutrition is important as part of this intervention" says Sally King, Respiratory Specialist Physiotherapist and member of the 'Managing Malnutrition in COPD' panel. "We hope this guidance and supporting patient materials will assist physiotherapists in giving appropriate dietary information which will help in supporting the effectiveness of exercise programmes in patients who are malnourished."

"Poor nutritional intake in patients with COPD is common" says Jo Banner, Senior Registered Dietitian with the Community Respiratory Service at Sandwell and West Birmingham Hospitals NHS Trust and a member of the 'Managing Malnutrition in COPD' expert panel. "Causes are varied and include not only the physiological effects of the disease such as breathlessness and fatigue but also psychological, social and environmental factors such as depression, social isolation and living conditions. In addition, patients with COPD will have increased energy expenditure due to systemic inflammation and increased requirements during breathing. These guidelines assist healthcare professionals in using a nutrition screening process to help identify and treat those COPD patients who are at increased risk of being malnourished by guiding them down the correct management pathway to optimise their nutritional intake."

Malnutrition Pathway News


Managing Malnutrition with Oral Nutritional Supplements (ONS)- advice for healthcare professionals

Why Manage Malnutrition?

- In the UK, the cost of disease related malnutrition is estimated to exceed £13 billion, which is approximately double the estimated cost of obesity.
- Malnutrition is most prevalent in the community setting.
- There is extensive evidence, across all health care settings and patient groups, that supports the use of ONS in the management of malnutrition.
- ONS improve nutritional, clinical, and economic outcomes including: improved weight, hand grip strength, energy and protein intakes and reduced hospital admissions, readmissions and complications.
- NICE CG32 (Nutrition Support) has shown substantial cost savings can result from identifying and managing malnutrition, the guideline is ranked 3rd in the top clinical guidelines shown to produce savings.

What are Oral Nutritional Supplements (ONS)?

- ONS are classified as Foods For Special Medical Purposes prescribable under BNF section 9.4.2.
- ONS are typically used in addition to the normal diet, when diet alone is insufficient to meet daily nutritional requirements.
- ONS not only increase total energy and protein intake, but also the intake of micronutrients.
- ONS do not reduce intake of normal food.

ACBS indications for prescribing ONS include:

Disease related malnutrition	Inflammatory bowel disease
Short bowel syndrome	Total gastrectomy
Intractable malabsorption	Dysphagia
Pre-operative preparation of undernourished patients	Bowel Fistulae

What types of oral nutritional supplements are available?

ONS come in a range of styles (milk, juice, yogurt, dessert, savoury), formats (liquid, powder, pudding, pre-thickened), types (high protein, fibre-containing, low volume), energy densities (1-2.4kcal/ml) and flavours. They provide energy along with other essential macronutrients and micronutrients. Most people requiring ONS can be managed using standard ONS (1.5-2.4kcal/ml). ONS are often used for people who have dementia, COPD, cancer, or the frail elderly.

Most standard ONS provide ~ 300kcal, 12g of protein and a full range of vitamins and minerals per serving.

There are a number of different ONS which may be of benefit in specific groups:

- High protein ONS are suitable for individuals with wounds, post-operative patients, some types of cancer, and the elderly.
- Fibre-containing ONS are useful for those with constipation (not suitable for those requiring a fibre-free diet).
- Pre-thickened ONS and puddings are available for individuals with neurological conditions that affect their swallow.
- Small volume high energy dense ONS may aid compliance* and may be better tolerated by patients who cannot consume larger volumes.

Who requires ONS?

ONS in addition to food should be considered for patients at high risk of malnutrition. Screening is recommended to identify risk. With the Malnutrition Universal Screening Tool® (MUST) (the most frequently used nutritional screening tool) a score of 2 or more represents high risk. An individual at high risk will have one of the following: a) BMI <18.5 kg/m², b) >10% weight loss over the last 3 - 6 months or, c) >5% weight loss over the last 3-6 months and have a BMI <20 kg/m². When ONS are prescribed, regular monitoring is needed to ensure nutritional requirements are being met, that the products are being taken and that the management is still appropriate.

Managing Malnutrition with Oral Nutritional Supplements (ONS) advice for healthcare professionals

This A4 two sided printable leaflet has recently been updated. The leaflet contains an overview of malnutrition and includes information on the types of ONS available and patient suitability. It details the different styles, flavours and products available as a quick guide. To download the most up to date version **CLICK HERE**

Sharing Best Practice

If you have a local initiative which is helping to identify and tackle malnutrition in your area and that you would be happy to share with us please either email details to **hilary@franklincoms.co.uk** or submit your information via our website for a chance to win an educational award

malnutritionpathway.co.uk/best-practice-enquiry

Lung Cancer Nurse Specialists Want More Dietetic Support to Help Patients with Nutritional Problems

Research amongst Lung Cancer Nurse Specialists has found that over 50% feel that the key aspect in improving how we manage lung cancer patients with nutritional problems would be better access to/more dietitians*.

Respondees were asked 'if they could do one thing better to improve how we help lung cancer patients with nutritional problems what would that be?' In addition to the over 50% who wanted better access to dietitians, 29% said they wanted more nutrition training for nurses.

The research, carried out amongst National Lung Cancer Forum for Nurses (NLCFN) members, aimed to assess the current situation in relation to nutritional screening and access to dietetic services as part of lung cancer care, and to ascertain the usefulness of the 'A Practical Guide to Lung Cancer Nutritional Care' guide and supporting patient materials.

"Nurses are on the front line when it comes to giving patients advice so ensuring that they have the training, tools and knowledge to give that advice is imperative" says Diana Borthwick, Clinical Nurse Specialist and Chair of the NLCFN. "In 2014 the National Lung Cancer Forum for Nurses (NLCFN) was involved in the development of 'A Practical Guide to Lung Cancer Nutritional Care' which aims to ensure that lung cancer nurses and other members of the multidisciplinary team have a consistent approach to the nutritional assessment and management of patients. The document was endorsed by a number of professional organisations representing the multi-disciplinary team and aims to assist the multidisciplinary team with assessing and monitoring the nutritional status of patients with lung cancer in order to maximise treatment outcomes and improve patient experience."

Half of the respondees to the survey stated that they were aware that their Trust had a Nutritional screening process in place, however, awareness increased in those Trusts where nurses had read the 'A Practical Guide to Lung Cancer Nutritional Care' document with 62% being aware that their Trust had a specific nutrition policy in place.

Most were using the 'MUST' tool for screening (83%), with 50% of screening not involving the dietitian. Nurses and clinical nurse specialists were involved in most nutritional screening (83%), and most were able to refer on to a dietitian if they identified a patient at risk of malnutrition (96%).

The majority of patients who were referred to a dietitian were estimated to be seen within 1-2 weeks, however, only 4% were able to be seen on the day, and many had to wait more than 3 weeks for an appointment or received telephone support only.

In terms of advice, 75% of nurses stated that they gave verbal nutritional advice to patients – 48% of these were also giving written advice to patients. Over half of the respondees had read 'A Practical Guide for Lung Cancer Nutritional Care' with over 96% of those who had read it rating it as excellent or very good. Nearly two-thirds of those who had read the document stated that they intended to use the pathway in practice.

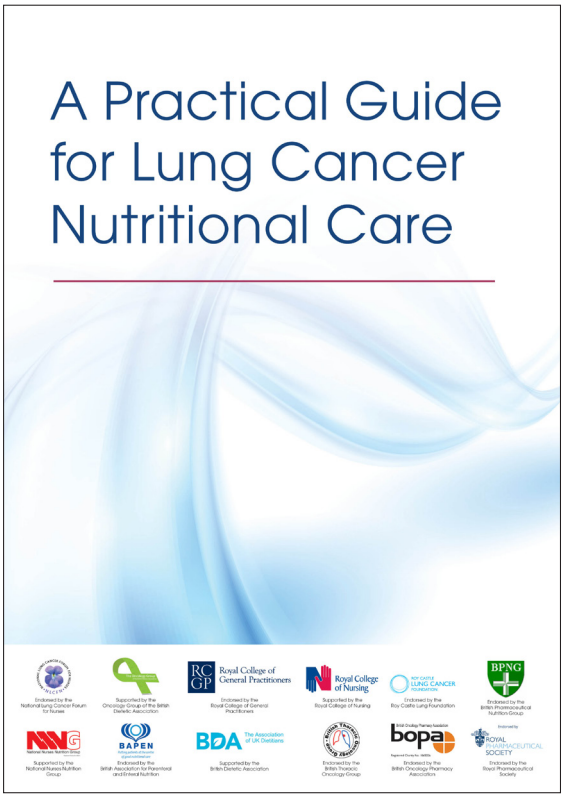
57% had used one or more of the three 'Living with Lung Cancer' Practical Tips leaflets (Eating, Using Oral Nutritional Supplements and Managing Commons Symptoms) with the majority rating the leaflets as excellent or very good.

'Immediate access to a dietitian for this group of patients would obviously be ideal' says Mhairi Donald, Macmillan Consultant Dietitian at the Sussex Cancer Centre and a member of the 'A Practical Guide to Lung Cancer Nutritional Care' discussion panel. 'This is an issue that dietitians need to continue to lobby for, with the support of robust evidence based business cases, ideally demonstrating the unmet need for this patient group, along with highlighting how patient outcomes can be maintained/improved in those living with lung cancer.'

'A Practical Guide to Lung Cancer Nutritional Care' is centred around the patient pathway, the guide includes a pathway to assist healthcare professionals in optimising the nutritional status of patients with lung cancer using clinical experience and the evidence base, alongside accepted best practice in order to maximise treatment outcomes and patient experience throughout their cancer journey. The guide and three supporting patient leaflets are available to download for free via the malnutrition pathway website: **malnutritionpathway.co.uk/specific-resources**.

We would be delighted to get further feedback on the materials and any suggestions for additional patient information to assist patients - please email **hilary@franklincoms.co.uk**

*The survey was carried out via Survey Monkey amongst National Lung Cancer Forum for Nurses (NLCFN) members in September/October 2015. 48 Nurses responded to the survey. Further data is available from **hilary@franklincoms.co.uk**



Making Nutrition an Integral Part of COPD Care

A symposium at the Association of Respiratory Nurse Specialists (ARNS) conference, Loughborough, April 2016

The aim of this symposium was to highlight best practice in the appropriate nutritional management of patients with COPD. It was led by two members of the 'Managing Malnutrition in COPD' expert panel:

- Anne Holdoway, Consultant Dietitian and Chair of the British Dietetic Association Parenteral and Enteral Nutrition Group (PENG)
- Michaela Bowden, Lead Nurse Quality & Development (Respiratory) and ARNS representative on the panel

Anne outlined the causes and consequences of malnutrition in individuals with COPD and provided an overview of the evidence for nutrition support in COPD. Michaela presented the new 'Managing Malnutrition in COPD' guidelines and brought it to life through a case study demonstrating how the guidance can be applied in everyday practice and how it can be used as an integral part of COPD care.

A selection of tweets from the session give you a flavour of what delegates took away from the day:

'Who could imagine the enormous cost to the individuals and to society of malnutrition in the UK. Shocking.' ***Respiratory Nurse Team Leader***

'Providing nutritional support does make a difference - improvements include respiratory muscle strength, exercise capacity & QoL' ***Respiratory Nurse Consultant***

'Low body weight linked to increase mortality in #COPD. Diet and malnutrition in pts vital to monitor' ***Lead for Community Specialist Respiratory, Heart Failure, Cardiac and Pulmonary Rehab Services.***

'An improvement in 2kg in malnourished patients with COPD will have significant effect on their function.' ***Nurse Consultant***

'How do we ID malnutrition in our patients? Talk to them, ask! Screening eg with MUST, then more detailed assessment.' ***Respiratory Nurse Specialist***

'This nutrition respiratory tool is very comprehensive. Excellent use of traffic lights.' ***Nursing Times Clinical Editor***

Nutritional Support: Translating the Evidence into Best Practice

May 2016 – London and Manchester

Two education symposia where held in May with the aim of sharing best practice in nutrition support. Key note lectures came from:

- Professor Salah Gariballa, United Arab Emirates University (London event) – who discussed the interactions between nutrition, disease & ageing
- Professor Annemie Schols, Professor of Nutrition and Metabolism in Chronic Diseases & Scientific Director of NUTRIM School for Nutrition, Toxicology and Metabolism, Maastrict University, The Netherlands (Manchester event) – who looked at advances in the nutritional management of COPD

One of the highlights of both days was a session by Steve Brown, General Secretary of Patients on Intravenous & Nasogastric Nutrition Therapy (PINNT), an enteral nutrition patient himself, who gave an honest and emotive overview of what it is like from a patient perspective to be fed via a PEG or naso-gastric tube.

Protein was the hot topic with presentations from Andrea Ralph, Operational Lead Dietitian at Birmingham Community Nutrition, Anne Holdoway, Consultant Dietitian and Danielle Bear, Principal Critical Care Dietitian, Guy's & St Thomas' NHS Foundation Trust, looking at the evidence for increased protein intake in certain population groups and the role of high protein oral nutritional supplements in meeting protein needs, as well as improving outcomes in ICU using high protein medical nutrition.

These presentations were supported by interactive case discussions focusing on the use of high protein medical nutrition to improve patient outcomes by Caroline Goodger, Senior Nutrition Support Dietitian, Ashford & St Peter's NHS Trust and Linda Tarm, Principal Renal Dietitian, Guy's Hospital, London.

Both symposia were chaired by Catherine Collins, Principal Dietitian at St George's Hospital London and BDA English National Board Chair.

Optimal Nutritional Care for All

The British Association for Parenteral and Enteral Nutrition (BAPEN) Quality Group has obtained a Health Foundation grant to improve nutritional care and are running a number of workshops across England. These events aim to:

- raise awareness of the importance of improving nutritional care
- disseminate the NHS England commissioning guidance on commissioning excellent nutritional care
- share best practice and the tools available to implement the guidance
- discuss any support required across the country to implement best practice

Aimed at commissioners and providers it is hoped the events will engage commissioners to implement the NHS England nutrition commissioning guidance.

"The programme has been informed by the recent NIHR and BAPEN report on the costs of malnutrition and the economic analysis demonstrating the benefits in terms of reductions in length of stay and admission avoidance when good nutritional care is delivered" says Dr Ailsa Brotherton from the BAPEN Quality Group. "This work is designed to support the system to deliver significant financial savings as well as improving patient care and outcomes."

Four meetings have been arranged across England, meetings have already taken place in the North and the Midlands and dates for the South (Bristol) and London are as follows:

- Bristol - 27th September 2016: 12.15 -16.30
- London - 28th September 2016: 09.00 -13.30

Refreshments and lunch included.

To download the agenda and register for the events visit **www.bapen.org.uk/resources-and-education/meetings/upcoming-bapen-meetings**

Other forthcoming events

ESPEN Congress, 17th – 20th September 2016
Copenhagen, Denmark
www.espen.org/congress

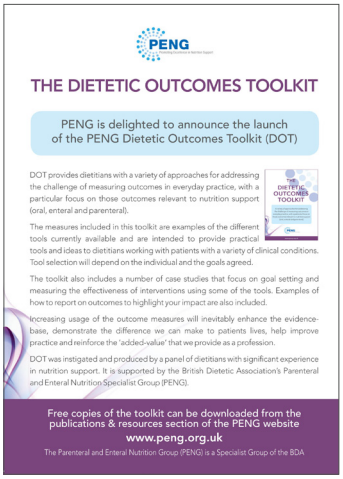
BAPEN Annual Conference, 8th & 9th November 2016
(the pre-conference teaching day will take place on 7th November 2016)
Hilton Brighton Metropole, Brighton
www.bapen.org.uk

Food Matters Live, 22nd – 24th November 2016
ExCeL London, UK
www.foodmatterslive.com

Focusing on Dietetic Outcomes

Earlier this year the British Dietetic Association's Parenteral and Enteral Nutrition Group (PENG) launched a Dietetic Outcomes Toolkit (DOT) to provide dietitians with a variety of approaches for measuring outcomes in dietetic care, with a particular focus on those relevant to nutrition support (oral, enteral and parenteral).

Healthcare outcomes are playing a pivotal role in medical decision-making and measuring dietetic outcomes and interpreting and sharing the information is essential to ensure that the value of dietetic services are demonstrated to commissioners and the wider health community.



The aim of the toolkit is to provide dietitians and other interested healthcare professionals with a variety of approaches for addressing the challenge of measuring outcomes in nutritional care with a particular focus on those outcomes relevant to nutrition support.

It is hoped that the use of such tools will strengthen the evidence-base for interventions and dietetic practice, enhance patient care and demonstrate the 'added-value' that the profession provides across the breadth of nutrition support.

The toolkit contains examples of the different tools currently available and can be used by dietitians across both primary and secondary care. Case studies are included to illustrate on a practical level how each one can be used. Use of a particular tool will depend on the patient diagnosis and the agreed goals for intervention.

To allow for the cross fertilisation of ideas, tools that are not specific to nutrition support have been included along with nutrition tools that are in use in both hospital and community settings. PENG welcomes feedback on the pack and would be delighted to receive any further examples of tools to add to the pack from community healthcare professionals. (email: PENG@bda.uk.com).

DOT includes:

- A list of nutrition support measures and relevant outcome tools that can be used
- A list of potential barriers to achieving outcomes – which will assist when outcomes are not met
- Examples of outcomes tools including:
  - Patient Reported Experience Measures (PREMs)
  - Patient Reported Outcome Measures (PROMs)
  - Therapy Outcome Measures (TOMs)
  - Goal Attainment Scale (GAS)
- Case histories relating to some of the tools including information on reporting
- Examples of assessment forms

A free downloadable copy of the PENG Outcomes Toolkit can be found on the publications and resources section of the PENG website **www.peng.org.uk/publications-resources/dietetic-outcomes-toolkit.php**