

Appropriate identification of children at nutritional risk; Development of "Measure, Plot, Think, Act" approach to nutritional care in

acute paediatrics

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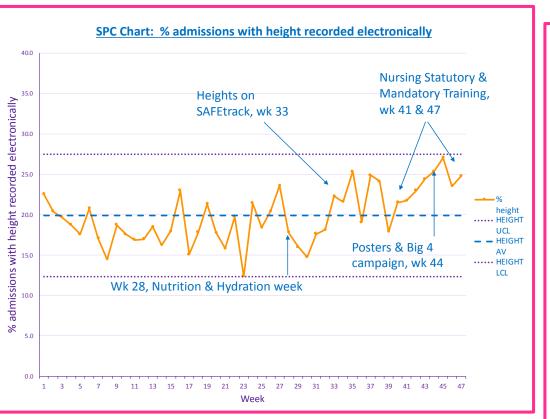
Aim

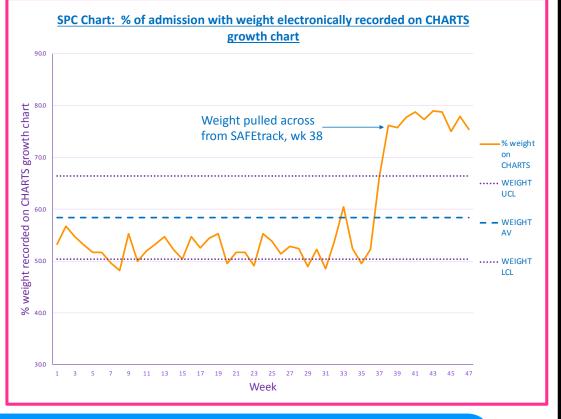
Improve the identification of children at nutritional risk and implement appropriate management plans

Driver Diagram:*change ideas actioned			
Aim	Primary Drivers	Secondary Drivers	Change Ideas
Appropriately identify children at nutritional risk / abnormal BMI & implement appropriate management plan	Identify those at risk "Measure & Plot" Weight 100% Height 80%	Measuring – doing & accurately	Equipment Emergency Department
			Height on SAFEtrack*
			Posters on equipment*
			Posters in staff areas*
		Knowledge	Teaching*
		Plot on Growth Chart	Link SAFErack & Growth Charts*
	Implement ongoing management "Think & Act"	Flag abnormal	Flags on SAFEtrack & DigiRounds
		Screen presenting complaint "risk"	New screening tool
		Weekly WR review	Posters / stickers – high risk presentations
		Discharge diagnosis	Box on discharge summary
		Referral to services	Make Every Contact Count
		Follow up	Leaflets

Measure & Plot;

- Teaching & awareness
- 6 focus groups held within nursing, health care assistant (HCAs), junior doctor and dietitian teaching / weekly meetings; established current confidence in anthropometry, varying practices and ideas for improvement
- Incorporated anthropometry teaching into monthly nurses and health care assistants statutory training days & newly qualified nurses induction, 3 sessions held, 15-25 attend each, received good feedback e.g.
 - "Really good information and I now have an understanding of use for height"
 - "Really useful to understand when to think about broaching nutrition with families. Everyone has a responsibility."
 - "Good to highlight the importance of correct measurements and how to approach difficult conversations."
- Presented at Nutrition & Hydration Group Steering meetings, departmental grand rounds & quality meeting.
- Ran Junior doctor teaching in department and also regional training day to discuss in broader context and share work
- Posters on equipment & in staff rooms; importance of height
- Work with IT;
 - Enter height onto SAFEtrack (electronic observation charts)
 - Automatically pull weights and height from SAFEtrack onto electronic growth charts
- Significant improvement in recording anthropometry, shown in SPC charts





Southampton

Centre

Biomedical Research

Next Steps

- Measure & Plot:
 - Develop competency document and quality assurance for anthropometry & roll out through formalised teaching led by Specialist Nutrition Nurse & dietitian
 - On going work with IT through Nutrition & Hydration Steering Group; heights to pull onto growth charts, syndrome specific charts & team specific features e.g. renal & intensive care
- Think & Act;
 - PhD application for future work and development of care pathway

Thank you to

- Prof Beattie, Dr Pryde, Dr Williams, Dr Marino, Dr Johnson & Dr Ashton for all their support and encouragement
- Florina Borca for all her help to capture my data & David Cable and University Hospital Southampton's IT department
- NIHR BRC grant to attend qualitative analysis & focus group courses
- All the staff involved in my qualitative interviews and everyone at Southampton Children's Hospital
- My fellow QI Fellows



Why is it important?

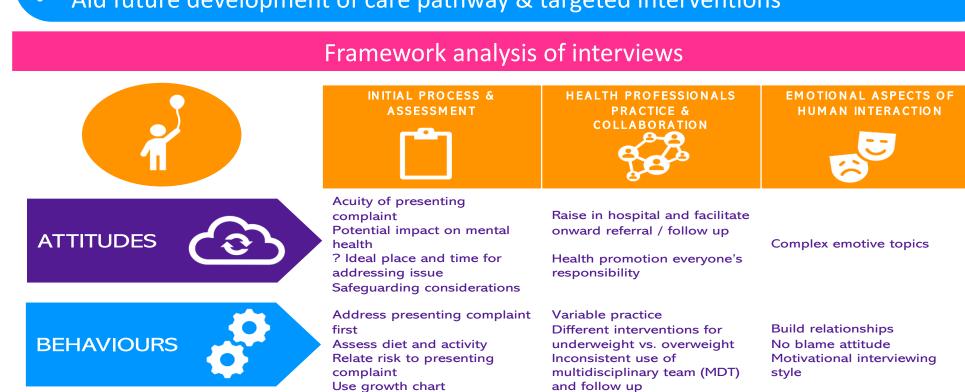
- Under- and over-weight children have higher rates of morbidity and mortality
- Many factors influence nutrition risk; nutrition & disease state, requirement and intake
- No gold standard screening
- Important to develop robust process which embeds nutritional assessment into routine care to ensure malnourished or children at risk are identified and management plans are implemented

The Multi - Disciplinary Team

- Doctors; general and specialist consultants & junior trainees
- Nurses; matrons, specialist nurses & ward nurses
- Dietitians
- Paediatric Nursing Education Team
- Paediatric and Trust Nutrition & Hydration Steering Group
- IT department & data analysis team

Think & Act; qualitative work

- More complex than initially thought, changed to scoping exercise to understand issues in more detail
- 16 semi-structured interviews; "You are informed that a child you are about to see has an abnormal BMI (underweight / overweight) what do you then think and do?"
- Framework & thematic analysis performed to establish attitudes, behaviours, barriers and facilitators to nutritional assessment and further management
- Aid future development of care pathway & targeted interventions



BARRIERS

Lack time and resources for assessment Lack knowledge on assessment

Electronic growth charts

start conversation

Use other screening tools to

resources

management and referral pathways / services Access to equipment and

Lack belief of weight loss interventions / services Champions of good practice

Awareness of services

MDT working

Lack knowledge of

Lack time for discussions

discussions Positive previous experiences Motivational interviewing

Active health promotion by

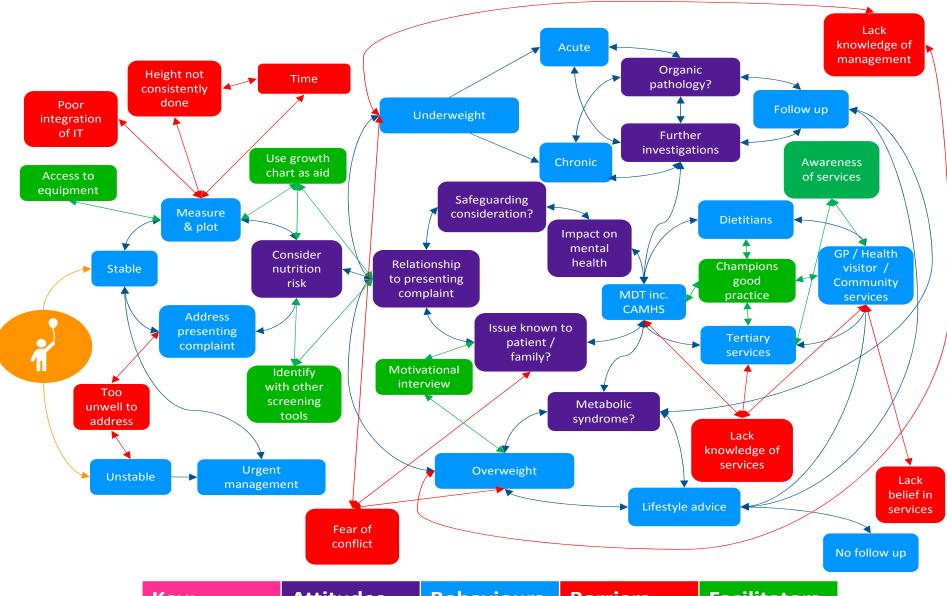
Negative previous experience

Fear of conflict

organisation

Low confidence of

Thematic interpretation of staffs thought processes when assessing a child with abnormal BMI



Attitudes

Behaviours

Barriers

Facilitators

Lessons Learnt

- Integrating IT systems in a big organisation takes time find the right people early!
- Use this opportunity to reflect on your own clinical practice
- Don't bite off more than you can chew!
- Talk about your project at every opportunity practice will change just by raising awareness
 - Supportive supervisors who share your vision are essential





