Health Education England

Complex Nutritional Care in Stroke

Dr Becky Jupp, Dr K Thavanesan, Dr M Dharmasiri, L Johnson, M Gower, J Pulman, P Houghoughi, N Rixon, M Jones, Dr S McLaughlin on behalf of the Stroke Team at Royal Bournemouth Hospital

Background

Following stroke, up to 45 % of people experience some degree of dysphagia (difficulty swallowing). Poor nutrition can have a negative impact on functional recovery, and is associated with increased risk of complications and ultimately length of stay in hospital. Decisions regarding nutrition can be ethically challenging. Providing high quality nutritional care is complex and multifaceted.

Project Aim

To ensure consistently high standards of ward based care in relation to swallow and nutrition management.

Project Design/Strategy

We undertook a focussed quality improvement project, which aimed to comprehensively review current practice, and to identify and implement improvements, in relation to the nutritional care pathway on our stroke unit.

The quality of nutritional care was evaluated through: interviews with patients and relatives; a staff survey; an audit of nutritional care; mapping of current processes; and a review of mortality data. Inconsistencies in clinical care and decision making were identified. Through this evaluation, we identified the processes of care that, when performed collectively, would constitute high quality nutritional care.

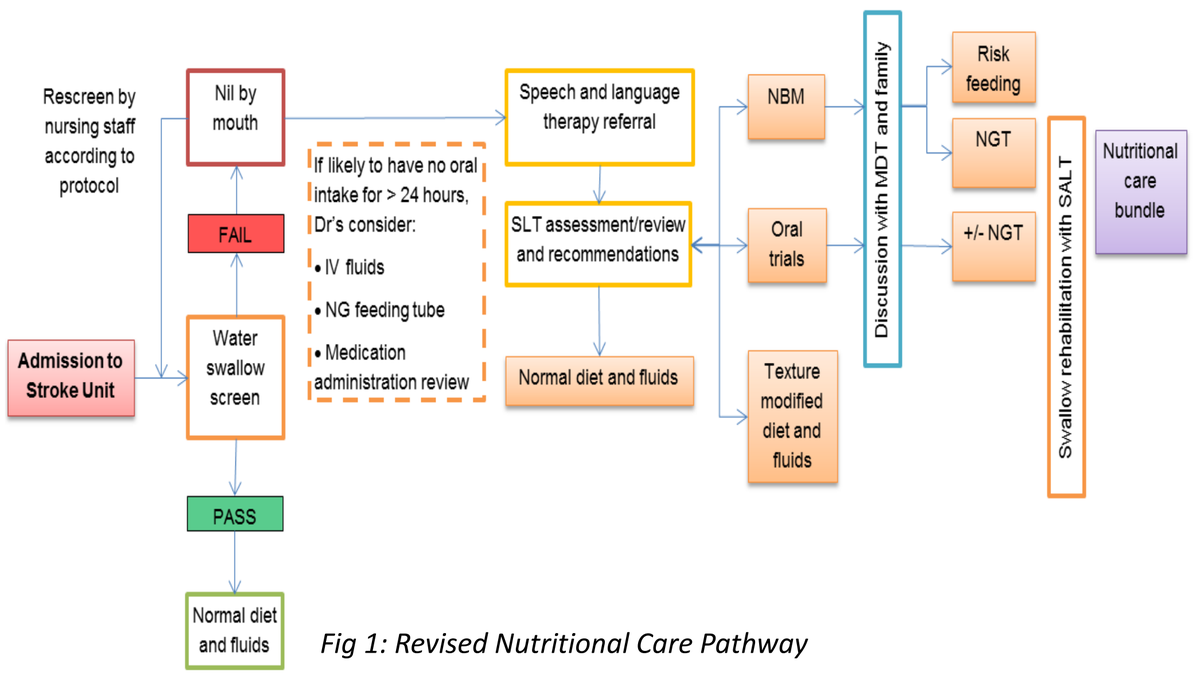

Fig 1: Revised Nutritional Care Pathway

Changes Made

We developed a **Nutritional Care Bundle.** This initially consisted of a set of 5 desired practices, and was later refined to include 7 desired practices. It was piloted alongside a **Nutritional Care Record**, which aimed to ensure all pertinent information relating to nutrition and swallow was accessible, and used to inform MDT decision making. Staff training also took place.

Stroke Nutritional Care Bundle

To be completed for all patients who are nil by mouth following a dysphagia assessment by SALT.

Time	Activity	Completed	Comments
Acute Phase	IV fluids commenced within **24 hours**	Yes / No / NA	
	NGT inserted and feeding commenced within **48 hours**	Yes / No / NA	
	Seen by dietician within **48 hours**	Yes / No / NA	
	RBH Dysphagia Outcome scale documented within **72 hours**	Yes / No / NA	
Week 2-3	Documented MDT discussion, involving Consultant, regarding long term feeding plan	Yes / No / NA	
	Documented patient +/- family discussion, involving the MDT, regarding long term feeding plan	Yes / No / NA	
Within 1 month	Capacity assessment regarding decision for long term feeding documented (date: _____)	Yes / No / NA	

After week 2-3, the nutritional care plan should be reviewed by the MDT weekly; document in Nutritional Care Booklet.
For patients who may be appropriate for a PEG, a Nutrition Team referral should be considered within 1 month post stroke.

Fig 2: Final Nutritional Care Bundle

Outcomes

At baseline, **15%** of patients were receiving all 5 elements of the original bundle. This rose to **45%** in months 14-16. The average % of the bundle complete rose from **69%** at baseline, to **79%** at follow up.

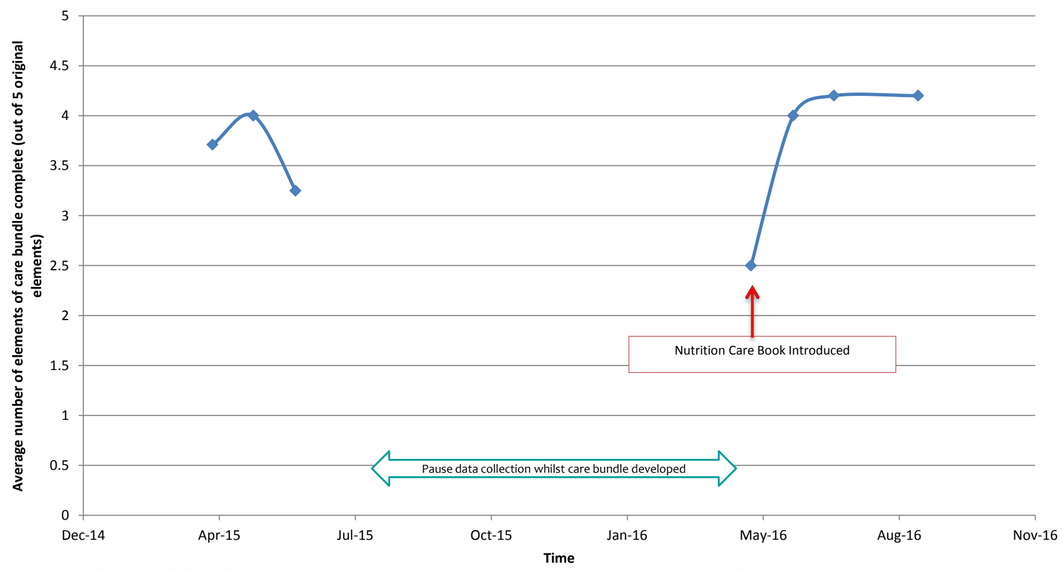

Fig 3: SPC Chart – Compliance with Nutritional Care Bundle

Lessons Learned

- Time must be invested in exploring and clearly defining the problem before embarking on change.
- Early and on-going engagement with the MDT is essential to embed changes into daily practice.
- Selecting the most efficient and effective means of data collection is crucial to demonstrating improvement.

Next Steps

- To integrate data collection into existing systems, which will enable the use of SPC charts.
- To include the Nutritional Care Bundle standards within the newly developed stroke service competencies.