A joint meeting of the Clinical Nutrition and Metabolism Group of the Nutrition Society and the British Association for Parenteral and Enteral Nutrition was held at the Harrogate International Centre, Harrogate on 28–30 November 2000

Keynote Lecture 2

Practical nutritional support: working together to make it happen

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The national nutritional agenda is changing and feeding patients appropriately in hospital has now been identified as an area of concern (Department of Health, 2000*a*,*b*). Clinical governance is also a political imperative and NHS Chief Executive Officers are now personally responsible for local implementation (Department of Health, 1999).

It is a fact that a significant number of patients are undernourished on admission to hospital (McWhirter & Pennington, 1994; Corish *et al.* 2000; Edington *et al.* 2000; Kelly *et al.* 2000) and that some patients may continue to lose weight during their hospital stay. Furthermore, many clinical staff are unaware of the benefits of nutritional intervention to the extent that patients are not weighed on admission (Lennard-Jones *et al.* 1995), that weight is generally considered to be unimportant (Rasmussen *et al.* 1999) and that referrals to the dietetic service are not made (McWhirter & Pennington, 1994; Kelly *et al.* 2000).

Many benefits accrue from feeding patients adequately while they are in hospital, and these benefits are both clinical and financial (Tucker & Miguel, 1996; Green, 1999; Ochoa et al. 2000). However, food provision is a complex process, demanding coordinated input from many different services. There have been many recommendations highlighting inadequacies in the current arrangements and suggesting how these may be managed (Allison, 1999; Maryon-Davis & Bristow, 1999). One approach is to consider nutritional intervention as a continuum (Fig. 1) in which different professionals have differing roles at different times. It follows that individual patient needs can then be best met by a clinical nutrition support team working within the structure of a nutrition steering committee (Fig. 2; Silk, 1994).

Clinical governance is defined as 'A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish' (Department of Health, 1999). A range of activities have been identified as importantly contributing to this process (Fig. 3). The establishment of an effective clinical nutrition support team

can help to deliver the requirements of clinical governance at local level, thereby attracting support from Trust Boards and Health Authorities. Setting up such a team needs to be carefully planned and managed (Howard, 2001). There are five stages each of which incorporates aspects of clinical governance.

Getting started is the greatest challenge and demands clarification of roles and responsibilities to ensure there is clear accountability within the team. At the same time it will be helpful to identify key stakeholders and allies, thereby ensuring that the team is aware of the organisational 'agenda' and that they are alerted to any impending changes in service provision. Team-building activities, e.g. sharing tasks and discussing working practices, are an essential part of developing good communication.

Making the case, whether for recognition or resources, is when the team must have good knowledge of the evidence

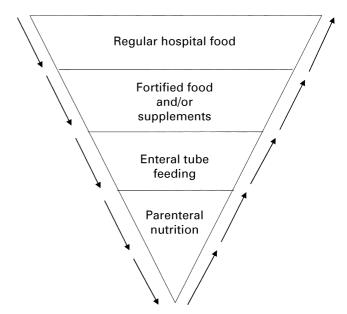


Fig. 1. The continuum of nutritional support provision.

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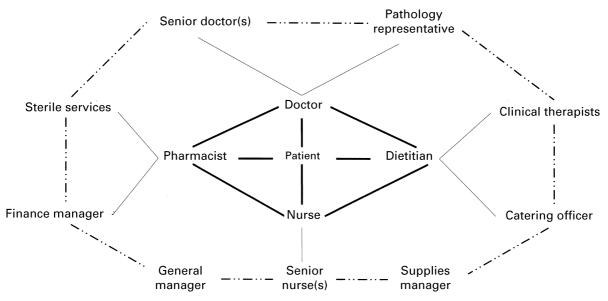


Fig. 2. Nutritional Steering Committee (-··-) and Clinical Nutrition Support Team (**—**) membership and operational working relationships(—).

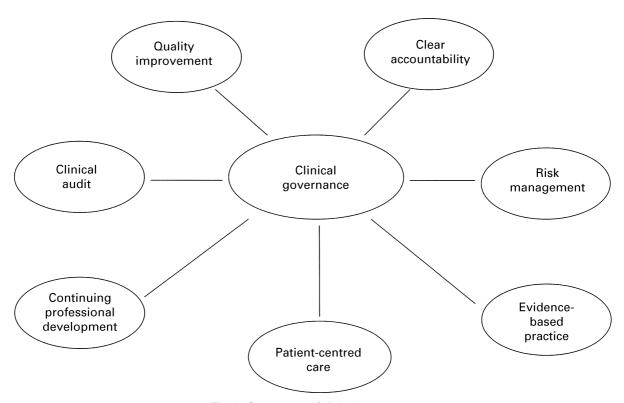


Fig. 3. Components of clinical governance.

base for their proposals. It is important to be aware of local practices and initiatives as well as the seminal literature. A team will also be well advised to identify any potential objectors to their proposal so that a well-reasoned case can be presented. The need to offer an attractive proposal is fundamental, and any contribution to a robust clinical governance programme will be welcomed. The timing of such a proposal is crucial, and care should be taken to ensure that it will fit into the financial planning

framework, particularly if additional resources are being requested.

Keeping going is often difficult and always challenging. Organisational change and staff leaving are the most usual reasons for teams to flounder. Sharing expertise within the team as well as educating other healthcare professionals will help to limit any difficulties caused by factors which cannot be controlled. It is also essential to ensure that team members are constantly updating their own knowledge and

skills; thus, meeting the mandate for continuing professional development for everyone involved. Individual team members will probably have different organisational skills, and these skills should be identified and used to deliver optimal effectiveness.

Ensuring success can be managed in several ways, and clinical audit is an important element. This process will demonstrate a commitment to service review and improvement, and the outcomes can form part of a Trust's annual report. Educating other healthcare professionals about safe and effective nutritional support provision is vital. Robust clinical procedures and protocols are an essential part of clinical risk management. Furthermore, sharing expertise both within the team and with other healthcare professionals will minimise the impact of team members moving to other posts. Some characteristics of successful teams are shown in Table 1.

Surviving and thriving is achieved by publicising success and by anticipating developments. Grand rounds, annual reports, newsletters and electronic communication are easily accessible ways of alerting others to the benefits of a clinical nutrition support team. Keeping an effective team in the 'public eye' will be a major factor in attracting interest and support from local healthcare decision makers. Developments can be clinical (new technology driving changes in practice), organisational (new ways of delivering services), political (new directions for patient care) or electronic (improved means of communication or information sharing). The latter, in particular, can support safe practice by facilitating access to current literature and expert professional opinions. Looking backward to learn from experience as well as looking forward to take advantage of new oppor-

Table 1. Some characteristics of successful clinical nutrition support teams

Commitment	Making time for meetings
Consistency	Reliable service delivery Unambiguous information
Communication	Clear at all levels Informative casenote entries
Collaboration	Within the team Between teams
Creativity	Facility to respond to change Ability to 'think differently'

tunities is an essential feature of a thriving clinical nutrition support team.

The patient focus is implicit. However, a true partnership with patients is often difficult to achieve, and every effort must be made to overcome historical barriers. It is prerequisite that patients and/or their carers are closely involved in any decisions about nutritional support, particularly if long-term feeding is anticipated. This procedure may necessitate a review of traditional approaches to care provision, but it will contribute to improved compliance and longer-term outcomes (Gerteis *et al.* 1993).

A properly constituted, proactive and well-managed clinical nutrition support team is an asset to the organisation in which it is based. It will raise awareness of the importance of nutritional support, enhance patient management and contribute to the clinical governance agenda through continuing quality improvement.

Clinical governance: Nutritional support teams

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