

Increasing Dietetic Time for Renal Patients

Streamlining Dietetic Documentation and Improving Referral Management Increases Dietetic Resources

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Background:

Before 2015, the completion of dietetic patient documentation in Fife was a lengthy process, resulting in duplication of recorded information and under utilised dietetic resources. The implementation of an electronic patient record system (Vital Data, 2015) for renal patients provided an opportunity to review current dietetic documentation processes.

The aims were to produce a clear, consistent, documented process with reduced administration (admin).

Improving service efficiency by streamlining documentation for selected Chronic Kidney Disease (CKD) patient groups enabled

- increased Dietetic time for direct/ indirect clinical interventions
- equitable patient care.

Methods:

Dietetic admin processes were audited in November 2014 prior to the implementation of electronic patient records. This was compared with admin processes post electronic patient record in May 2015. Dietetic care processes were broken down into steps and timed, 'before' and 'after'. Total dietetic activity was collated and compared to show total time saved. Microsoft Excel 2007 was used to compare the results.

Outcomes/Results:

- 330 minutes (5.5 hours) dietetic time saved per month on admin for caseload management
- 50% time saved on completion of patient records with the transfer to electronic patient records.

Fig1: Audit Of Dietetic Admin Process Post Patient Contact

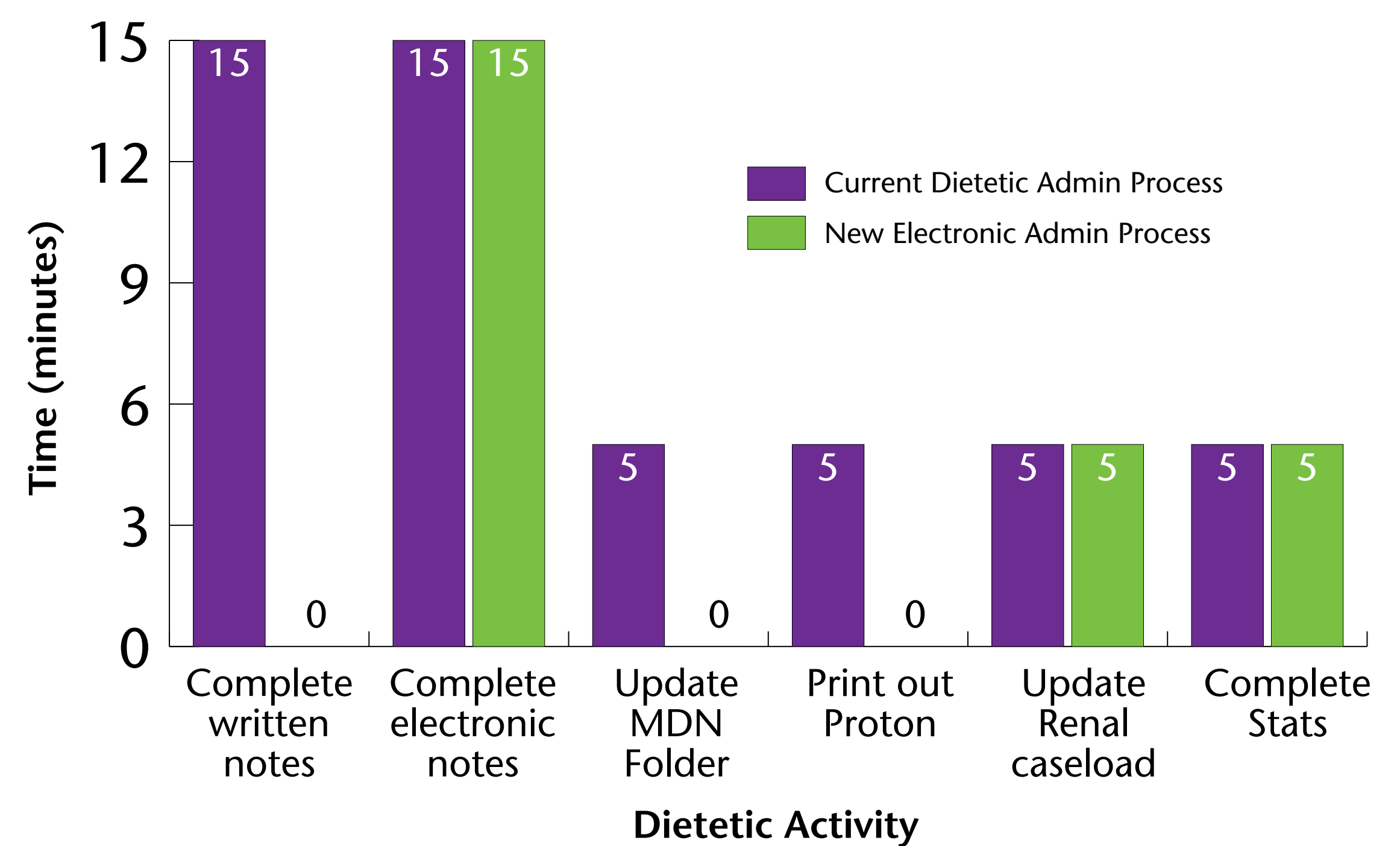


Fig2: Audit Of Monthly Dietetic Admin Process For Caseload Management Of Haemodialysis Patients

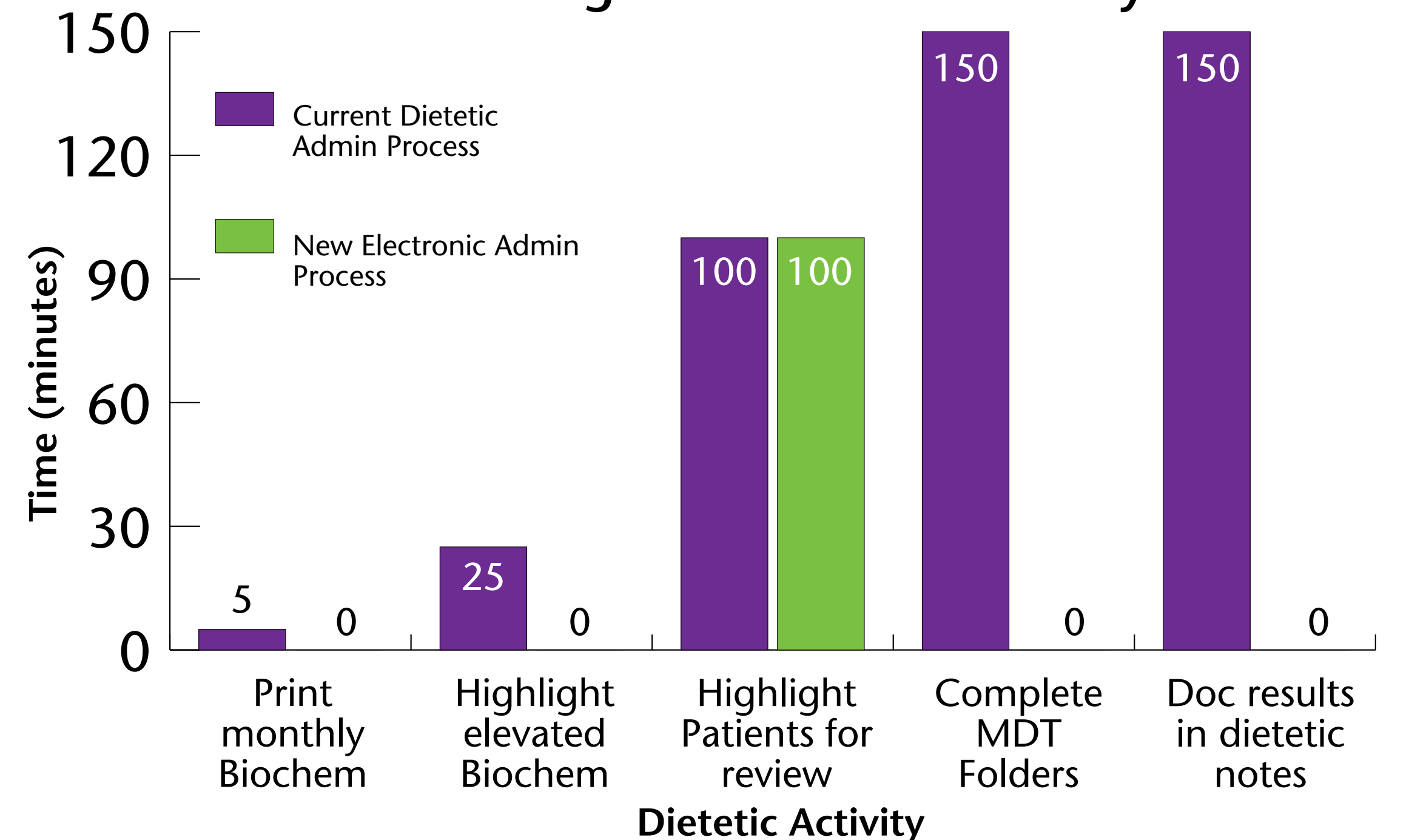
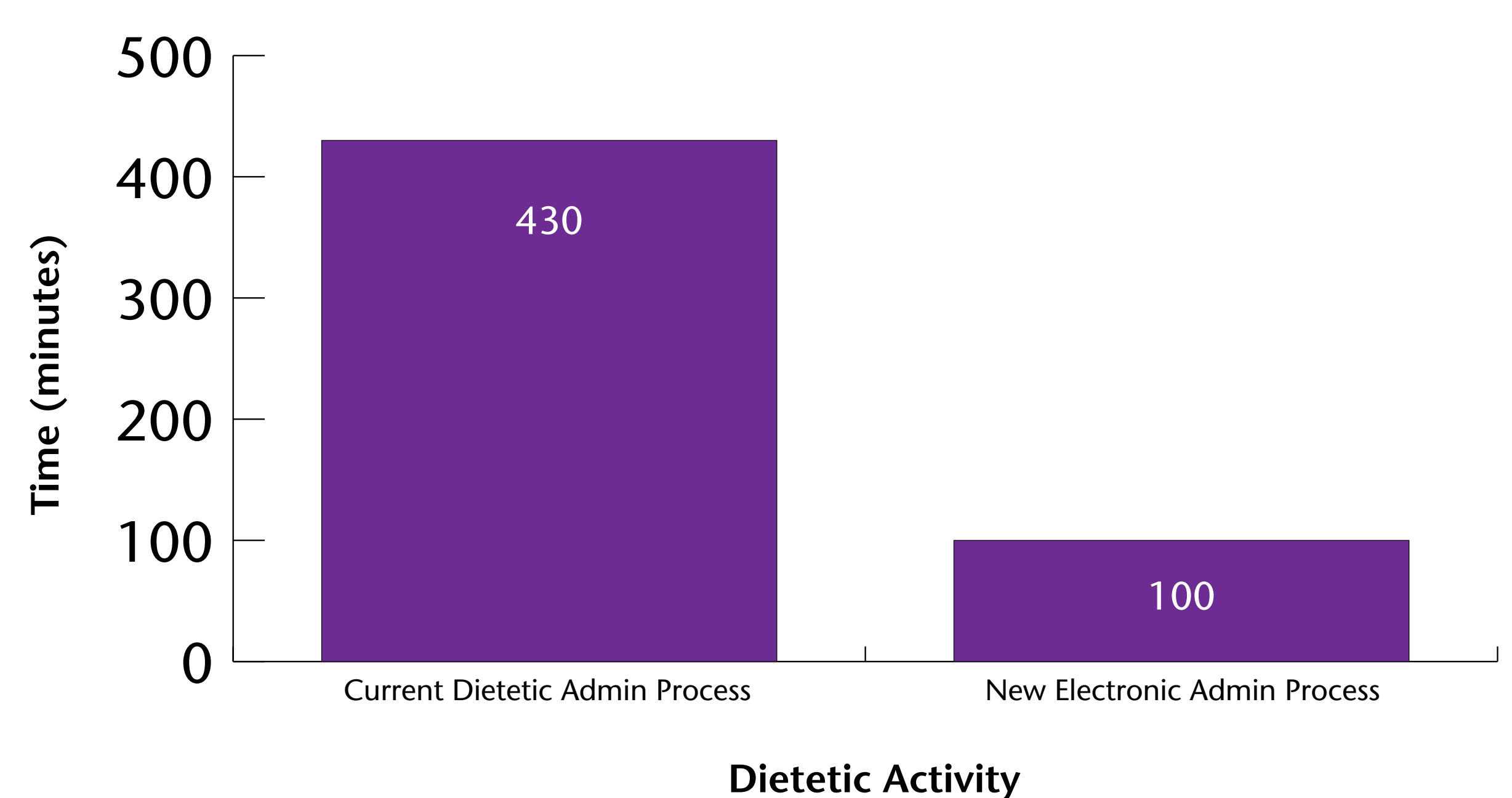


Fig3: Total Admin Time Taken Before And After Electronic Patient Record



Discussion and Conclusion:

Results from the 'before' and 'after' audits comparing time taken to complete various dietetic admin processes showed that the new electronic version provided significant time savings. The time saved was used to develop further written dietetic guidance. Dietetic Management Plans for Potassium/Phosphate/Salt & Fluid, Procedures for triaging renal referrals, and care pathways for intervention in Chronic Kidney Disease. Transferring to an electronic record system for all CKD day and outpatients will:

- reduce admin time & recording duplication
- improve patient caseload management
- allow more timely patient interventions
- improve the audit trail
- ensure consistent, equitable care.

