

# Managing acute adult inpatient Dietetic referrals

J. Yarrow and E. Ryan, NHS Fife Department of Nutrition & Dietetics, Victoria Hospital, Hayfield Road, Kirkcaldy, KY2 5AH.

## Background

NHS Health Improvement Scotland's Standards on Food Fluid and Nutritional Care in Hospitals, state 'When a person is admitted to hospital, or to a community caseload, a nutritional care assessment is carried out. Screening for the risk of malnutrition is also carried out, both initially and on an ongoing basis; a person-centred care plan is developed, implemented and evaluated<sup>1</sup>. Within NHS Fife hospitals the Malnutrition Universal Screening Tool (MUST) is completed for all patients within 24 hours of admission and at regular intervals throughout their stay depending on clinical need<sup>2</sup>.

In order to improve and monitor compliance with this standard an electronic version of MUST was introduced into NHS Fife acute hospital wards in February 2016. Inpatient referral rates within the Acute Adult Dietetic team had increased by 40% between 2012 and 2015, however since the introduction of an electronic MUST in Feb 2016 referrals have increased by a further 34%; averaging 410 new referrals per month. There has been no increase in Dietetic staff resource to meet this need.

A database recorded MUST scores and length of stay for all new inpatient referrals. It was identified that 40% of all inpatient referrals had a MUST score of 2 and 50% of these were discharged within 5 days. An initial audit into this group of patients identified the range of patients (see table 1).

The aim of this project was to review the current adult acute nutritional care pathway in order to ensure acute dietitians workloads were within the BDA (British Dietetic Association) safe staffing workload guidance<sup>3</sup> (see table 2).

## T I M E L I N E

NHS Fife Acute Services amalgamated onto 1 site: Victoria Hospital Kirkcaldy (VHK). 24 hr MUST compliance rate fell	FFN Standards updated 24 hr MUST Compliance 66%	25% increase in Inpatient Referrals to Acute Adult Dietetic Team Robust Audit Cycle	OPAH Inspections	Introduction of Electronic MUST 24hr MUST currently 87%	60% increase in Inpatient Referrals to Acute Adult Dietetic Team since 2012
2012	2014	2012 - 2015	2015	2016	2016

Table 1

48 Patients audited		
21	(43%)	BMI < 18.5kg/m <sup>2</sup>
26	(53%)	Unintentional Weight Loss
8	(16%)	Poor Oral Intake
28	(57%)	Had an energy deficit recorded - Ranging from 60 - 1700kcal average 870kcal per day.

## Methodology

- Trialling and monitoring a Dietetic referral pathway for MUST 2 with a BMI above 16.
- The Dietetic service would no longer carry out a full Dietetic assessment if these patients are discharged within 7 days.
- Developed a standardised care plan. Including routine administration of ONS to meet the deficit identified both with the audit and previous research.
- Developed a process for Dietetic Support Workers to manage and monitor these referrals.
- Developed a database of these patients.
- To provide standalone information for this patient group on discharge. (Hands Up For Nutrition).
- To trial an opt in appointment system for this patient group on discharge.

## Results

A new referral pathway and management plan was introduced in June 2016 and evaluated over the following year. The results have shown that although the implementation of the new pathway has significantly reduced the number of referrals assessed by the acute dietetic team this is still above recommended safe workload guidance (see table 2 and figure 1).

Table 2 Dietetic Workload based on New Referrals

Year	New Inpatient Referrals	New Inpatient referrals per available W.T.E per year	New inpatient referrals per W.T.E per week
2012	2714	437	8.4
2013	2969	479	9.2
2014	3376	544	10.4
2015	3378	545	10.4
2016	4370	704	13.5
Audit Period	4235	538	10.3
Safe	2579	415	8-9

Figure 1: Dietetic Workload, June 2016 - May 2017

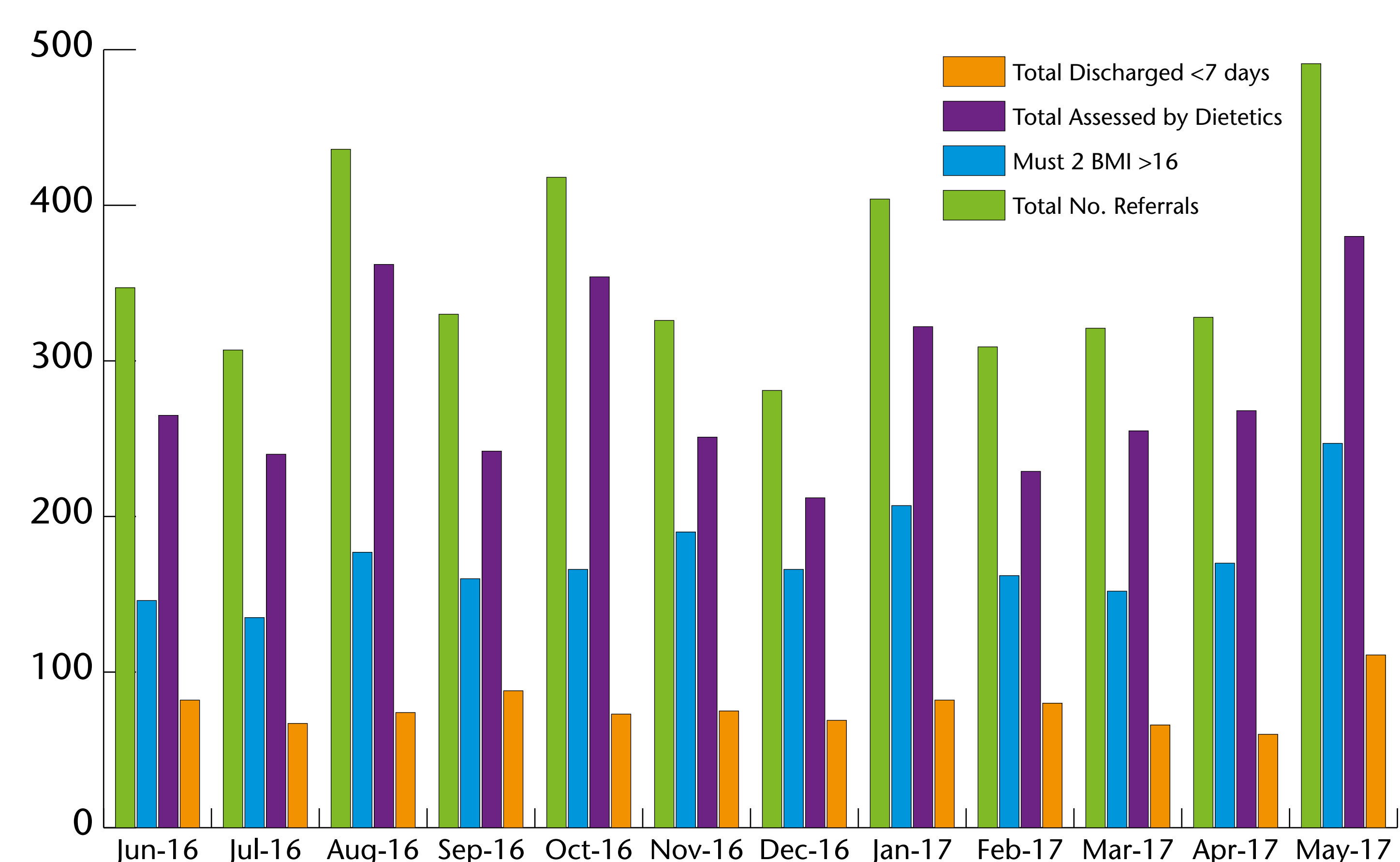


Figure 2: Hands Up for Nutrition leaflet, NHS Fife



## Recommendations

- Dietetic Service only to fully assess patients with MUST 3 and above
- How do we manage MUST 2?
- Do we still send Standalone advice and Opt In Letter – Discharge to Assess Model
- Review Resources
  - Standalone advice – Hands Up For Nutrition
  - Opt in letter.
  - Information for patients going back to Care Homes
  - Dietetic Support workers checklist
- Other issues identified
  - How accurate are initial MUST scores – Actual/Estimated/Recorded Wt/Ht
  - Links with Community MUST screening

## References

1. Health Care Improvement Scotland, NHS Scotland, Food Fluid and Nutritional Care Standards, 2014
2. Malnutrition Universal Screening Tool (MUST). BAPEN 2017 (Accessed March 20, 2017 [http://www.bapen.org.uk/pdfs/must/must\\_full.pdf](http://www.bapen.org.uk/pdfs/must/must_full.pdf))
3. Safe Staffing Safe Workload Guidance. BDA the Association of UK Dietitians, 2016 (Accessed March 20, 2017 <https://bda.uk.com>)

