Managing acute adult inpatient Dietetic referrals

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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-centered care plan is developed, implemented and evaluated'. 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.

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 an 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 was performed in 2015/16 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).

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 (see table 2).

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

<table>
<thead>
<tr>
<th>Year</th>
<th>New Inpatient Referrals</th>
<th>New Inpatient Referrals per available W.T.E per year</th>
<th>New inpatient referrals per W.T.E per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2714</td>
<td>432</td>
<td>8.4</td>
</tr>
<tr>
<td>2013</td>
<td>2966</td>
<td>479</td>
<td>9.2</td>
</tr>
<tr>
<td>2014</td>
<td>3376</td>
<td>544</td>
<td>10.4</td>
</tr>
<tr>
<td>2015</td>
<td>3378</td>
<td>545</td>
<td>10.4</td>
</tr>
<tr>
<td>2016</td>
<td>4370</td>
<td>704</td>
<td>13.6</td>
</tr>
</tbody>
</table>

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

Table 1

<table>
<thead>
<tr>
<th>Patients audited</th>
<th>M.I. 18 kg/m²</th>
<th>48 Patients</th>
<th>Unintentional Weight Loss</th>
<th>Poor Oral Intake</th>
<th>26 (53%)</th>
<th>8 (16%)</th>
<th>8 (16%)</th>
<th>28 (57%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BMI &lt; 18.5 kg/m²</td>
<td>48 Patients</td>
<td>Unintentional Weight Loss</td>
<td>Poor Oral Intake</td>
<td>26 (53%)</td>
<td>8 (16%)</td>
<td>8 (16%)</td>
<td>28 (57%)</td>
</tr>
</tbody>
</table>

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 were 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 triall an opt in appointment system for this patient group on discharge.

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