

REASON WHY?

The acute Dietetic team at SaTH has historically received a high number of inappropriate referrals from inpatient wards. Triaging proved time consuming for Dietetic staff, increased caseloads and reduced capacity to treat the most nutritionally vulnerable.



To have reduced the rate of inappropriate referrals to the dietetic team by 50% by the end of 2023 allowing for improved response times of 48 hours.

PLAN

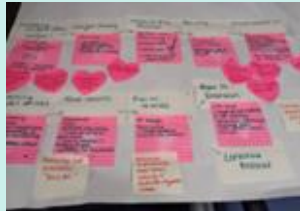
The plan was:

- To conduct an audit to gather baseline data of referral rates compared to individual MUST scores by Dec 2022 .
- To complete process mapping by the end of March 2023.
- Review the data gathering tool, as it was designed to obtain broader data so it could act a baseline measurement for multiple areas and therefore areas that could be targeted for improvement.
- Consider weight checks, food intake monitoring and ward-based nutrition interventions as well.

DO

The initial Audit was conducted over December in 2022 by Dietetic support workers when triaging Dietetic referrals. Data showed only 13% of referrals meet the MUST score of 4 required for referral.

'Process mapping' showed barriers at each step including poor application of ward-based nutrition interventions and regular weight monitoring which our audit had highlighted.



The acute Dietetic team and Student team completed the 'Fundamental of service improvement' training where a team member highlighted that reduction in inappropriate referrals would allow patients to be seen in a reduced 48 hours. It is currently significantly longer than this. This end aim seemed more solution and goal focused so was adopted.

The '5 whys' tool was used to explore the challenges with Dietetic referrals.

STUDY

The 'process map' reviewed the entire pathway, showing inappropriate referrals resulted in multiple problems, the scale of which was overwhelming.

An Umbrella diagram was used . Most of the challenges and potential solutions weren't under the total control of the dietetic department and required a multi-disciplinary, whole system approach. Conversations with ward staff highlighted concerns around patents falls risk when mobilised as the main barrier to weight checks and already acknowledged by the Physiotherapy departments increased referral rates.



Additions made to the MUST screening tool during the pandemic created ambiguity in terms of its wording and numerical values not matching the (then) PSAG board. Changing PSAG to match the tool was a potential quick win, this was delayed until the introduction of CareFlow .This has now been implemented and needs to be audited.

We uncovered that the Trusts 'Nutrition Policy' was out of date and still referred to our previous screening tool further adding to the overwhelming nature of the task. Updating these will be an area for essential future work.

There were problems with prescribing oral nutritional supplements, snack availability, roles and responsibilities and handing over of information between the screening process and implementation / recording. We did find 1 area where we could make an instant difference by introducing a powdered non prescribable supplement (Complan) to remove the requirement for a prescription. This was rolled out over November 2023 by our student team and Housekeepers were all trained.

Our student team during process mapping considered the Trust adopting a universally recognised symbol (ideas were a blue dot to symbolised the cap on a bottle of full cream milk) that would highlight to all staff that nutrition support interventions should be implemented, and this would reduce missing info around hand over points.

ACT

ADOPT

Continue the use of the non – prescribable nutritional supplement – Complan.
Repeat audit in September to see if inappropriate referrals have reduced since criteria on CareFlow has been changed.

Next Steps

focus on a solution focused goal of aiming for response times of 48 hours for new referrals.
Consider the need for weight checks and monitoring and providing nourishing drinks and snacks.
Encourage weight monitoring and ward based nutritional interventions.
continue to work towards wards being allocated to individual Dietitians to aid relationship building with wards.

The project is more complex than initially thought and given the strategic multi-disciplinary requirements much of the work required would need to await the recruitment of a Nutrition Support Dietitian to review policies, tools and training alongside colleagues from the multi-disciplinary team.

ACKNOWLEDGEMENTS & REFERENCES | With thanks to the inpatient dietetic team and also the students who worked hard on the process mapping aspect of this project.