

Impact of a Dedicated Dietetic Post to the Integrated Discharge Hub

Angela Whisker, Dietitian, St John's Hospital, West Lothian, UK

1 Background

The Integrated Discharge Hub (IDH) includes Hospital at Home (H@H) and Discharge to Assess (D2A) teams. The aim is to reduce hospital admissions by providing care in patients' homes and supporting hospital discharge.¹

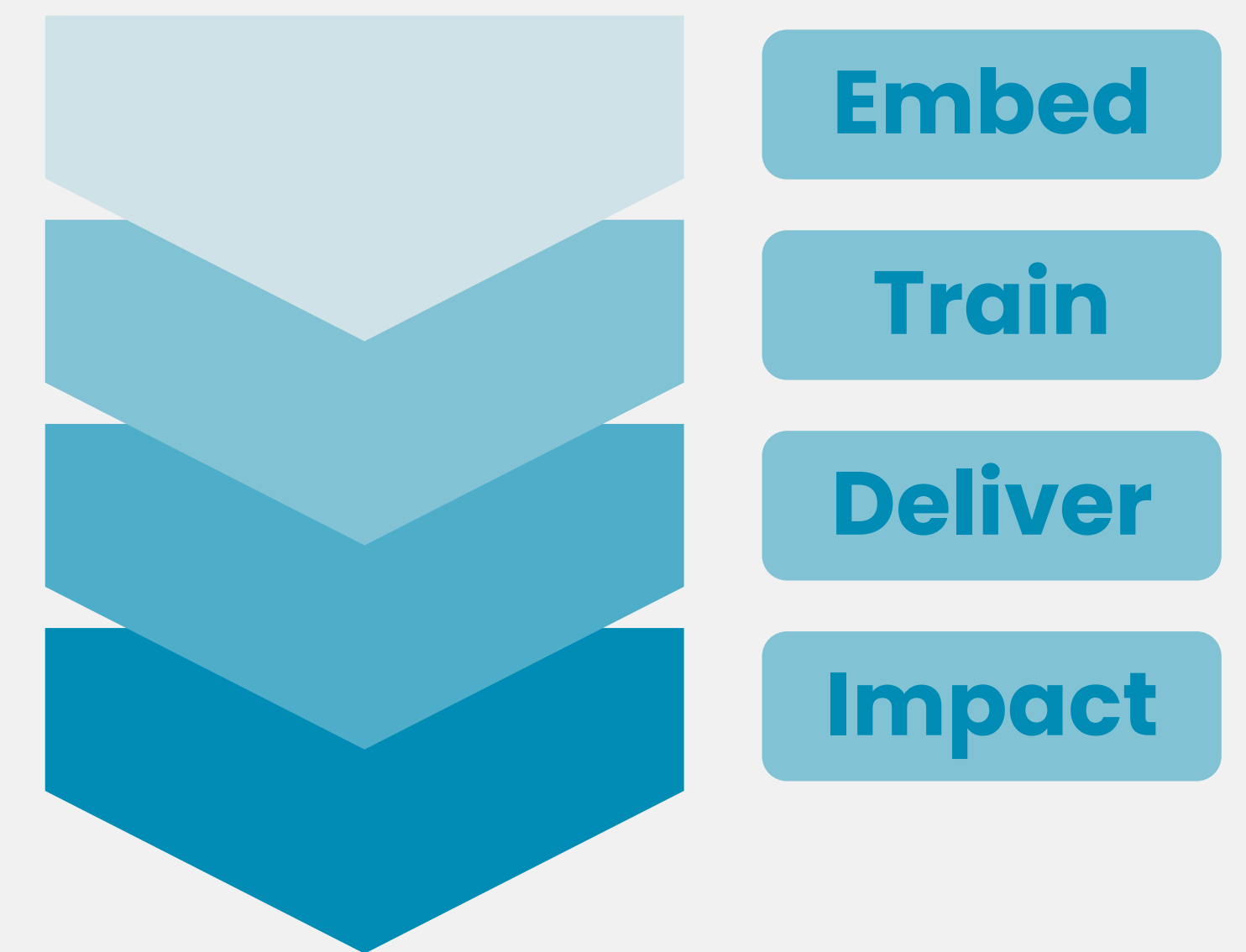
The consequences of untreated malnutrition include physical and functional decline and poorer clinical outcomes.²

IDH had no dedicated Dietetic time with referrals being sent to the Community Team. Referrals and waiting times were increasing.

One year 0.5WTE Dietetic post was funded.

2 Objectives

- Embed Dietitian into IDH teams.
- Train staff on identifying malnutrition using 'MUST', providing first line dietary advice and when to refer to the dietitian.
- Agree & simplify referral pathways.
- Improve waiting times and timely review in line with Malnutrition Care Pathway.
- Monitor the impact of having a Dietitian within IDH on other Dietetic teams.

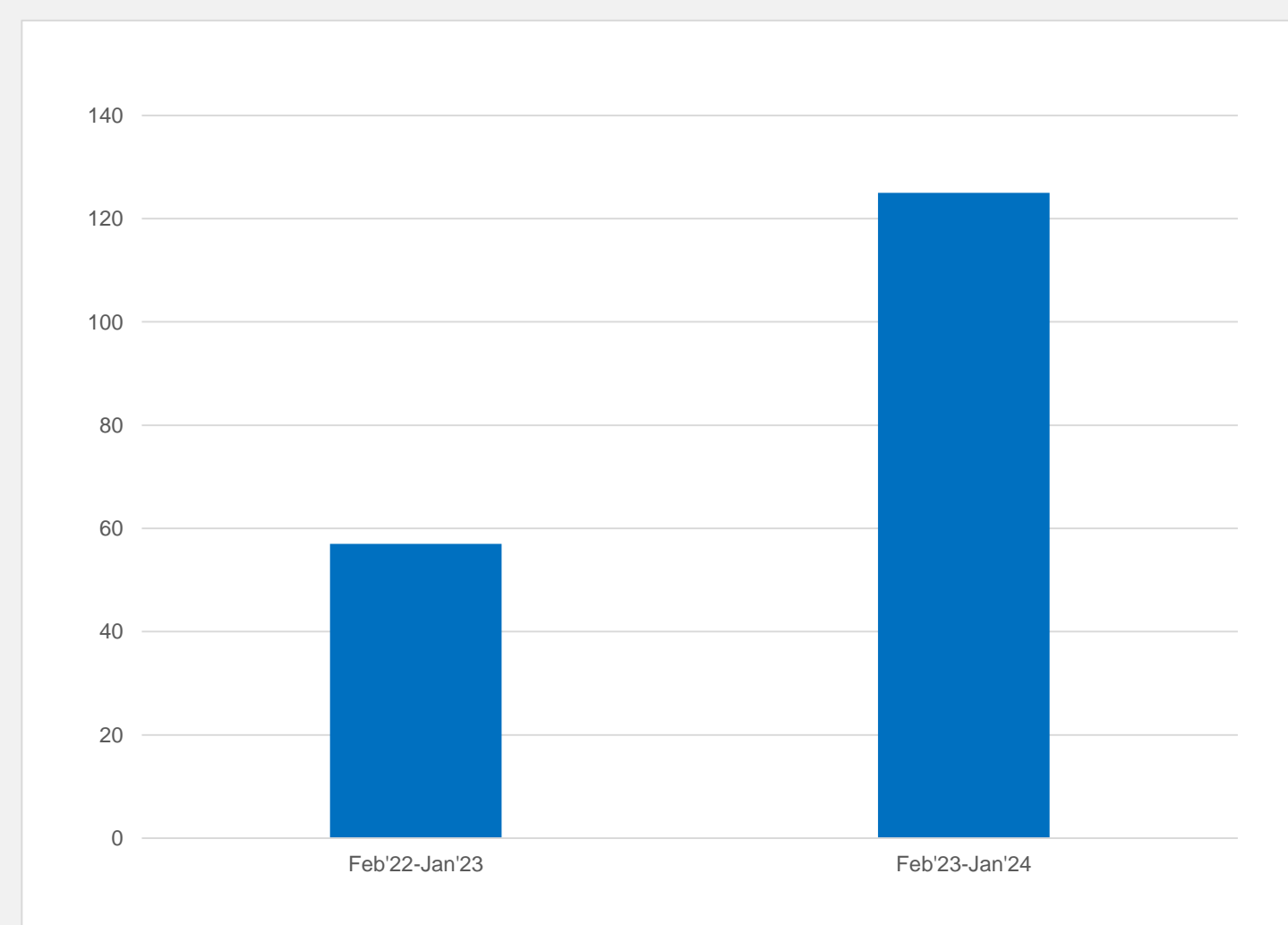


3 Impact

Figure 1 – Dietetic Waiting Time

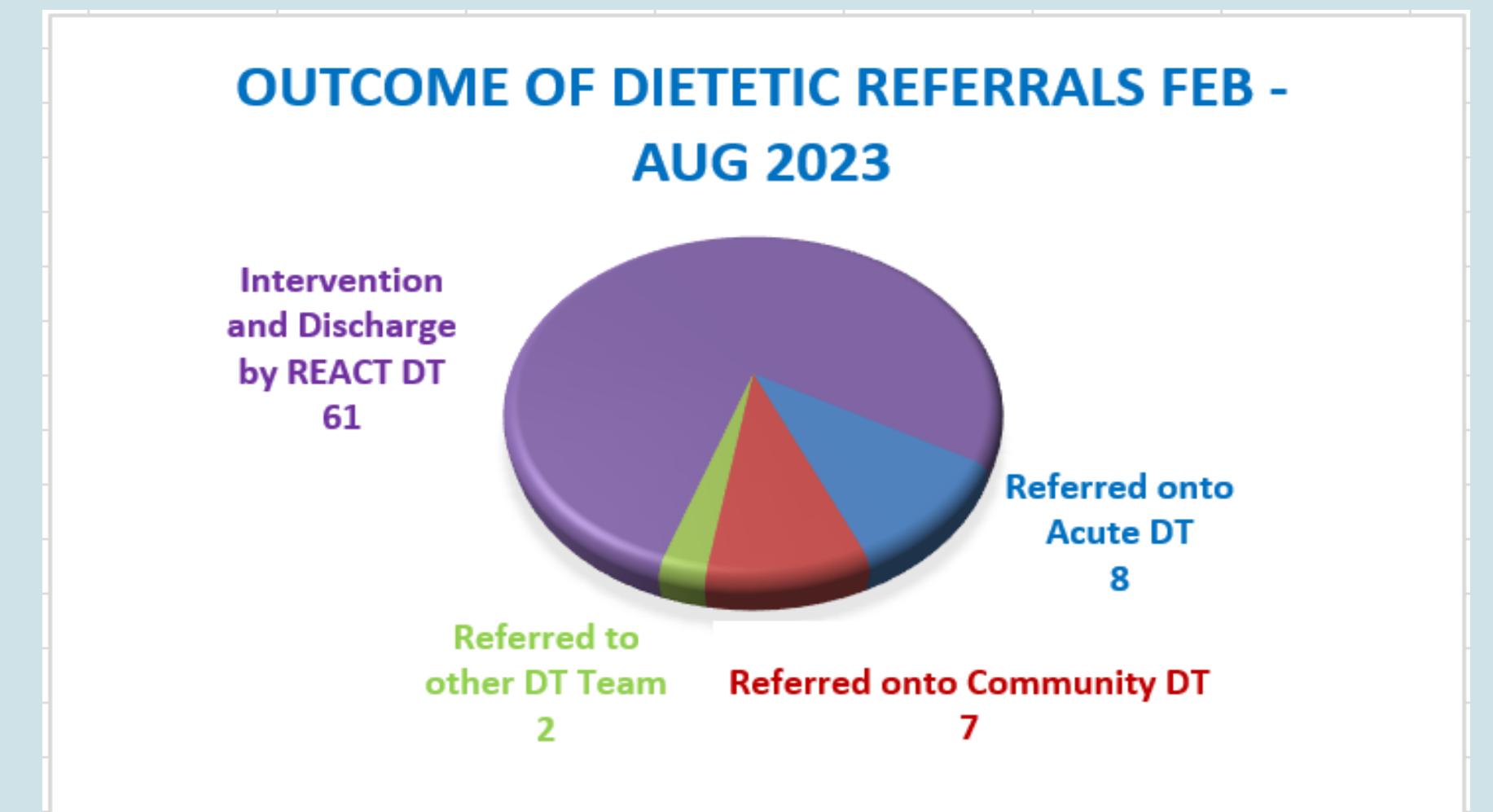
	Prior to Post	Dietitian in IDH Post
Urgent	8 weeks	7 days
Routine	16 weeks	21 days

Figure 2 – No. of referrals prior to post (Feb '22-Jan'23) / DT in IDH post (Feb'23-Jan'24)



120% Increase in Referrals

Figure3 Outcome of Dietetic Referrals (Feb-Aug '23)



- 78% of patients referred were assessed and discharged by IDH Dietitian.
- 9% required ongoing input by a Community Dietitian.
- 10% referred to Acute Dietitian as admitted to hospital.

4 Service Development

Patient Reviews

- Patients were reviewed within 4-6 weeks of initial assessment, in line with the Lothian Malnutrition Care Pathway target.

Training

- 85% of nursing, medical and HCSW staff received training. Feedback showed staff were more confident in using 'MUST' and giving first line advice.

Survey Feedback from H@H Team

64% of the team responded

Have you found it beneficial having a Dietitian within the H@H team?

100% responded YES

Do you think that having a Dietitian within the team has improved patient care relating to nutrition?

100% responded YES

5 Conclusion

Having a Dietitian embedded within IDH led to an increase in MUST screening and referrals.

Waiting times improved significantly and more research into the impact of this would be the next step.

Exit Strategy Implemented:

- Simplified referral processes agreed
- Staff trained and encouraged to continue to use 'MUST' screening
- Ongoing funding requested to continue to improve performance

"Allows easier and quicker access to the dietitian. A delay can lead to non-engagement...Dietitian is offering support alongside H@H"

"Involvement of the Dietitian in MDT ward rounds with direct input on decision making"

"As a tANP Respiratory Nurse I feel this service is invaluable.... I worked with the dietitian which directly avoided a hospital admission"

REFERENCES

1. Shepperd S, Butler C, Craddock-Bamford, et al. Is Comprehensive Geriatric Assessment Admission Avoidance Hospital at Home an Alternative to Hospital Admission for Older Persons? : A Randomized Trial. Ann Intern Med. 2021 Jul;174(7):889-898.
2. Stratton RJ et al. Disease-related malnutrition: an evidence-based approach to treatment. Oxford: CABI publishing; 2003.