

# A Closer Look at the Dietetic Referral Process In Adult Inpatient Settings

**AIMs Statement:** By March 2024 70% of referrals to the dietetic service at Galloway Community Hospital will include essential information in line with department referral guidelines.

## Identifying The Problem

- An average of 52% of dietetic referrals received from July - August 2023 at GCH were classed as 'inappropriate', requiring further information to action a timely nutritional assessment
- Insufficient information on referrals results in a dietetic investigation to gather information to determine if a nutritional assessment is required
- Dietetic time is therefore spent investigating referrals, taking away from timely nutritional assessments for both 'New' patients and 'Review' patients already known.
- Local policy aims for urgent referrals to be seen within 24hours and other appropriate referrals within 72hours.

Staff Knowledge

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**DIETETIC REFERRALS**

**DIETETIC REFERRAL = MUST SCORE 2+ REQUIRED**

Other useful referral information Includes:

- Reason for referral, BMI, Weight loss score, relevant PMH & Nutritional route (if known) eg Oral, PEG, NG, TPN

**INSUFFICIENT REFERRALS**

Common Examples include:

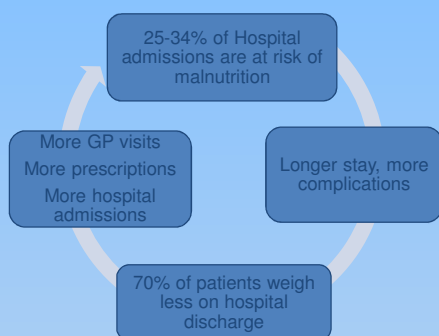
- 'Poor appetite'
- 'Low Albumin'
- 'Doctor Request'
- 'Family report concerns with intake'
- Swallowing difficulties

- 'Adult Inpatient Referral Guidance' Developed
- Launched 26<sup>th</sup> Jan '24 (1<sup>st</sup> change process)
- Placed at Nursing Computer Stations

## Why is this Important?

Malnutrition can make patients more susceptible to disease in turn making their nutritional status worse. Disease related Malnutrition costs to the NHS is on the rise, and expected to increase further with ageing population.

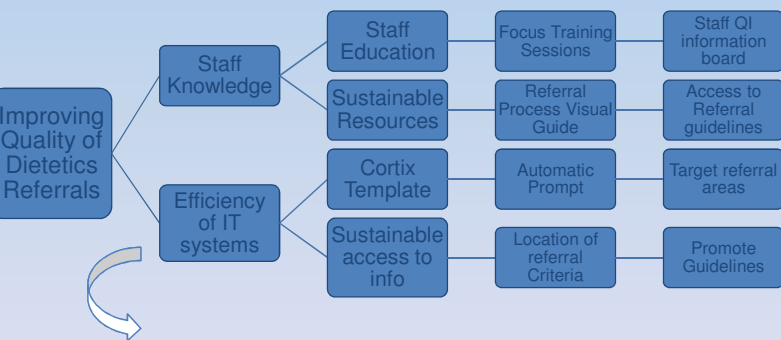
### Malnutrition Carousel



(reproduced with the kind permission of the British Association for Parenteral and Enteral Nutrition)

In hospital, The Malnutrition Universal Screening Tool (MUST) is used in hospitals to identify patients as risk of malnutrition and forms the basis of Dietetic referrals.

## Driver Diagram - Plan Of Action

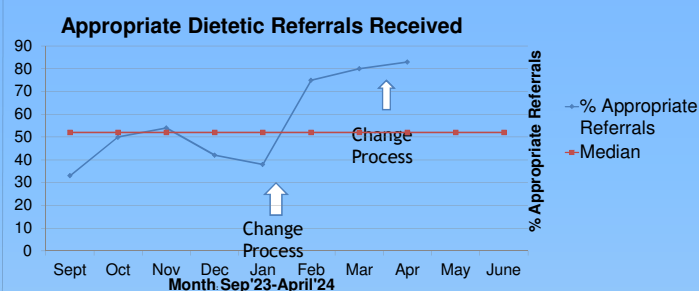


## Cortix Template :

<b>DIETETICS GCH</b>	
REFERRALS =MUST 2+ OR MORE.	
PLEASE COMPLETE:-	
MUST SCORE:	
REASON FOR REFERRAL:	
ANY OTHER INFO:	
Date:	Referrer:

- Cortix (inpatient electronic referral system) template created.
- Launched 23<sup>rd</sup> January '24 (1<sup>st</sup> Change Process)
- Plan Do Act Study change Process applied
- Amended 26<sup>th</sup> April '24 (2<sup>nd</sup> Change Process)

## Outcomes



Appropriate referrals increased from an average of 48 to 79% 3 months pre and post commencing the first change process. There was an increasing trend with 83% appropriate referrals in April '24 (Run Chart)

Only 1 referral exceeded 72hours timeframe for dietetic assessment 3 month after first test change. 7 referrals exceeded 72hours in the 3 months prior to implementing change processes.

## Achievements

- Increase staff confidence and knowledge when referring to Dietetics.
- Electronic Cortix templates promotes sustainable method
- Better use of Dietetic time and resource + improved staff morale.
- Up to date Referral Criteria and accessible to all staff in D+G
- Improved in-patient nutritional journey.

## Conclusion

Following the work to date, patients in the hospital setting are being referred to dietetics more appropriately and receiving a nutritional assessment on a timely basis. This in turn optimises those patients at risk of malnutrition, enhancing the patients inpatient recovery journey.

## Next Steps

- After Testing at Galloway Community Hospital, and implementing at DGRI the plan is to role out across all Hospital sites across NHS D+G
- Create a Quality Improvement board on the wards to highlight referral successes and keep momentum going
- Share learning outcomes with other AHPs who use Cortix to receive referrals.

## Key Learning Points

- Identifying all stakeholders at the beginning of the project helped to focus the project and include all members from the outset.
- Rolling out 2 key outcomes at the same time makes it difficult to ascertain which had the most impact on referral information. One change outcome at a time may be beneficial in future.

## References

- <https://learn.nes.nhs.scot/4095/quality-improvement-zone/improvement-journey>
- <https://www.bapen.org.uk/malnutrition/introduction-to-malnutrition/who-is-at-risk-of-malnutrition/>
- Food Fluid and Nutrition Care Standards. Health Improvement Scotland, 2014

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