

Cutting out the Middle Man Launch of a Direct Referral Process for Dietetics

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"it should be clear to the key worker and care home team how to access all members of the MDT and how and when to obtain help. Professional to professional support should be available without having to go through the GP whenever it is clinically appropriate to do so"

My health, My Care, My Home – healthcare framework for adults living in care homes (June 22)

Background

- Historically locality dietetic teams responsible for local care homes
- All referrals via GP Sci-gateway
- Little appetite to change process

ONS Prescribing Project

Fortisip*
Compact



- 2018-2020 Efficiency project reviewing
 Oral Nutritional Supplement (ONS) Prescribing
- High use of ONS in care homes (24% of all ONS prescribed)
 - Worked with 65 care homes
 - 40% did not have a valid ACBS indication for ONS
 - 68% no longer required ONS
- Frustration with current referral process

Baseline Audit

- Retrospective case-note review of new care home referrals in Midlothian in a 12 month period
- 79 referred and accepted only 32% had minimum essential info to be able to triage effectively

2019 Pilot (Midlothian)

- Referral form completed by care home staff and sent directly to dietetics
- 80% of referrals had minimum essential info included = 150% improvement!

New Position

- April 2021 permanent funding for prescribing team secured
- In order to maintain improvements to ONS spend decided to take over responsibility for all Lothian Care Homes (excl Edin LA)
- Immediate roll out of direct referrals to all Lothian care homes and launch of care home specific referral pathway



Malnutrition Universal Screening Tool (MUST) and Care Pathway for NHS Lothian Care Homes

	STEP 1 BMI (kg/m2)	STEP 2 Unintentional weight loss in the last 3- 6 months % Score	STEP 3 Disease score Score 2 if any of the following are present
Assess Risk	>20 0 18.5 – 20 1 <18.5 2		Dysphagia Pressure ulcer (grade 3 or higher)/poor wound healing New Start on Pancreatic Enzyme Replacement Therapy to calculate total score
	Score 0 = Low Risk	Score 1 or Score 2 from I BMI Only = Medium Risk	
Action Plan	Repeat Screening Monthly*	Implement medium ris action plan Start a food & fluid chart for 7 days to monitor intake Consider underlying causes of malnutriti Fully fortify diet Provide one nourist snack per day Provide one nourist drink per day Repeat screening month	action plan Start a food & fluid chart for 7 days to monitor intake Consider underlying causes of malnutrition Fully fortify diet Provide 2 nourishing snacks per day Provide 2 nourishing drinks per day
	undertaken if there	and referral to the dietitian should only te is an expected benefit. nd of life should be encouraged with	If no improvement after 4 weeks refer to the dietitian*



1				Lothian
			Resident's	name:
Dietetics S	ervice	DOB:/		
Care Home Referral Form			CHI:	
Care Home:		Ur	nit/floor:	Tel No:
GP Practice Name:				
Welfare PoA Name:				Contact no:
Medical Information				
Relevant medical history:				
Recent investigations/blood r	esults:			
Current medications:				
Nutritional Status				
Current weight (kg)	Height (m))		Current BMI:
MUST Score – Refer to Care H		on Refer	rral Pathway	Score
Step <u>1 Calculate</u> BMI score (e				
Step <u>2 Calculate</u> weight loss s				
Step <u>3 Calculate</u> Disease Effe	ct score (either (
		Total	l score (0 to	6)
Resident's Weight History				
			Date	Weight (kg)
1 month ago				
2 months ago				
3 months ago				
4 months ago 5 months ago				
6 months ago				
e mendia <u>eco</u>				
Factors affecting current Nut	ritional Intake			
				If YES, action to take
Has resident been in hospital	or been unwell	1.00	E	Manitanausiahadan asat da saat da
within the last 4 weeks?		11	ES 🗆 NO 🗆	Monitor weight for next 4 weeks
Does the resident have any ch	nallenging			Discuss with GP regarding need for

YES

NO

referral to local Behaviour Support

behaviour that is affecting food intake?

Does the resident have any swallowing difficulties?	YES 🗆 NO 🗆	Refer to SLT Manual for Mealtimes SLT recommendations - Diet: Fluids:
Does resident have any dental problems?	YES 🗆 NO 🗆	Consider dental referral

If you have answered YES to any of the questions, referral to dietitian may not be appropriate at this time.

Please take appropriate actions as above, and if no improvement <u>complete</u> a new referral form in 4 weeks' time.

Over the last 4 weeks have all food fortification measures been implemented?				
Dietary Intervention	Implemented daily?			
Fortified milk use in drinks, cereal, smoothies – aiming for one pint in total	YES 🗆 NO 🗆			
Meals and snacks fully fortified	YES 🗆 NO 🗆			
Offer homemade milkshake/juice drinks x 2 per day	YES 🗆 NO 🗆			
Offer 2 high calorie snacks daily	YES 🗆 NO 🗆			

is the resident currently taking any	prescribed nut	ritional supplementation :	drinks? YES II NO II
If YES, please give details:			
Туре	Quantity	Prescribed by	Known to dietitian?

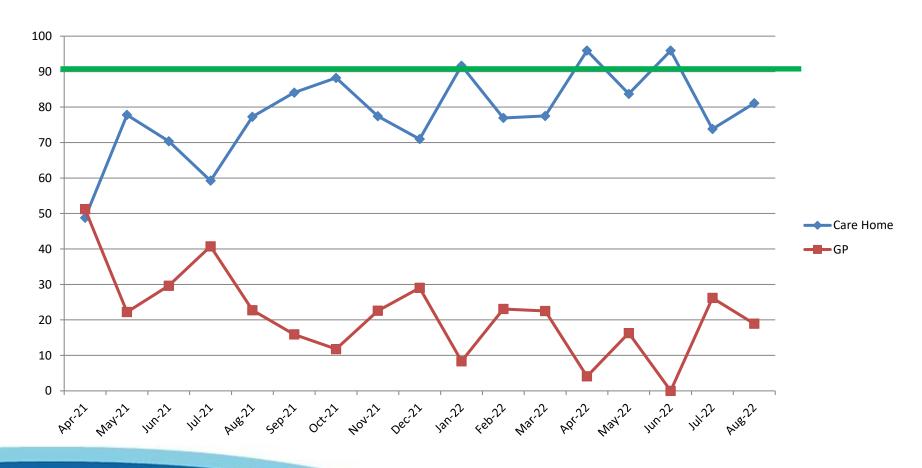
Other Relevant Information					

Referral form completed by:				
Name:	Date:			
Job title:	//			

Please either email the completed form to: Carehome.dietetics@nhslothian.scot.nhs.uk
OR Post it to: Dietitians, Strathbrock Partnership Centre, 189a West Main Street, Broxburn, EH52 5LH

Authorised: Aug 2021 Review: Aug 2024

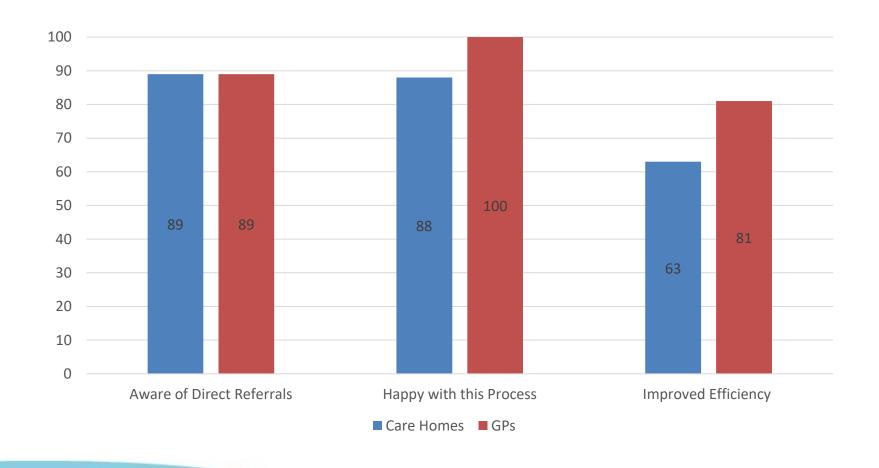
Proportion of Dietetic Referrals from Care Home vs GP (April 21 – Aug 22)



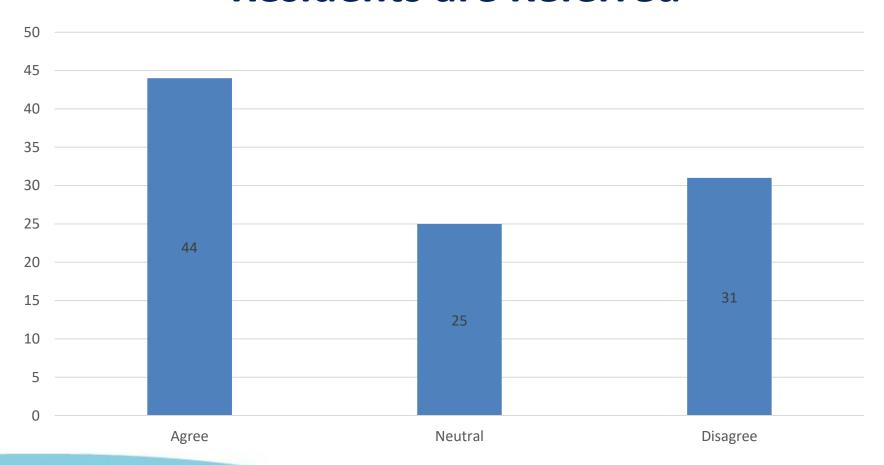
Essential Information Included



Feedback



Medical Confidence that the Right Residents are Referred



Conclusion

- A positive change
 - Challenges around IT and spreading the message
- See the NHS Lothian Care Home Web Page for referral form, MUST screening and dietary advice
- Happy to support any training requests
- Contact us –
 carehome.dietetics@nhslothian.scot.nhs.uk

Thank you Any questions?

