

Evaluation of the Impact of Care Home Nutritional Support Education on Referrals to Dietetics

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Background

In 2022 funding was obtained for a permanent Prescribing Support Dietitian Team (PSDT). This was secured following a successful project in which patients prescribed Oral Nutritional Supplements (ONS) without dietetic involvement were reviewed. During this project, the PSDT identified poor clinical practice around ONS use in some care homes. Issues included ONS use without dietetic assessment, lack of monitoring of effectiveness and limited implementation of food first approaches. The PSDT took on dietetic care of all Lothian Care Homes (excluding Edinburgh Local Authority) in April 2022 in order to ensure a consistent approach to management, including structured referral pathway allowing direct referrals to dietetics from care home staff and an education programme, focusing on the identification and early intervention for residents at risk of malnutrition.

Aim

- 1) To determine the impact of nutritional support education for care home staff on dietetic referral rates.
- 2) To identify if education on accurate completion of malnutrition screening and compliance with referral pathway reduces inappropriate referrals to dietetics.

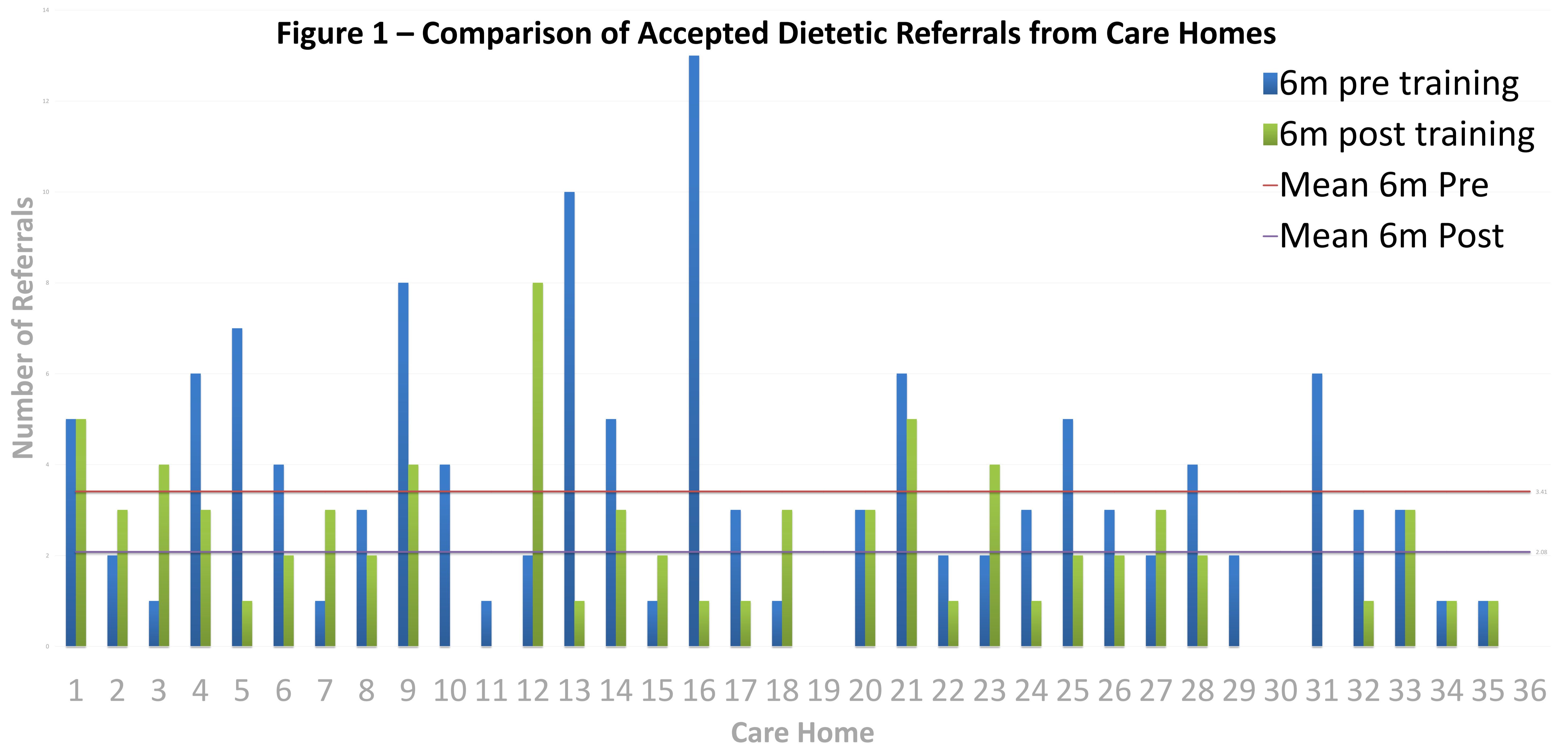
Method

Dietetic led training was undertaken in 36 care homes in 2023. A retrospective review of referrals received was undertaken using Trak and PSDT clinical mailbox. Referrals received from the care homes that had training were included, separating into 6 months before training and 6 months after training. Referrals received from other dietitians or GPs were excluded. Results were analysed for statistical significance using Paired T Test.

Results

Figure 1 is a comparison of accepted referrals in 6 months pre and post training. Mean referrals per care home 6 months pre training was 3.42 (SD 2.82). The 6 months post training mean referral rate was 2.08 (SD 1.75). This indicates a significant reduction ($p=0.01$) in referrals to dietetics post training.

When the declined referrals were analysed, mean referral rate 6 months pre training was 0.94 (SD 1.45), compared to 6 months post training of 0.47 (SD 0.89). This is also a significant reduction in declined referrals ($p=0.03$).



Conclusion

Education appears on average to result in a reduction of both appropriate and inappropriate referrals to dietetics. Of note some care homes referral rate increased which could potentially be a consequence of increasing the profile of nutritional care through training. Investment in training for care home staff appears to reduce the requirement for specialist dietetic support by empowering care home staff to identify risk and implement intervention as early as possible. Training remains a priority for the PSDT to ensure maintenance of knowledge for all care home staff.