

Dietetics on the Menu



South Metropolitan Area Health
Service

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The RITH Team

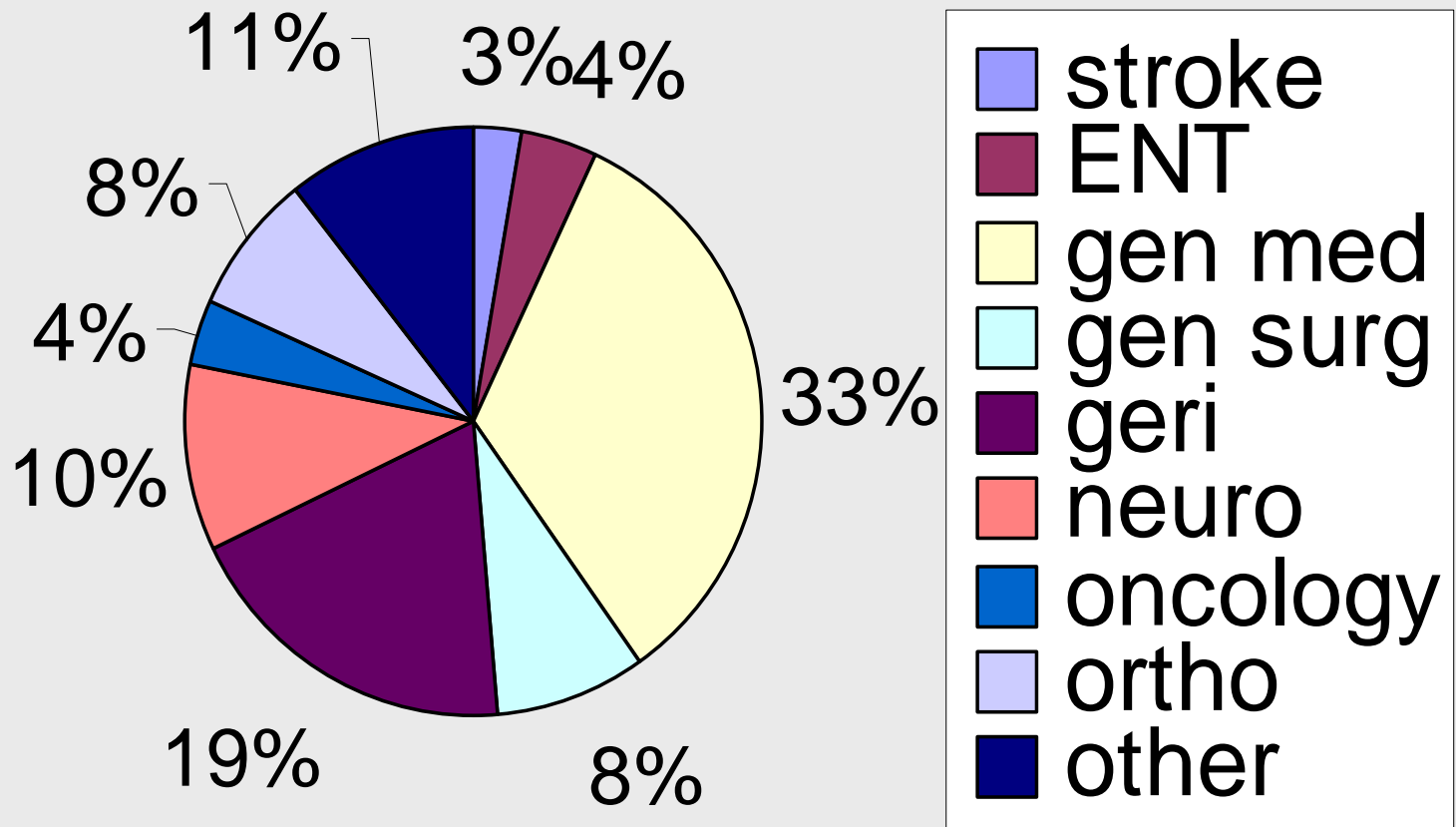
- ◆ The RITH multidisciplinary team is supported by a 1.0FTE dietetics position across the South Metropolitan Area Health service.



How was the position established?

- ◆ Position established after patient/carer survey identified a need.
- ◆ Commenced as 0.3FTE at Fremantle Hospital but quickly grew to 0.5FTE.
- ◆ Royal Perth Hospital then had a dietetics position created and filled also at 0.5FTE
- ◆ Currently the NMAHS is also looking to establish a dietetics position.

Referrals to RITH dietetics



Uniqueness

- ◆ Unique position to WA health system as only RITH employs community based dietitians that replicate the role of a ward based dietitian.
- ◆ Other similar positions exist in the eastern states (approximately 30% of RITH type services in Australia utilise dietitians as part of their team).

Examples of RITH Dietetic Involvement

- ◆ Dietary advice and supplement provision for loss of weight
- ◆ Enteral feeding and transition from enteral to oral diet.
- ◆ Education for special dietary requirements including delayed wound healing and dysphagia
- ◆ Dietary education for chronic disease including diabetes and cardiovascular disease

Benefits of community base

- ◆ Nourished patients who can comply with therapy.
- ◆ Patients are not picked up routinely in hospital due to
 - Limited screening.
 - Caring environment
 - Presented with 3 meals a day
- ◆ Inability to manage becomes more obvious at home.
- ◆ Education in hospital may not be absorbed and questions arise after patients go home



Benefits for the dietitian in the home

- ◆ Able to assess practical issues that prevent good nutrition
- ◆ Able to assess preparation of modified textures or diet types
- ◆ Able to discuss contents of fridge and pantry
- ◆ Practical sessions on food preparation and shopping (more relevant in the home)

Obstacles/issues in the service set up

- ◆ As patients are considered “inpatients” there were initial set up problems surrounding ;
 - How patients received their nutritional supplements
 - Lack of relevant dietetic diagnostic measures in the community
 - Limited screening in the hospital system to identify patients for RITH
 - 0.5FTE covering a huge geographical area

Partnerships

- ◆ RITH dietetics service and pharmacy - to ensure that patients received equivalent services as inpatients do.
- ◆ HITH - for joint management of patients who have required nasogastric feeding in the community and transition to PEG.

Current initiatives that will directly affect the RITH dietetic service?

- ◆ Increasing FTE further with another 0.5FTE base
- ◆ Risk screening tool



Risk Screening

- ◆ Internal screening tool - identified 43% of referrals to the dietetic service.
- ◆ A 3 month audit just prior to this identified 30% of referrals to the RITH dietetic service at FHHS were generated internally

Where to from here?



- ◆ Increased partnerships with HITH to increase external referrals?
- ◆ Medical support
- ◆ Development of outcome measures

Increased partnerships with HITH

- ◆ Nutritional management of clients with complex wounds
- ◆ Utilising the risk screening tool on selected HITH patient groups?

Medical support

- ◆ Increased acuity of dietetic referrals that can be managed in the community.
- ◆ Preventing admission

Development of outcome measures

- ◆ Issues include;
 - Short time frame of service
 - Lack of relevant diagnostic tools in the community
 - What are we trying to measure?
- ◆ Should we be measuring education or utilising medical support.



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