HealthCall

Use and Evidence of the Undernutrition Service in Southern Health and Social Care Trust, Northern Ireland

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Malnutrition - National context

- BAPEN estimates that over 3 million people in Britain at any one time suffer with malnutrition
- Estimates suggest 1.3 million people >65years suffer with malnutrition and the vast majority (93%) live in the community
- 30-42% of patients admitted to care homes are at risk of malnutrition
- Ageing population

Consequences of Malnutrition

Increased use of health services

Individuals with malnutrition:

- saw their GP twice as often,
- had 3 times the number of hospital admissions and
- stayed in hospital more than 3 days longer than those who were well nourished
- have more ill health (co-morbidities)

Consequences of Malnutrition

Cost to Health Service:

- The cost of malnutrition to the health and care service was around £19.6 billion in 2011-12
- Treating someone who is malnourished is two to three times more expensive than for someone who is not malnourished
- Estimated health and social care expenditure per capita of the population is £2,417. For those malnourished or at risk, the expenditure rises to £7,408 per person in the population

Malnutrition – Northern Ireland

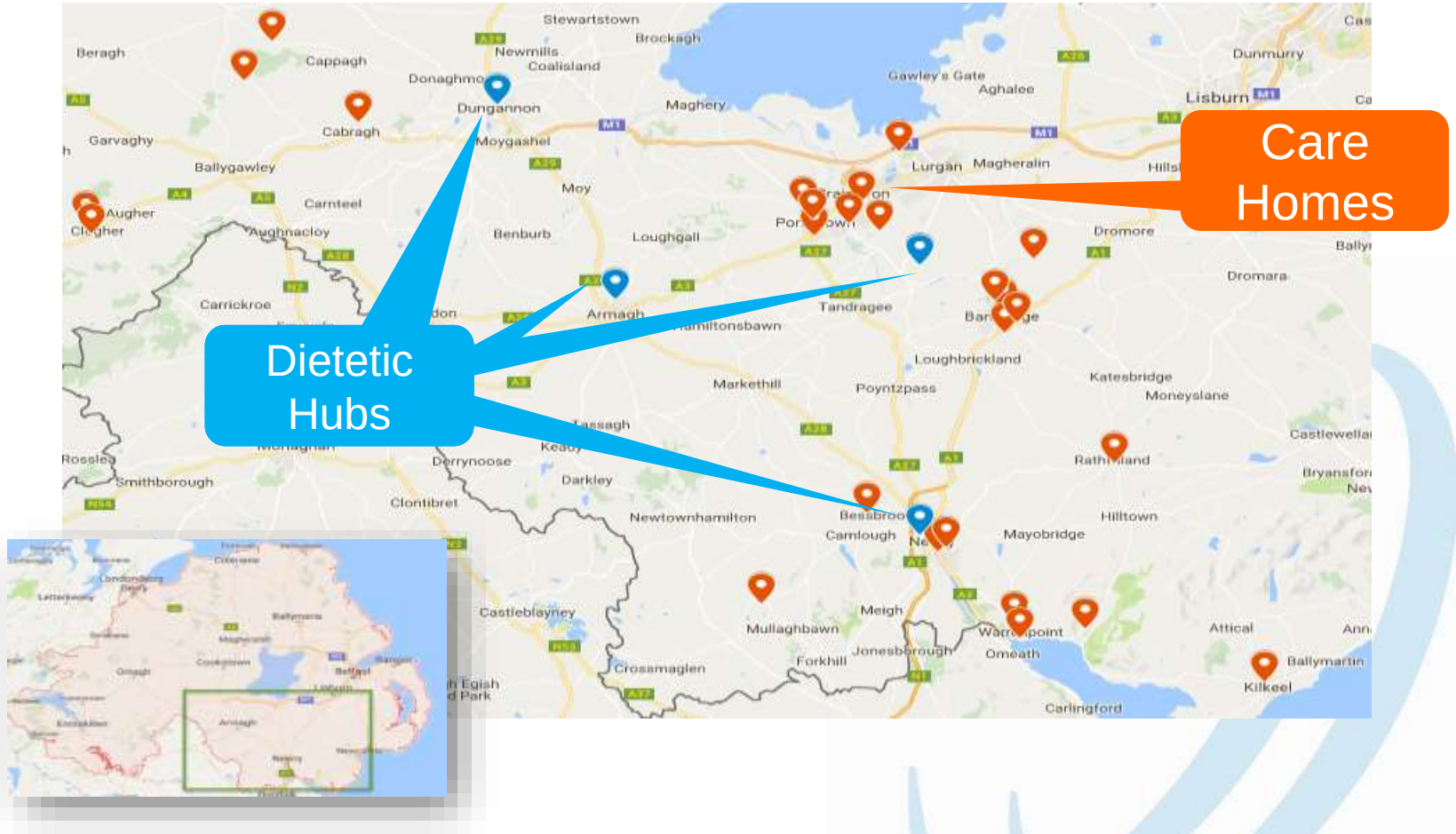
- **Transforming Your Care** – highlights need to deliver high quality care in the community; providing care closer to home
- **NI Quality 2020 Strategy** – 10 year strategy to protect and improve quality in Health and Social Care
- **The Promoting Good Nutrition Strategy** 2011 – 2016, DHSSPS sets the vision for good nutritional care

Malnutrition - Local context

- Increasing demand on Nutrition and Dietetic service
- Of residents admitted to care homes and screened, 35% were at risk of malnutrition
- Nutrition support accounts for 1/3 of dietetic community caseload
- Responsibility for appropriate prescribing of ONS

Nutrition and Dietetic service SHSCT

- The Trust covers a large geographical area
- 3 dietetic hubs
- 46 Care homes across the Trust Area



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Nutrition Support Patients

- Initial assessment Face:Face
- Urgent referrals assessed within 3 weeks
- Non-urgent within 13 weeks
- Review every 6-8 weeks

Pilot Health Call Undernutrition service

- **Temporary funding secured for Pilot project: March 2015 – June 2016**
- **1/3 community caseload in Nursing Homes**
- **11 Care Homes in Newry & Mourne locality and 3 in Dungannon were selected to participate**

NS care-pathway amended

- Aim to provide a more responsive Nutrition and Dietetic service with significant proportion of care provided remotely
- Patients triggering alerts would receive dietetic support
- Those patients who remain stable continue to be monitored by Care Home staff and phone reviewed 4 weekly
- Alerts & phone reviews largely managed by Dietetic Support Worker

How Health Call Undernutrition service works

Patient is registered on the system after initial assessment by the Dietitian

Care home receives automated weekly alert

Changes in patient's weight determined

Risk of undernutrition determined using 'MUST'

Appetite response determined

Compliance in taking oral nutrition supplements determined

Health Call automatically analyses response

Dietetic service alerted if responses fall outside predetermined parameters

Dietetic service makes contact with the Care Home, as required

(DSW)

Evaluation

Currently being monitored at time of audit	49
Monitoring completed	135
TOTAL REFERRED	184

Reason	Number	%
Outcomes met	73	54.1
Deceased	42	31.1
No longer appropriate	13	9.6
Patient discharged from care home	4	3
Patient discharged	3	2.2
Total	135	100%

Evaluation

Average number of alerts/patient	5.6	
Average number of reviews/patient	3	Previously 5
Reviews via telephone	89%	Previously <5%
Reviews via domiciliary visit	11%	Opportunity to reduce this
Average monitoring period for all patients that completed monitoring	3.1 months	Normally 6 - 9 months
Average monitoring period only for patients that met their outcomes	3.4 months	
Timeliness of review	1-2 weeks	Previously 6 weeks

Evaluation

Cost savings

Further evaluation completed

- **90 % reduction in domiciliary visits**

  Better use of skill mix

- **Increased efficiency**

  Savings of 1¾ hours per patient

  Patients average time under the care of a Dietitian reduced from 6-9+ months to 4 months

- **Reduction in cost of ONS**

  > £3000 saved on inappropriate use of ONS

Evaluation

Oral Nutrition Supplements

Can demonstrate savings in the prescribing of oral nutrition supplements via

- close monitoring of usage
- more timely intervention reducing wastage of supplements no longer required

Evaluation

Patient experience

- Care home staff are more actively engaged with nutrition
- More person centred, less task focussed
- Increased awareness around oral nutritional supplements
- Patients and families are more aware of the importance of nutritional health
- Dietetic intervention is identified earlier and when necessary

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Care Home feedback

Via focus group/telephone

- Portal is simple and easy to use
- Saves time
- Can follow up problems on a weekly basis
- Reminds staff to weigh patients
- It has improved nutritional care - staff more aware of importance of nutrition
- More person centred, less task focused
- Shared responsibility

"I thought it was going to be extra work but it takes no time and has no impact on my workload"

"Would keep the ONS in your head a bit more – can get blurred…what on and what should be on"

"Have more dietetic contact for patients that need the input"

"The information is useful evidence for families about what has been tried, particularly if not responding to treatment"

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Clinician feedback

- Establishing the pilot took additional time and initially quite intense
- The number of emails received can be frustrating
- Initial concern about the reduced face to face contact not realised
- Able to be more proactive
- Focused intervention with care homes
- Increased confidence in discontinuing oral nutrition supplements
- Care homes have more ownership of patient's nutritional care
- Able to discharge patients with increased confidence
- Able to influence the system flows

Benefits

Improved safety

- Improved accuracy of ‘MUST’ recording
- Improved nutritional status
- Reduced secondary outcomes e.g. falls, pressure sores
- Improved outcomes e.g. quality of life

Improved quality

- Staff/families feel better supported
- Improved joined up working with care homes
- Clinicians have more information
- Drives nutritional care

Improved cost effectiveness

- More appropriate prescribing of ONS
- Cost savings on ONS
- Reduction in domiciliary appointments

Improved efficiency

- Improved access to dietetics
- Care homes only being contacted about residents that require input
- Reduced intervention time
- Improved skill mix creating capacity for dietitians to focus on more complex cases

Further developments within SHSCT

Domiciliary service

- Appropriate Nutrition Support patients attending clinic or receiving domiciliary visits can be transferred to remote monitoring system
- Receive automated phone call
- Alerts generated depending on response to monitoring of weight, appetite and ONS intake
- System used to remotely monitor stable patients or lengthen need for review for those not so stable

Initial barriers

- Many patients do not own their own scales
- However by purchasing low cost scales for distribution to patients can overcome this barrier

Further developments within SHSCT

Bridging gap between Acute referral & initial Community assessment.

- Non-urgent Nutrition Support Patients
- Patient triaged as normal and added to appropriate waiting list
- Monitored remotely in interim with weight, appetite and ONS intake being monitored.
- Envisaged that some patients may be discharged from this system without requiring face to face appointment
- Others will require Clinic / Domiciliary appointment but possibly less reviews

Initial barriers

- Number of patients not giving consent at the bedside
- No access to home scales

Further developments within SHSCT

Acute dietetic service

- Early stages of investigating whether system could be used to monitor weight for renal patients

Further developments within Northern Ireland

- Healthcall now on the regional framework for NI so cost per patient has halved & other Trusts now using

Dysphagia patients

- Looking at extending monitoring questions to include dysphagia status

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