Service Innovation to Meet the Increasing Demand for Dietetics in Palliative Care

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BACKGROUND

Many life-limiting conditions negatively impact on an individual’s ability to eat and drink pre-disposing an individual to malnutrition and it’s adverse consequences. Enjoyment and pleasure from eating and drinking can decline and diet becomes a source of psychological stress and anxiety. Although there exists a sound rationale for dietetic interventions to optimise nutrition and alleviate symptoms, dietetic services to Hospices remains limited.

Dorothy House Hospice Care provides acute respite, planned respite and symptom control to patients with life-limiting conditions as well as ‘end of life’ care. A specialist Dietetic post (0.2 w.t.e.) was established in 2012.

The service evolved to offer:
- A nutrition component to the patient rehabilitation and carer courses.
- One to one consultations for patients with complex conditions requiring specialist dietary advice
- Education and training for staff (internal and external).

Demand quickly out-stripped provision and therefore a creative, cost-effective solution was sought.

AIM

To scope and create a cost-effective solution to meet the growing need for dietetic services and support

Steps taken:

1. Following recruitment to the post, training was tailored for the individual using case studies, supervision, e-learning and self-directed study of a Level 5 diploma in nutrition. Competencies were assessed by written and observational methods. The Specialist dietitian oversees work completed through weekly case review.

2. A video on ‘diet in palliative care’ has been developed for use in all patient/carer courses. This ensures diet (identifying as a key issue to patients and carers) is discussed and information reaches many. Dietetic referrals are offered for those with issues.

3. Job descriptions for dietetic assistants were sought from the UK dietetic profession to help define the workload.

4. Dietetic demands were categorised into that which an experienced specialist dietitian was required e.g. complex dietary advice for multiple medical conditions, and that which could be undertaken by a dietetic assistant e.g. diet history, provision of first line advice on symptom management, poor appetite.

5. The appointment of a dietetic assistant working in conjunction with a highly skilled dietitian, has enabled the Hospice to provide a cost-effective service and timely advice and expertise to patients, relatives and carers and staff to help deal with nutrition-related issues at every stage of a patient’s journey, including the end-of-life, with a focus on improving quality of life, symptom control and nutritional status.

6. The 0.7 dietetic assistant and 0.27 w.t.e specialist dietitian have been able to meet the growing demand for dietetics. A telephone advisory service is available five days a week and the Dietetic Assistant attends in-patient MDT meetings.

7. Dietetic referrals are increased with reduced waiting times for both in-patients and out-patients.

8. Dietetic demands were categorised into that which an experienced specialist dietitian was required e.g. complex dietary advice for multiple medical conditions, and that which could be undertaken by a dietetic assistant e.g. diet history, provision of first line advice on symptom management, poor appetite.

9. 34 diet resources have been developed for use by all staff, to support patients and carers in implementing dietary advice.

10. The skills of the expert dietitian are focussed on those who derive greatest benefit.

Achievements to date:

- Increased referrals have been managed with reduced waiting times for both in-patients and out-patients.
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Conclusion

The appointment of a dietetic assistant working in conjunction with a highly skilled dietitian, has enabled the Hospice to provide a cost-effective service and timely advice and expertise to patients, relatives and carers and staff to help deal with nutrition-related issues at every stage of a patient’s journey, including the end-of-life, with a focus on improving quality of life, symptom control and nutritional status.

References


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