

Digital undernutrition service for care homes improves quality of care

Southern Health and Social Care Trust

The challenge

- Oral nutrition support in the community/ domiciliary setting at Southern Health and Social Care Trust (SHSCT) accounted for one-third of the adult Nutrition & Dietetic Service caseload. (2014-15)
- A significant resource was required for staff consultation time, travel time and travel costs.
- There was an increasing demand on the Nutrition & Dietetic Service as patients referred to the community service are more complex, often with multiple comorbidities.
- Dietetic intervention entails the use of oral nutrition supplements, which can be costly.

The solution

A digital undernutrition service commissioned by Southern Health and Social Care Trust in Northern Ireland has resulted in more proactive treatment for patients due to regular telephone reviews and the timely response of dietitians.

The service has been rolled out in 48 care homes in SHSCT, allowing for closer collaboration between the Trust and care homes through Inhealthcare's secure web-based portal.

- The Inhealthcare system regularly monitors adult patients who are identified as at risk of malnutrition and prescribed an oral nutritional supplement.
- Care pathways were developed with the aim of providing a more responsive Nutrition & Dietetic Service, with a significant proportion of care provided remotely.
- Patients triggering alerts receive Nutrition & Dietetic support, whilst those patients who remain stable continue to be monitored by the care home staff.
- Patient information is made available to authorised health professionals through the patient record.



How the service works

- Undernourished residents are closely monitored every one to two weeks by care home staff, who input the patient's weight, appetite, and compliance to oral nutritional supplements (ONS) onto an online portal.
- If the patient is identified as at risk of undernutrition using the Malnutrition Universal Screening Tool (MUST) or if any of the patient's data falls outside of their pre-set personal parameters, a member of the dietetic team is alerted. The dietetic team will then contact the care home to provide dietary advice.
- Each patient is monitored for up to a maximum of 12 months.

Outcomes

A 90% reduction in home visits

Before: 95% patients reviewed face-to-face

After: 5% patients reviewed face-to-face

More timely reviews

Before: 1 week waiting time

After: 1-2 week waiting time

Reduced intervention time

More than 1.75 hours saved per patient review

Before: 266 minutes

After: 161 minutes

Quicker treatment for patients

Time spent on pathway reduced between 2 - 5 months

Before: 6 - 9 months + **After:** 4 months

Travel cost savings

Before: 2582 miles

After: 555 miles

Savings on the appropriate use of oral nutrition supplements > £3000 during evaluation



"The automated system offers great support to the dietitians and empowers the care home staff to take a more proactive approach to monitoring their increasing number of vulnerable residents.

The residents and their families feel more supported too because the frequency of monitoring has been increased along with more timely reviews.

To stop the service would be a backward step. We couldn't go back to what we did before".

Mandy Gilmore, Head of Dietetics at Southern Health and Social Care Trust