



# Continuity of Nutrition Care:

## How to ensure patients are reviewed by the Dietitian as necessary before hospital discharge?

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### Introduction

Patients that are not reviewed by the Dietitian as necessary prior to hospital discharge may face challenges in following dietary plan and/ or nutrition support regime, which may result in malnutrition and poor disease management<sup>1,2,3</sup>. This may lead to hospital readmissions, unnecessary healthcare cost and poor clinical outcomes<sup>1,2</sup>.

This quality improvement (QI) study aimed to reduce this problem at Sengkang General Hospital (SKH) by 50%. Currently, SKH inpatient Dietitians inform the nurses in-charge to contact the Dietitian for patients who require necessary dietetic follow up prior to discharge.

### Methodology

Four-weeks data (pre-implementation) were collected by SKH Dietitians from 6<sup>th</sup> July 2020 – 3<sup>rd</sup> August 2020. A total of 18 patients were discharged without a necessary Dietitian's review, where 89% (n=16) received oral nutrition supplement (ONS) and 11% (n=2) were on tube feeding.

Data collected to identify the root cause of the problem were:

- Reason reported by nurses who discharged patients without notifying the Dietitians, 61% (n=11) did not know they had to call a Dietitian for review prior to discharge (as highlighted in Chart 1).
- Presence of a **Dietitian input** in Sunrise Clinical Manager (SCM) Dietetics documentation to indicate a Dietitian review prior to discharge is required were also collected, 77% (n=14) had nil Dietetic input in SCM.

### Results

After the identified solution was implemented from 2<sup>nd</sup> November 2020. A repeated 4-weeks data collection (post-implementation) was carried out from 29<sup>th</sup> December 2020 to 26<sup>th</sup> January 2021.

Chart 2: Comparison on reason reported by nurses

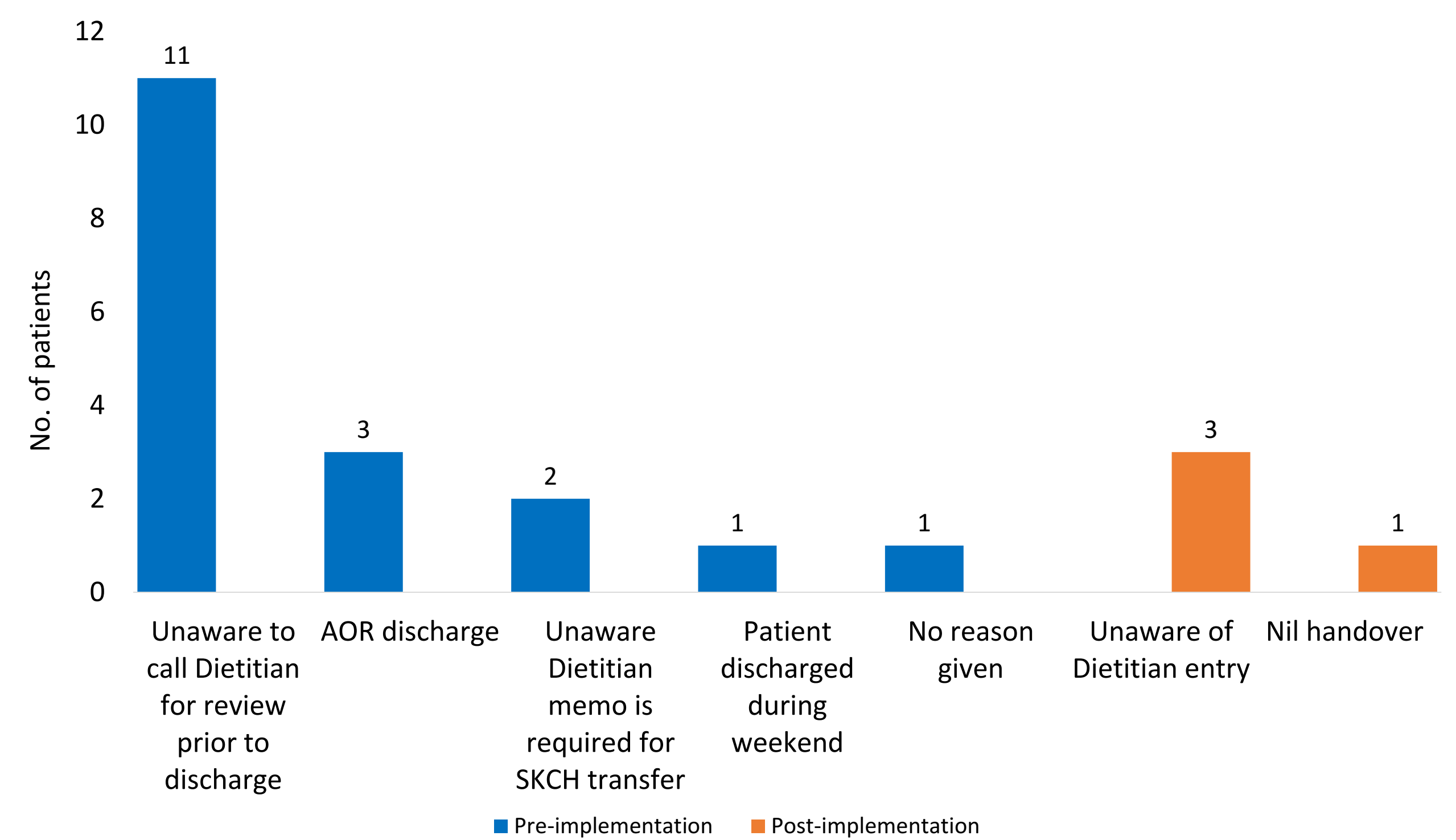


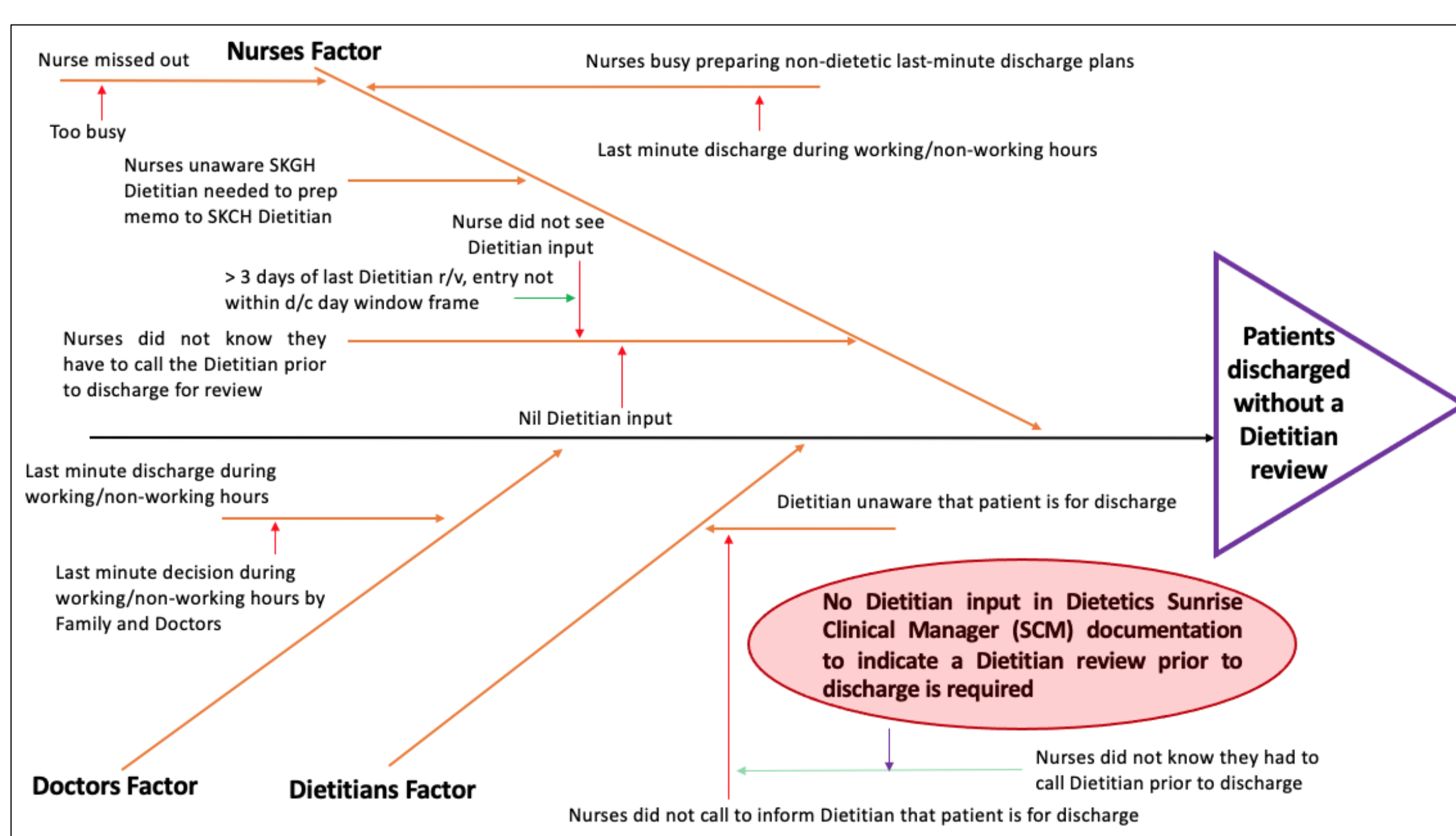
Chart 1: Reason reported by nurses compared with presence of a Dietitian input (n=18)



Table 1: Other data collected to identify root cause of the problem (n=18)

<b>Discharge timing</b>	Working hours: 13 (72%)	Non-working hours: 5 (28%)
<b>Last Dietitian review</b>	1-3 days: 15 (83%)	≥ 4 days: 3 (17%)
<b>Hospital length of stay</b>	Median: 8.5 days (1-56 days)	

Based on the data collected, the fishbone diagram was populated which identified the root cause showing a lack of standardization to when, how and where nurses-in-charge are informed.



### Intervention

The Dietetics department were briefed regarding the implementation of a standardized documentation using an SCM acronym (call4dc) at the beginning of the electronic Dietitian clinical notes in SCM under the Communication to Multi Disciplinary Team (CMDT) section, for ease of Nursing identification to inform Dietitians prior to patient's discharge.

Inclusion criteria included patients who still required a Dietitian review whether throughout inpatient stay or prior to discharge, whereas patients deemed "review on request" by the Dietitian were excluded. All SKH inpatient nursing ward Sisters were informed about the implementation prior to the roll out, subsequently so were the general ward nurses.

Chart 3: Comparison of presence of Dietitian input and its location

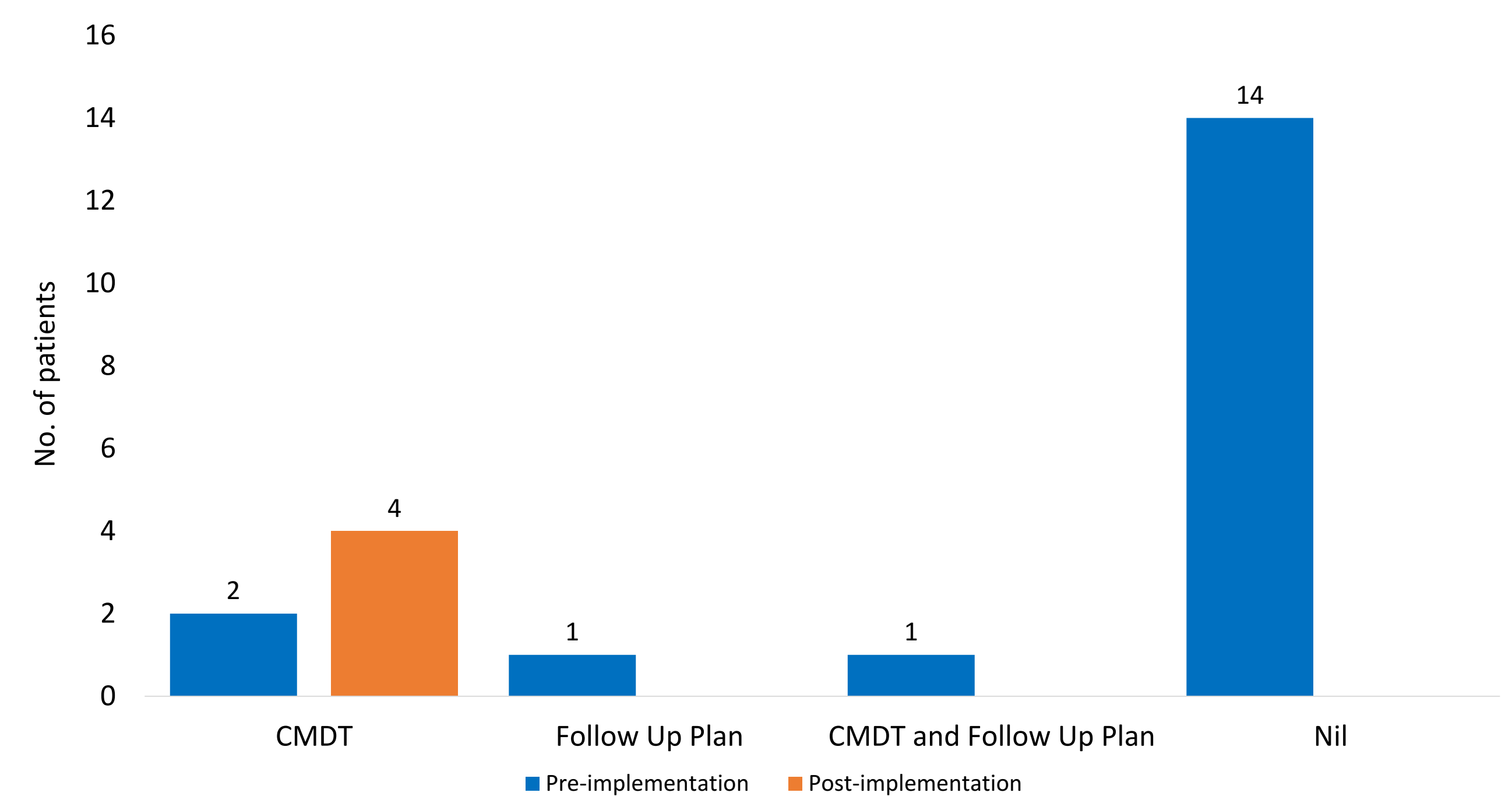


Chart 4: Comparison on type of Dietetic services

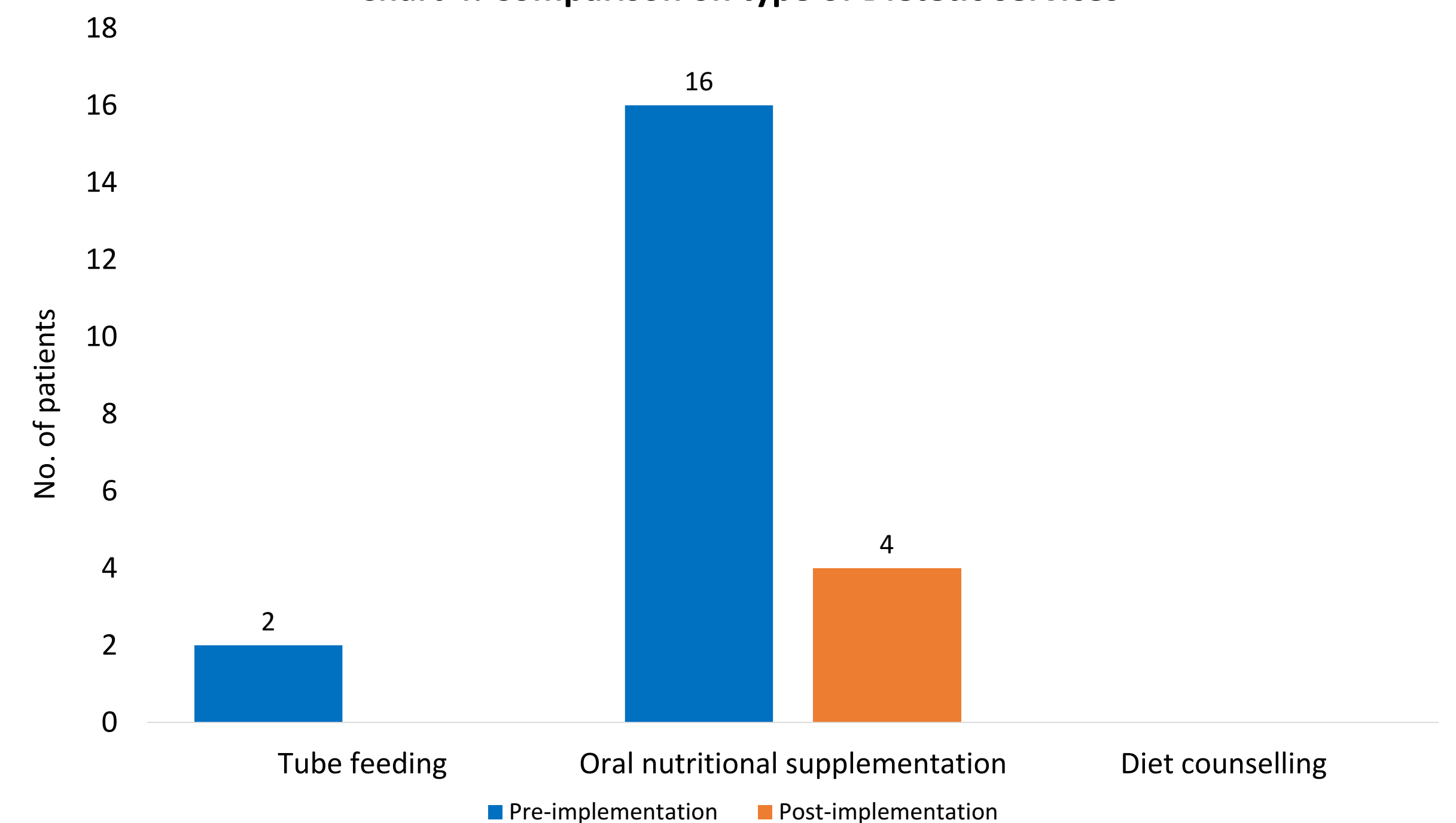
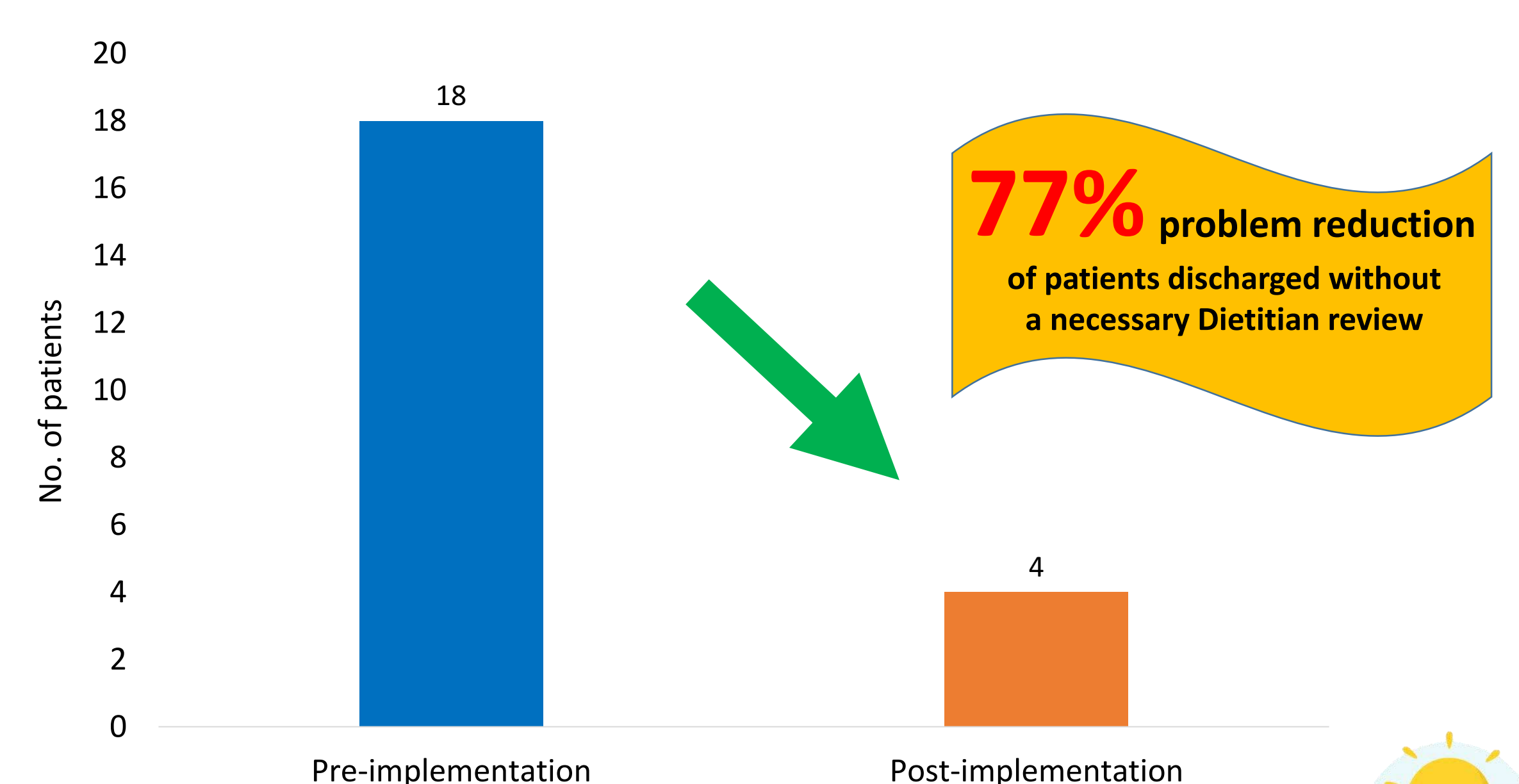


Chart 5: Comparison on number of patients discharged without a necessary Dietitian's review



### Conclusion

This QI study identified a gap in communication and offered a straightforward yet effective intervention enhancing communication between Dietitians and nurses, thereby reducing 77% problem rate of patients being discharged without a necessary dietitian's review.

Seamless communication among multi-disciplines precedes to continuity of nutrition care which improves patient outcomes and safety.

Reference:  
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3. Loreck, E. (1997). Continuity of Nutrition Care. *Journal of the American Dietetic Association*, 97(9), A44. [https://doi.org/10.1016/s0002-8223\(97\)00474-4](https://doi.org/10.1016/s0002-8223(97)00474-4)