Enhancing Nutrition Care on a Medical Ward

**Project Statement:**
- By December 2018, 50% of patients with a diagnosis of Chronic Obstructive Pulmonary Disease at Mudgee Hospital will have access to dietetic consultation.
- Stretch goal - 50% - Up from 5%
- Managing within current resources
- Background to Problem: Worth Solving
  - NSW Pulmonary 2016-2017 data - 248 COPD patients seen by Dietitian
  - Mudgee: Population 24,000
  - 8 hours per week public Community Dietitian
  - NH Hospital Dietitian
  - Limited involvement private Dietetic services

**Team Members:**
- Sponsor (Guidance Team) Members: Judith Font - Mudgee Health Service
  - Project Team Members: Joan McLane - NRU Medical Ward
  - Mark Medford - VHR Medical Ward
  - Angela Winters - CNE - Medical Ward
  - Justice McPherson - Physiotherapist
  - Kate Wentzel, Myf Bryant - Occupational Therapists

**Primary Drivers**
- FTE of allied health workforce at Mudgee
- Create referral pathways for distinct services

**Secondary Drivers**
- Improve access to ward patients by allied health professionals
- Update referral process and pathway for allied health professionals
- Clarify MDT meeting process for allied health professionals
- Increase awareness regarding the value of nutrition care
  - Increased awareness of dietitians
  - Increased awareness of ward nurses
  - Increased awareness of Allied Health professionals
  - Impact on number of patients with a nutriion plan

**Change Ideas**
- Identify patients at risk of poor nutrition through MDT
- Implement MDT audits to monitor progress
- Clarify roles & referral pathways for Dietitians
- Employ Dietitians to service ward
- Update current nutrition care plan for MDT
- Review MDT processes and membroship format

**Priority Change Ideas**
- Impact: High
  - Implementation: Easy
  - Resources: Not required
  - Supports: None

**Outcomes Measures**
- 50% increase in number of patients with COPD seen by a dietitian

**Team Members:**
- Project Champion - Mudgee HSM
  - Judith Font
  - Team Leader - Kez Spars
  - GI Advisor - Karen Smith
  - Integrated Ward Nurses
  - Community Allied Health and Nursing
  - LVRCNCH - Jenny Boston

**Results**
- Process Measures: Improvement in Nutrition care through MDT

**Discussion**
- Identifying patients with primary and secondary diagnosis of COPD on Ward
- Dietetic MDT planning (nutrition care plan)
- Improved nutrition care plan
- Increased awareness of dietitians
- Increased awareness of ward nurses
- Increased awareness of Allied Health professionals
- Improved number of patients with a nutrition plan

**Overall Outcome of Project:**
- Aim: 50% of patients with a diagnosis of COPD have access to dietetic consultation
- Stretch goal - 50% - Up from 5%

**$ Cost Saving**
- 59 patients with COPD
  - ADLS 4.84 days = 272 Bed Days
  - Av cost per encounter $4486
  - Total Cost: $259,834

**Potential Savings**
- $259,834 (14 patients)
  - COPD 30% per encounter = $1152
  - Services: Bed days $259,834

**Plans to sustain change**
- Embed into normal practice
- Quarterly quality team meetings - continue the project
- 50% of all Dietetic inpatient referrals not seen
  - More Dietetic numbers
  - Documentation of referrals
  - Monitors of referrals

**Learnings and Plans to spread change**
- Embed into normal practice
- Quarterly quality team meetings - continue the project
- 50% of all Dietetic inpatient referrals not seen
- More Dietetic numbers
- Documentation of referrals
- Monitors of referrals
- To other allied health disciplines
- To other facilities meeting essential services

**NSW Local Health District**
- Health Western NSW

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