

Improved Efficiencies For Patients Attending A Dietitian First Gastroenterology Clinic (DFGC) in Naas General Hospital

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BACKGROUND

- It is estimated that a significant proportion of all gastroenterology referrals are suitable for dietetic intervention. Numerous gastrointestinal disease states require nutritional counselling and disease-specific advice from a registered dietitian, with expertise in the area. The DFGC is an initiative which was established in response to increased gastroenterology clinical demands.
- The requirement for outpatient gastroenterology medical specialist services is above what can be met within budgetary and staffing limitations, which may lead to patients waiting outside of clinically recommended timeframes.
- Dietitians can work alongside the gastroenterology team, and can act as the primary contact clinician in the team, for low-risk uncomplicated patients, which may help to release medical specialists to see more complex patient types.

AIM

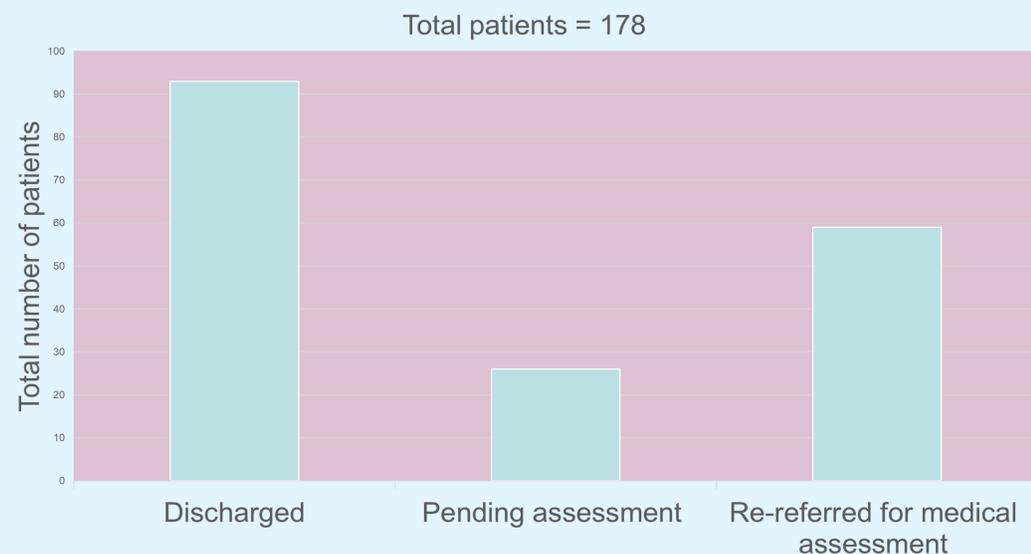
- To evaluate the efficacy of a DFGC and associated referral pathways to improve efficiencies and assess its impact on endoscopy and outpatient services in a regional Irish hospital.

METHODS

- Initial triage of new patients, referred to the gastroenterology service by their general practitioner (GP) via healthlink was completed by the consultant gastroenterologist or the endoscopy triage nurse. Patients deemed suitable were referred to the DFGC.
- The dietitian provided an initial assessment, tailored nutritional advice and lifestyle-related management strategies for patients, under the clinical governance of the consultant gastroenterologist.
- An online virtual platform was used (T-Pro) to facilitate consultation by video link with patients, due to Covid-19 restrictions.
- Following dietetic assessment, patients were discharged back to the care of their GP, or offered follow up dietetic outpatient appointments (either in hospital or in community care), if necessary.
- Patients who were not deemed suitable to be managed exclusively by the dietitian, were referred back for a consultation with the consultant gastroenterologist in a review capacity.
- Patients assessed as requiring medical review were sent for expedited examination, in a gastroenterology clinic.
- Avoidable endoscopy procedures and discharge outcomes were recorded.

RESULTS

- A total of 178 patients were triaged and referred to the DFGC service from October 2020 until April 2021.
- A total of 93 (52.2%) patients were assessed by the dietitian, and provided with a tailored nutritional care plan, including dietary advice and nutritional counselling. These patients were successfully managed exclusively by the dietitian and did not require medical gastroenterology input, and were therefore removed from the gastroenterology waiting lists.
- A discharge letter was completed to the GP to inform them of the outcome of the assessment.
- Prevented endoscopy procedures were as follows; 25 OGDs, 14 colonoscopies, and 4 doubles (OGD and colons).
- A further 59 (33.1%) patients were referred to the gastroenterology team for medical follow up consultation, following dietetic input. This was done if it was not possible to manage a patient's condition in isolation.
- A further 26 patients (14.6%) are pending assessment.
- The overall impact on the service indicates that 52.2% patients were managed by a dietitian-led gastro service.



CONCLUSION

- The Dietitian First Gastro Clinic is a model of care which can help improve patient flow within the gastroenterology services and is a useful tool to address outpatient and endoscopy gastroenterology service pressures.
- Evidence suggests that there are numerous cost-saving benefits associated with the format of the DFGC, with many positive outcomes for stakeholders, including decreased waiting times and costs, correct patient diagnoses, timely interventions, enhanced patient health outcomes and expedited review.
- This will help to ensure the patient receives the right care, at the right time and can be prioritised accordingly.
- Comprehensive detailed referrals which include information regarding patients meeting criteria (e.g. 'red flags') would assist in the triage process, and reduce the need for referral back to gastroenterology.
- An extended scope of practice model for dietitians in the area of gastroenterology is a novel idea amongst Irish dietitians, but is an established practice in other countries worldwide.
- It is notable that the Covid-19 pandemic and the recent cyber attack on the HSE IT systems did make a significant impact on the productivity of the DFGC.