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Nutritional and financial impact of an enhanced dietetic service to care homes within a Welsh health board

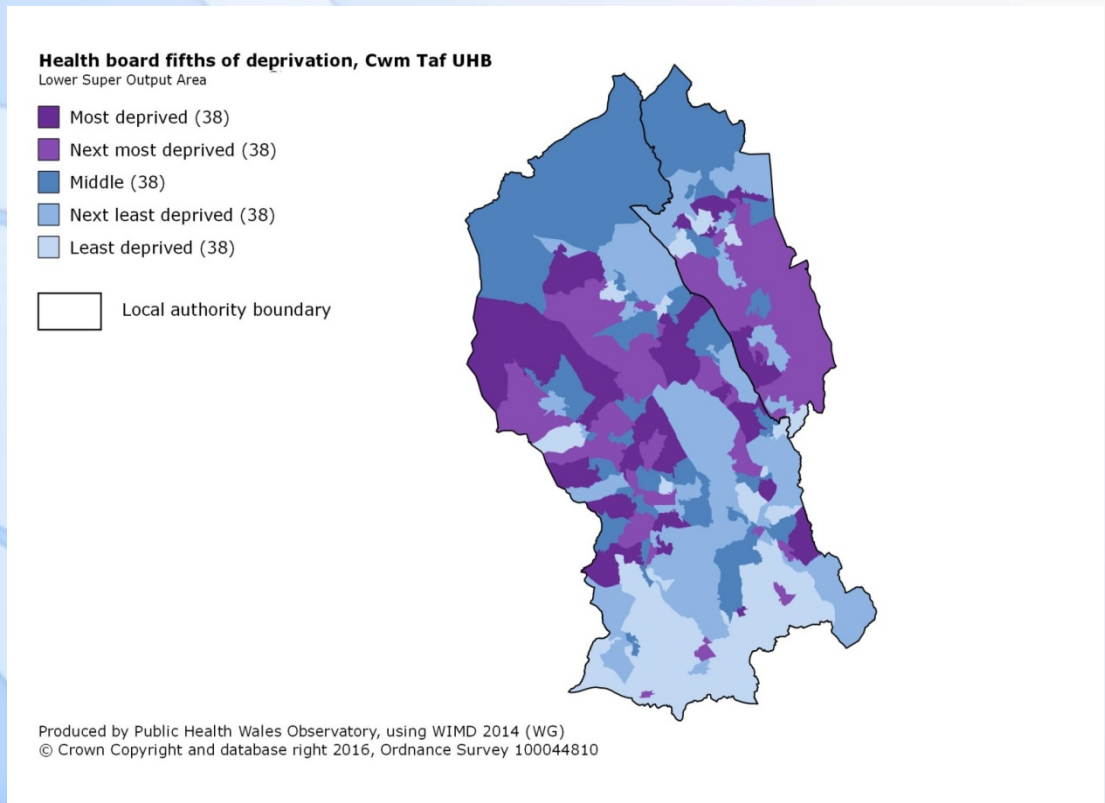
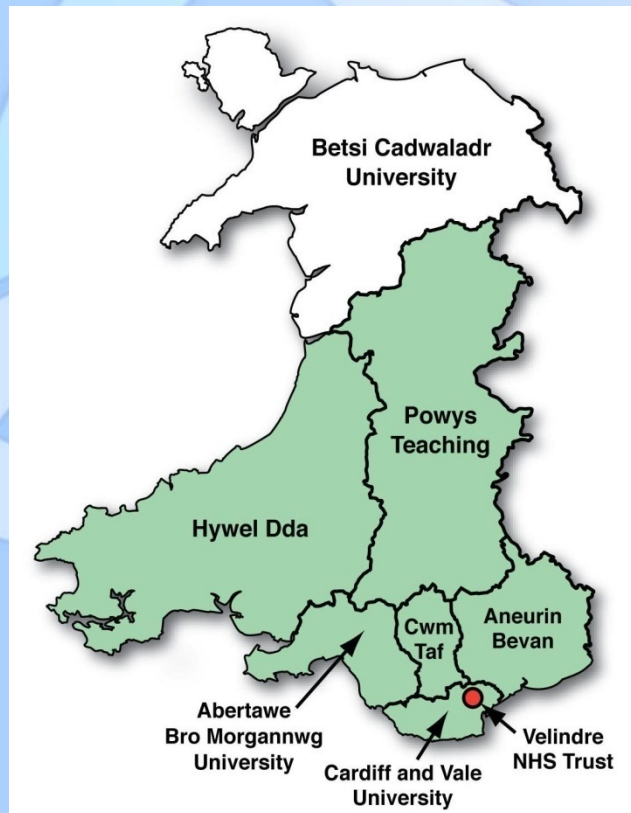
Amy Evans

Specialist Dietitian

Cwm Taf University Health Board

Cwm Taf UHB

CTUHB covers 3% of the landmass of Wales, second most densely populated HB area in Wales after Cardiff & Vale UHB area (Guest et al, 2011)



Background



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- 35% of people aged over 70 on admission to a care home are malnourished; about 29% in Wales

Russell et al, 2015

Malnourished people:

- saw their GP twice as often,
- had 3 times the number of hospital admissions and
- stayed in hospital more than 3 days longer than those who were well nourished

Guest et al, 2011

Enhanced dietetic Team

- An enhanced dietetic team was established in November 2014 to deliver an innovative, proactive model of dietetic care.
- Aim to improve the nutritional status of residents in care homes:
 - Improving skills and knowledge of nutrition and hydration
 - Improving malnutrition screening & care management
 - Improving the nutritional status of all residents
 - Cost avoidance in relation to the prescribing of nutritional products



Llywodraeth Cymru
Welsh Government

www.cymru.gov.uk

Nutrition in Community Settings

A Pathway and Resource Pack for Health
and Social Care Professionals, the Third Sector,
Care Home Staff, Relatives and Carers

May 2013

<http://gov.wales/docs/dhss/publications/130704nutritionen.pdf>

Amy Evans - Specialist Dietitian

Initial input
Incidence of malnutrition
Use of Oral Nutritional Support (ONS)
Identification of training needs

Agree training plan,
clarification of enhanced
service

Staff training
Accurate screening of
malnutrition
Use of ulna length
Correct use of food/fluid chart

Dietetic
assessment of
patients

Reviewing menu
and snack provision

Evaluation and
monitoring

Results

Nutritional

Table to show pre & post intervention data for the 4 pilot nursing homes.

| Nursing Home | %staff trained | %Staff knowledge on MUST | | % residents accurately screened for malnutrition | | %residents at high risk of malnutrition | |
|----------------|----------------|--------------------------|------|--|------|---|------|
| | | Pre | Post | Pre | Post | Pre | Post |
| Nursing Home 1 | 64 | 21 | 78 | 46 | 73 | 15 | 10 |
| Nursing Home 2 | 62 | 56 | 92 | 0 | 91 | 34 | 16 |
| Nursing Home 3 | 72 | 33 | 89 | 47 | 89 | 11 | 18 |
| Nursing Home 4 | 66 | 20 | 100 | 48 | 75 | 43 | 26 |

Expansion of service

- Initial model delivered across 5 care homes with a population of 360 residents over 18 month period
- Cwm Taf has 49 number of care homes with a total of 1800 residents
- Forecasting showed it would take 5 years to cover the remaining care home
- Model expanded to additional 1.5 WTE to enable all homes to have been visited within 20 months

Results

Financial

- Data capture
- Three areas:
 - Spend on inappropriate ONS prescribing at initial input
(BMI > 25kg/m², low malnutrition risk)
 - Capturing reduction in treatment pathway duration (average reduction by 4 months)
 - Spend on inappropriate ONS prescribing at evaluation stage

Table to show financial forecast based on individual patient data capture *

| | 17/18 | 18/19 |
|---|----------------|----------------|
| Savings due to stopping inappropriate ONS prescribing at initial input | 149,238 | 118,455 |
| Savings due to reduction in treatment pathway duration | 60,540 | 60,540 |
| Savings due to stopping inappropriate ONS prescribing at evaluation stage | 12,864 | 36,448 |
| Total Savings | 222,642 | 215,443 |
| Cost of Staff | 52,006 | 52,006 |
| Total Savings | 170,636 | 163,437 |

***Forecast savings not actual**

Future of service

- Financial modelling with partners in medicines management
- Research
 - Impact on unscheduled hospital admissions and length of stay



Reference



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