

An innovative tool for improving attendance rates at outpatient Nutrition Services in a public hospital setting



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Lifestyle Diseases Stream
Logan Hospital
Southside Health Service District

Our District

- Logan Hospital is now part of the newly formed Southside Health Service District
- Previously Logan Beaudesert Health Service District (LBHSD)
- Situated midway between Brisbane and the Gold Coast
- 2001 Census data revealed that LBHSD population was 278,000 (4th largest in Queensland)
- One of the most multicultural areas in the state
 - 21.3% born overseas
 - 7.3% speaking another language other than English
 - over 161 different cultural groups
 - More than 6,000 people identified as being of Aboriginal or Torres Strait Islander descent

Logan Hospital

- 338 bed acute care facility
- Clinical services provided include:
 - Medical & Surgical Services
 - Obstetrics & Gynaecology
 - Orthopaedics
 - Respiratory Medicine
 - Endocrinology
 - Cardiology
 - Renal Dialysis
 - Oral Health Services
 - Mental Health Services
 - Community & Allied Health Services

Nutrition Services

- Community & Allied Health Services are organised according to Streams of Care
- This review is specific to the Integrated Diabetes Team which is part of the Lifestyle Diseases Stream
- This team provides services to patients with chronic lifestyle diseases including diabetes, pre diabetes, cardiovascular disease, renal failure, and obesity

Background

- The nutrition service had been experiencing a high rate of patients not attending appointments (DNAs and UTAs)
- Average of 30-50% at most clinics
- Patients presenting at clinics were often unclear as to their need for a service
- Often patients were resistant to change and/or did not feel they needed to make dietary or lifestyle changes

Implications

- Loss of clinical time
- Longer waiting lists for patients wanting to attend appointments
- Variable patient outcomes
- Low clinician morale and poor job satisfaction

The existing referral process

- Referrals received from multiple sources including
 - GPs
 - In-house medical staff
 - Other Dietitians
 - Other members of the Diabetes Team
- Senior Dietitian would triage the referrals based on intake criteria
- Administration staff would book the appointment and send an appointment letter to the patient

The NEW triage process

- Standardise and formalise the triage process by developing and implementing a template for data collection
- Required clinical information includes:
 - Medications
 - Medical history
 - Anthropometry
 - Biochemistry
 - Previous nutrition or diabetes education

Information gathering

- The Senior Dietitian gathers the necessary clinical information from the:
 - referral
 - electronic medical record
 - electronic appointment scheduling system
- The clinician then contacts the patient by telephone

Patient contact

This telephone contact serves a number of purposes:

1. Complete the data collection process
2. Determine the patient's goals for intervention
3. Determine if the patient wishes to attend an appointment
4. Discuss with the patient the most appropriate service for their needs
5. Begin to develop a rapport with the patient

The Results

- The process was evaluated on the parameters of attendance at clinics
- Non attendance rates were compared for 2005 and 2006

	2005	2006	Change
DNA	249	175	Decreased by 30%
UTA	126	53	Decreased by 58%

Non clinical results

- Staff satisfaction
 - Unable to directly measure staff satisfaction or morale
 - It is perceived that satisfaction has increased with the improved attendance rates
- Patient satisfaction
 - Unable to directly measure this
 - Patient satisfaction surveys include a multitude of other factors
 - It is thought that this should improve as patients are involved in their care plans from the beginning leading the focus of the sessions and the service they will best meet their needs
 - Satisfied patients come back to appointments
- Time effectiveness
 - The triaging process takes 20-30 minute per patient
 - Despite this there has been no reduction in numbers of patients seen according to clinical statistics

Implications for practice

- The development and implementation of a clinical triage process, including telephone calls, is an effective tool in improving attendance rates
- It needs to be undertaken by a senior clinician in order to ensure that patients are triaged based on clinical need and are offered the most appropriate service
- Although time consuming, it is a worthwhile investment to improve patient attendance rates and to increase clinician satisfaction

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Thank you