

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

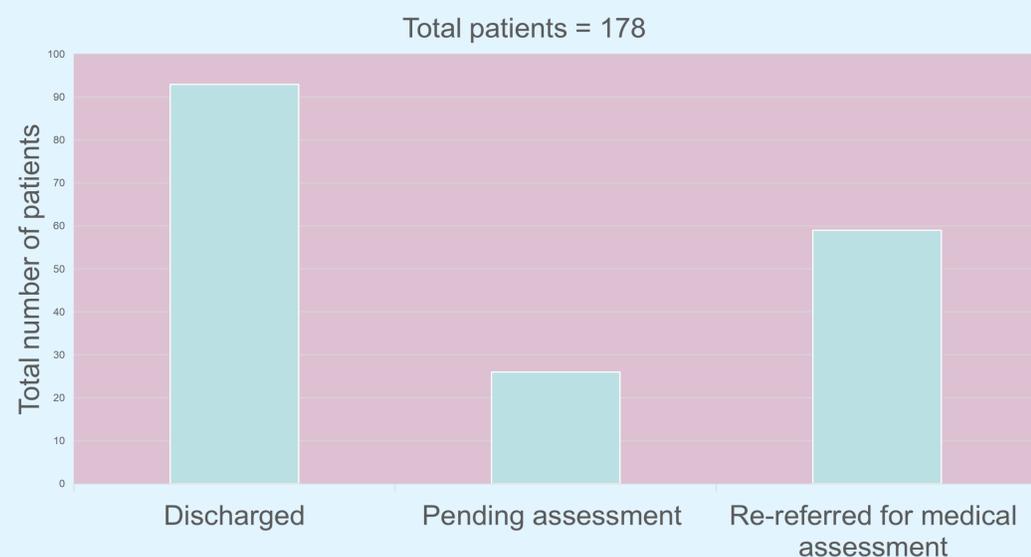
- To evaluate the efficacy of a DFGC and associated referral pathways to improve efficiencies and assess its impact on endoscopy and outpatient services in a regional Irish hospital.

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.

An Irritable Bowel Syndrome Pathway to help reduce and streamline Gastroenterology outpatient and endoscopy services in Naas Hospital

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BACKGROUND

- Irritable Bowel Syndrome (IBS) remains one of the most common gastrointestinal disorders seen by clinicians, with a significant number of patients being referred on to specialist services.
- Advances have been made in understanding its complex pathophysiology, resulting in its re-classification as a disorder of gut-brain interaction.
- A successful IBS Pathway Pilot study which was completed in Naas Hospital (August 2019 – December 2019). This established the clear requirement for management of these patients, who meet the Rome IV criteria, through a multidisciplinary approach between clinician and dietitian.
- In patients who meet diagnostic criteria, without alarm symptoms ('red flags'), minimal diagnostics should be used to safely make a diagnosis of IBS.
- Simple dietary approaches and patient-specific tailored interventions such as a Low FODMAP diet, have been shown to be efficacious in these patients.
- Over-investigation of patients by invasive procedures such as endoscopies, are rarely warranted.

AIM

- To evaluate the efficacy of an IBS management pathway, and its impact on endoscopy and out-patient services in a regional Irish hospital.

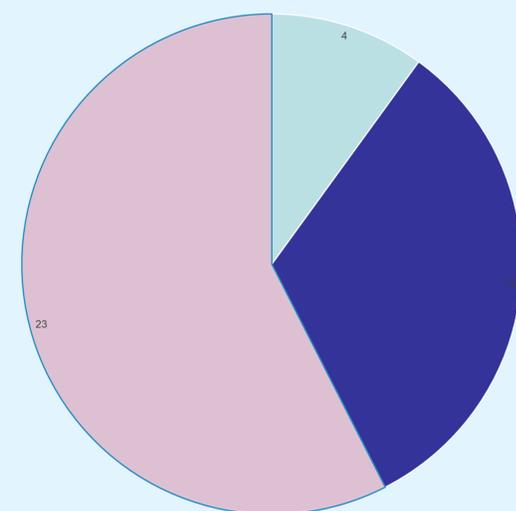
METHODS

- New patients who were referred to the gastroenterology service were triaged to the IBS Pathway by the consultant gastroenterologist.
- Patients were sent correspondence by letter, explaining their selection for this clinic (<45 years) and this also included a blood form and a stool sample to complete within a 4 week timeframe.
- Patients who did not respond to this correspondence, or who did not wish to engage in the process, were removed from the endoscopy or outpatient waiting list and a discharge letter was sent to their GP to this effect.
- Bloods ordered for the clinic appointment included IgA, anti-TTG, CRP, TFTs, LFTs, U&E's, Vitamin B₁₂, Folate, Ferritin and FBC. A faecal calprotectin level was completed. Once results were returned, patients were booked into an outpatient appointment for medical assessment with a senior gastroenterology registrar.
- Those who met the Rome IV criteria, who had red flags out-ruled were referred to dietetics for further nutritional advice if deemed appropriate.
- An online virtual platform was used (T-Pro) to facilitate dietetic consultation by video link with patients, due to Covid-19 restrictions.
- The dietitian provided tailored nutritional advice and lifestyle management strategies for the IBS diagnosis.
- The dietitian and registrar sent correspondence to the GP regarding the outcome of the assessment.
- Avoidable endoscopy procedures and discharge outcomes were recorded.

RESULTS

- A total of 184 patients have been referred to the IBS Pathway. 40 patients have completed the pathway between October 2020 – May 2021.
- Of these 40 patients, 4 were not deemed appropriate for dietetic intervention and required gastroenterology assessment and follow up.
- 36 patients received dietetic intervention and education regarding their diagnosis of IBS.
- Of these, 13 patients required referral for follow up with gastroenterology post dietetic intervention (6 for endoscopy procedures, 7 for OPD).
- A further 16 patients did not engage or respond and were therefore removed from the gastroenterology waiting lists.
- The IBS Pathway has resulted in the removal of 39 patients from either the endoscopy or outpatient waiting list.
- A further 128 patients are in the process of completing the pathway and are awaiting assessment.

Total Patients n=40



■ Not suitable for dietetic input ■ Referred to gastro for review
■ Discharged post pathway

CONCLUSION

- The positive outcomes associated with this referral pathway prove the efficacy of integrated care for IBS patients, by preventing unnecessary invasive investigations and redirecting patients from the general gastroenterology clinics, thus freeing up services for more urgent referral types and higher priority patients.
- This provides a practical framework for evidence-based timely management of these patients.
- The pathway has resulted in the removal of a significant number of patients from the gastroenterology waiting lists and will continue to show benefits as patients complete the pathway.
- The Covid-19 pandemic and recent cyber attack on the HSE IT system has impacted significantly on the throughput of patients via the IBS pathway.
- A multi-modal approach to the management of these patients, which includes dietetic input, pharmacological and non-pharmacological therapies, global patient assessment and effective patient communication may help to improve symptoms, quality of life and self management strategies for the condition.