METHOD

BACKGROUND

The Community Care (CC) Nutrition team in Canberra Health Services (CHS) provides services to patients for nutrition concerns associated with chronic diseases, gastrointestinal conditions and weight management. Referrals are categorised on clinical risk in descending order of priority from Category 2a to 2 to 3. Did not attend (DNA) and cancellation rates for the lower risk (Category 3) referrals have been high at over 15% for the last decade. This has contributed to team inefficiencies. During this time, Central Health Intake (CHI) staff have booked appointments with limited time and nutrition knowledge to explore if an appointment is the best service for a patient. To explore the patient’s nutrition goals and to inform patients more about nutrition services in order to improve patient attendance, this project trialled using Nutrition Allied Health Assistants (AHAs) to conduct telephone screening. The introduction of telephone screening has improved the efficiency of referral pathways in other services and is acceptable to patients.

AIMS

With the expected outcome of increasing CC Nutrition patient attendance whilst maintaining patient satisfaction, this project aimed to:

- To reduce DNA and cancellation rates to initial Category 3 appointments by 50%.
- To achieve a patient satisfaction rating of at least 7 out of 10 (1 not satisfied, 10 extremely satisfied) with the telephone screen for more than 90% of patients.

RESULTS AND DISCUSSION

Appointments vs other interventions

- During the baseline phase all Category 3 referrals received an appointment.
- During the intervention phase there were 106 total referrals, of these 66 patients booked an appointment while the remainder decided on alternative services (n=18), did not return phone calls (n=15), or booked an appointment outside study time frame cut off (n=14).

- Reasons for Category 3 referrals over intervention phase are presented in Figure 1.
- 100% of patients reported a satisfaction rating of 7 or more out of 10 with the telephone screening process.

Figure 1. The reasons patients were referred to CC Nutrition service were categorised into 4 different areas.

<table>
<thead>
<tr>
<th>Reason for Category 3 Referrals to Community Care Nutrition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight loss Weight loss and developing a healthy relationship with food</td>
<td>62</td>
</tr>
<tr>
<td>Cud related IBS, Low FODMAP, fibre advice, constipation, diarrhoea, reflux, gall bladder diverticulitis, long term diabetes</td>
<td>20</td>
</tr>
<tr>
<td>Healthy eating Gout, low iron, osteoporosis, post cancer, high cholesterol, post CVL, AMI (excluding malnutrition as Category 2 referral)</td>
<td>14</td>
</tr>
<tr>
<td>Wounds Long-term wounds</td>
<td>4</td>
</tr>
</tbody>
</table>

Effects on Category 3 initial appointment attendance, DNA and cancellation rates (refer to Figure 2).

- 34% increase in attendance rates.
- 54% decrease in DNA rates.
- 57% decrease in cancellations.

Team feedback

- AHAs felt they provided value for all referral types except gut-related referrals (these people always needed an appointment).
- Dietitians noted instead of spending administrative time related to DNAs they instead provided valuable services to complex patients.

Project barriers

- Initially resource intensive developing protocols to ensure AHAs worked within scope of practise.
- Inability to contact some patients after the referral had been placed with CHI.
- Initial patient resistance to changes for those just wanting an appointment.

Project enablers

- Seeking advice from other AHA teams.
- Clear protocols and supervision support for AHAs.
- Positive input and teamwork from CHI staff.
- Continuation of existing strategies to promote appointment attendance e.g. notification letters, reminder SMSs.

CONCLUSIONS

The AHA telephone screening intervention achieved the aim of reducing DNA and cancellation rates for initial Category 5 appointments by 50%.

The screen provided patients with an in-depth opportunity to find the right service at the right time by the right person.

To sustain change embedding AHA screening into team processes is planned.
PRINTING PROOF

Please complete and return to Multimedia Services.

PROOF NUMBER*:

1. CHANGES REQUIRED:  YES ☐ Please give details below  NO ☐ (Go to 3)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

2. REVISED PROOF REQUIRED:  YES ☐  NO ☐

3. OK TO PRINT:  YES ☐  NO ☐

Please check this box if you do not want Multimedia Services to use this job for promotional purposes: ☐

______________________________________________________________________________

I have viewed the proof. I have checked the layout, colours and all of the text and agree that it is correct and ready to go ahead to the final print. I accept that colours may vary slightly from the proof and colour accuracy cannot be guaranteed. I accept that laminating and fabric can have imperfections and reprints will only take place under severe circumstances.

______________________________________________________________________________

Signature ___________________________ Date __________________________

*Note that 2 x A3 proofs are provided free of charge for large posters. Additional proofs are charged at $1.80 per A3 colour copy.

Multimedia Services: Building 4, Level 1 (Ground)  Phone: 5124 3806  Web: http://tch.anu.edu.au/multimedia