BAPEN COVID-19 Service Improvement & Innovation Awards Entry Form

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Author(s):
Anna Larkham, Elizabeth Pike

Institution:
NHS Surrey Heartlands CCG and Royal Surrey Hospital (RSH)

**Summary of the Service Improvement & Innovation:**

**Implementing a Post-Hospital Discharge Early Intervention Clinic (EIC): Improving patient outcomes via inter-organisational practice**

Like many acute trusts, The Royal Surrey County Hospital (RSH) expanded its Nutrition Support Team (NST), and upskilled the acute dietetic team to manage the influx of Covid-19 patients.

It was quickly recognised that Covid-19 patients' recovery journeys after hospital discharge can be long and complex. Post ICU step-down, patients were often discharged quickly, with little opportunity for ward dietitian input. Locally we identified that a lack of individualised dietetic care post-discharge had the potential to undo the work of the acute NST, if sub-optimal nutrition resulted in patients being unable to optimise rehab outcomes.

Therefore, extra community provision was needed. A CCG employed dietitian was seconded to the acute trust for three months to conduct a telephone **Early Intervention Clinic (EIC)**. This ran for 14 weeks (w/c 27/04/20 through w/c 27/07/20). All patients seen in hospital by the NST or a ward dietitian were included for follow up, with 65 of 70 patients successfully contacted. These were provided with an initial dietetic consultation, supporting literature, onward referrals (e.g. SALT), and dietetic follow up calls as required.

Outcomes and feedback (detailed on page 2) exceeded expectations. Therefore (pending funding approval) the EIC service will be offered to all dietetic patients, resulting in a permanent improvement to the local dietetic service.

**Challenges faced and how they were overcome:**

The initial challenge to support Covid-19 recovery was the lack of capacity within the acute dietetic team to staff the proposed EIC service: acute trust and CCG Dietetic Leads therefore collaborated to arrange the secondment of a CCG Dietitian to conduct the EIC.

Patients referred for dietetic intervention as inpatients were automatically reviewed in the EIC. To ensure equality of service, an invitation letter for an EIC consultation was sent to all patients discharged from hospital who had tested positive for Covid-19.

A KPI for the clinic was for patients to be contacted within seven days of discharge: sessions were spread across the working week to facilitate this with three telephone sessions per week. A pro

forma was developed for recording consultations, and a standardised data collection spreadsheet developed to analyse outcomes.

A further challenge was the inability to conduct a visual assessment, particularly of sarcopenia. This was overcome with detailed questioning to patients and their carers on aspects of body composition, mobility, wellbeing, and support for food provision and preparation. In future, an initial telephone consultation could be followed with a timetabled video consultation.

**Evaluation and Outcomes:**

*Quantitative Outcomes*

- 94% (61/65) of patients had problems affecting their appetite and eating and drinking post discharge from hospital
- 62% (40/65) of patients required prescribed ONS during their recovery outside of hospital.
- Following dietetic input and recommendations 68% (34/50) of patients made changes to the ONS they were using
- At the conclusion of the 12 weeks of the EIC, only 25% (16/65) patients still required prescribed ONS, and 17% (11) required further dietetic support
- With tailored dietary advice, 75% of patients supported by the EIC achieved nutritional and rehabilitation goals and did not require ONS by the end of the intervention period
- Replacing blanket prescribing of ONS with specialised dietetic support resulted in cost saving on ONS prescribing, estimated at £9125 over 3 months.

*Key Qualitative Outcomes*

- Oral intake in hospital was not a predictor of oral intake or need for dietetic input post-discharge
- Severity of Covid-19 infection was not a predictor for the need for dietetic input post-discharge. Some patients recovering from prolonged ICU stays including sedation and ventilation met nutritional requirements within within 1-2 weeks of discharge, whereas some who contracted covid-19 mildly or incidentally required upwards of four follow up EIC consultations.
- Patients who were enterally fed in hospital were more likely to recover and re-gain their appetite more quickly than those not enterally fed in hospital
- Patients enterally fed in hospital generally needed less dietetic follow up post-discharge
- Many patients reported they had been too unwell in hospital to fully retain the advice given by the acute dietitians
- The dietetic goals were wide ranging, unique and transient, with short-term goals (e.g. high energy, high protein) often being different from long-term goals (e.g. weight management, diet composition and quality).
- Patients' nutritional goals changed with their recovery journey, increasing with increased mobility and engagement with physiotherapy
- Some patients were not meeting nutritional requirements, having undertaken strict diets believing that being overweight had lead them to contract Covid-19. This was negatively impacting on rehab goals, and re-education was crucial
- The incidence of post ICU syndrome is reported to be higher in Covid-19 than in other ICU patients, but in our experience was unpredictable- some patients needing nutrition support products post-discharge for several months, and some not at all

The above observations highlight the need for dietetic intervention continue post-discharge, and for close collaboration between acute and community teams. Of particular note is the large

variance between covid-19 patients in their level of need for nutrition intervention, which has not to our knowledge been previously recorded.

Patients have given very positive feedback about their experience, reporting that the EIC highlighted the importance of nutrition to their recovery. Patients reported it was more beneficial to have input post-discharge, when they felt more able to engage than when acutely unwell. Additionally, due to many needing a high level of care, being able to involve loved ones and carers in nutrition goals was vital. A few patients reported the change in dietary habits resultant from dietetic input meant they felt better than before they contracted Covid-19.

**Future Plans:**

A funding application has been submitted to increase the acute dietetic team to provide a permanent EIC for all dietetic patients discharged from RSH, who will work closely with the NST and acute team. Extending the remit of the dietetic team beyond hospital discharge via a permanent EIC post-discharge is a permanent improvement to the dietetic service resultant from the Covid-19 innovation. Local data show 54% of patients discharged on ONS are re-admitted with three months: the development of a permanent EIC is likely to reduce re-admissions, improve patient outcomes, and be cost-efficient.