
POSTER ABSTRACT**Role of the Dietitian within the Frail Elderly Pilot in Connolly Hospital Blanchardstown from February to June 2016**17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: The Specialist Geriatric Services Model of Care aims to improve the quality and efficiency of care for the older person with complex health care needs whom may warrant a comprehensive multidisciplinary assessment. Nutritional status should be a component of the CGA (HSE, 2012). 27% of those admitted to hospital are at risk of malnutrition (BAPEN, 2012). The Frail Elderly Pilot Programme commenced in Connolly Hospital Blanchardstown in January 2016.

Aims:

- Development of referral criteria to the Dietitian within the Frail Elderly Team
- Early identification and nutritional assessment of those at risk of malnutrition
- Early identification of those requiring management of chronic disease

Methods:

- A specialist geriatric team was established within the emergency department (ED) and acute medical assessment unit (AMAU) in CHB
- Patients 75 years or more were screened for frailty indicators during core hours including social factors, mobility, swallowing problems and weight loss
- A Health and Social Care Professional common screen is performed on selected patients on admission to the ED or AMAU
- Development of a referral pathway to Dietitian within the Frail Elderly Team
- Same day nutritional assessment of patients following receipt of referral from the Frail Elderly Team from February to June 2016

Results: There was 136 referrals to the Dietitian from the ED and AMAU. There has been an 83% increase in Dietitian referrals of those aged ≥ 75 yrs from February to June 2016 compared to the same months in 2015. 31% of those referred to the Dietitian were at high risk of malnutrition. Patients classified as high risk of malnutrition had a longer length of stay in hospital. Of the recorded anthropometric measurements, 84% were below the 25th centiles for hand grip strength. 26% of Dietitian referrals in ED / AMAU were secondary to

management of chronic disease. A standard operating procedure regarding the role of the dietitian within the Frail Elderly Team is also being developed throughout the pilot.

Conclusions:

- Malnutrition increases a patient's risk of serious but potentially avoidable complications (IrSPEN, 2015).
- The main reason for referral to the Dietitian was secondary to high risk of malnutrition and weight loss which accounted for 45% of all referrals.
- Nutrition screening on admission is recommended for the early identification of those at risk of malnutrition whom may warrant nutrition support (HIQA, 2016).
- 26% of Dietitian referrals in ED / AMAU were secondary to management of chronic disease e.g. diabetes, heart failure.
- The National Clinical Programme for Older Persons recommends that the Dietitian should be part of the multidisciplinary team (HSE, 2012).

The Frail Elderly Pilot in Connolly Hospital Blanchardstown plans to continue into 2017.

Lessons Learned: Importance of early multidisciplinary assessment of the frail older person on admission to the emergency department and promotion of frail elderly pilot hospital wide

Keywords: dietitian; frail elderly; multidisciplinary assessment
