

Using Quality Improvement to Improve the Effectiveness of Dietetics in a Low Clearance Clinic

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Background:

Diet plays a key role in the management of chronic kidney disease (CKD). Individualised dietary advice from a specialist renal dietitian working as part of the multi-disciplinary team improves patient outcomes (NICE 2013, NICE 2014, BRS 2002). Renal Dietitians review patients in busy consultant led low clearance clinics. However, in our centre, only 57% of the patients flagged to see the renal dietitian are seen. Non-attendees have an enormous impact on services and there is a significant workload in managing these patients before and after clinic.

Methods:

Quality Improvement tools were used to understand the process and identify specific areas which may lead to an improvement in service delivery and reduce dietetic non-attendance rates. Data was collected over a 6 month period and the percentage of patients seen by the Renal Dietitian was plotted on a run chart over time. The clinic process was evaluated in depth which included mapping a patient journey through clinic. Reasons patients missed their appointment were identified through patient and staff feedback. A driver diagram was used to identify possible change ideas and the wider MDT was asked to vote for possible change ideas using the 3 dot system.

Results:

The 2 main reasons patients did not see the renal dietitian were:-

1. They did not know they were flagged to see a dietitian
2. They were not told by the doctor that they were to see a dietitian.

The first test of change was for our Dietetic Support Worker to phone patients the week before their appointment. This was started in Week 24 and has resulted in an immediate improvement in attendance rates to 100% (Figure 1).

The second change idea, which is yet to be implemented, is to reserve clinic slots for new and complex patients only and set up a telephone clinic for reviews (with most recent blood results available for the telephone consultation).

Conclusions:

1. Using QI methodology to re-design services is essential as it provides a systematic approach to quickly identify areas of improvement which are effective and sustainable.
2. The benefits of this improvement project include reducing dietetic DNA rates in low clearance clinics and providing a more efficient and effective dietetic service. It helps ensure patients are seen at the right time, in the right place, by the right person.
3. Including the wider MDT in this work has highlighted to them the need for timely, appropriate referrals. One of the consequences is that it may increase demand for our service as more patients and staff understand the process and the value of dietetic intervention in CKD.