MORE THAN JUST FOOD: EMPOWERING PATIENTS THROUGH COMMUNITY DIETETICS COLLABORATIONS

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EXECUTIVE SUMMARY

The value of dietetic care as part of a multidisciplinary palliative care approach is becoming increasingly recognised. Community Palliative Care Dietitians working in Sydney Local Health District have formed a collaborative approach to service development to establish efficient processes and a unified dietetics voice. Key strategies have included establishing clear referral processes, educating the multidisciplinary team and developing palliative-specific educational resources for patients and their families. Processes for collecting and analysing meaningful data are being carefully planned and implemented to ensure a sustainable service.

INTRODUCTION

Food encompasses more than a biological need. Human connection to food and eating is complex, and is tied to behavioural, social and emotional factors. In the palliative care context, this complexity around food and eating behaviours can become increasingly apparent, particularly as people approach the terminal phase. Dietitians are the experts in food and nutrition, translating complex science into practical, individualised recommendations. Dietitians' expertise as part of the palliative care multidisciplinary team is becoming increasingly recognised. Food is firmly tied to the quality of a person's life and hence the specialised skills of dietitians can support patients and their families in managing these complexities. This sentiment is supported by the NSW Health End of Life and Palliative Care Framework (2019-2024) which highlights the importance of allied health professionals in caring for people receiving palliative care.

Given the recognised value of dietitians as part of providing holistic care, Sydney Local Health District (SLHD) has received funding for two community dietetics positions. These roles form part of two distinct teams, the Chronic Diseases Palliative Care Team (as part of RPA Virtual Hospital) and the SLHD Community Palliative Care service. Dedicated dietetics services for community palliative care patients within SLHD did not exist prior to the commencement of these roles in 2022 and 2024 respectively. To address the unmet needs of many community patients receiving palliative care, a collaboration between both dietitians was formed. This approach has enabled a more efficient and cohesive method of establishing dietetics as part of the existing community palliative care teams. The case study presented here aims to highlight key facets of the collaborative approach thus far and outline future plans in further developing the community palliative care dietetics services in SLHD.

YEAR CASE STUDY WAS IMPLEMENTED

2023 to 2024

CASE STUDY DETAIL

Prior to 2022, community palliative care patients residing in SLHD did not have access to a specialised dietitian. Recently, two distinct dietetics positions have been funded to provide care for palliative care patients as part of the Chronic Disease Palliative Care Team (RPA Virtual Hospital) and SLHD Community Palliative Care service. Both teams provide care to patients with a life-limiting illness, however the Chronic Disease Palliative Care Team excludes malignancies. A collaborative approach to service development was established by the dietitians working in these roles to establish efficient processes and a unified dietetics voice across SLHD. This strategy was employed to support the overarching aim of improving patient outcomes.

Dietitians have developed a multi-faceted approach to service development incorporating actions that are 1) specific to the SLHD context and 2) related to dietetics in palliative care more broadly. For the SLHD context, referral criteria and pathways were established initially through discussions with key stakeholders. Once established, education seminars on the role of dietetics in palliative care and appropriate referrals were presented to a multidisciplinary audience across a range of services (community, inpatient and private facilities within the district). Attendees completed pre and post surveys on their knowledge and confidence in referring to dietetics. Preliminary results show self-rated confidence of multidisciplinary team members (n=30) in referring to dietetics increased after attending the seminar. Education seminars on providing care for palliative patients for dietitians working across SLHD were also conducted.

Once the referral pathways had been established, quantitative data collection pertaining to referrals commenced. This included descriptive data on the number and type of referrals, duration and mode of patient contact and the patient's PCOC data at the time of referral. A total of 141 referrals across both community palliative care dietetics services were received from January to April 2024, suggesting a clear need for community dietetics services in SLHD. Data collecton on nutrition assessment paremeters using the PG-SGA tool has also commenced, as part of a national project by palliative care dietitians across Australia.

Existing methods of formally assessing and documenting dietetic care are often not appropriate in a palliative care context. For example, current guidelines emphasise the assessment of 'malnutrition' which may be less clinically relevant in providing appropriate person-centred care than other factors such as food-related distress. In addition, limited educational resources appropriate for palliative care patients and their families exist in SLHD. Several key projects have therefore commenced as part of the collaboration between SLHD Community Palliative Care Dietitians, and include developing more appropriate terminology for documentation and clinical handover (such as describing food-related enjoyment), and written educational resources for patients and families (for example, 'Keeping Comfortable' series focusing on dietary strategies to promote comfort).

The collaborative approach to service development being undertaken by the SLHD Community Palliative Care Dietitians can be scaled and easily adopted by other services and organisations. Each facet of the collaborative approach utilises existing pathways that are not exclusive to SLHD. This approach has highlighted the importance of strong working relationships between exisitng palliative care services to create efficient processes and innovative strategies that support positive patient outcomes. Critical factors to the success of the initial stages of this collaboration have been ensuring dedicated time for reflection and planning, as well as being physically present at facilities across the district. This has ensured a clear understanding of the SLHD Palliative Care service and enabled strong professional networks to be established. Working to develop clear referral processes as a priority has also been critical.

To ensure the sustained success of this collaborative approach to providing dietetic care for pallative care patients in the community, several future directions have been identified. These include establishing specific Key Performance Indicators and developing guidelines for dietitians caring for patients with palliative needs across the district. Opportunities for formal research have also been identified, some of which include assessing levels of eating-related distress amongst patients and their carers, as well as the timing of dietetics referrals throughout a patient's care journey.