WHY EVERY HEALTH NETWORK NEEDS A DEDICATED COMMUNITY DIETITIAN

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Introduction

The HSE and Department of Health's improvement plan (Slaintecare) is focused on improving community care by providing service users with a health service that is easily accessible and located in the area they live. This includes the presence of a full multidisciplinary team (MDT); Physiotherapists, Occupational Therapists, Speech and Language Therapists, Psychologists, Social Workers and Dietitians.

The adult dietetics service in Kildare and West Wicklow had previously been working as a cross cover service, where the dietitian was not linked to one community health network. Given staff vacancies and staff burnout, it was recognised that this was not a sustainable method of service provision and services in networks without a dietitian connected to them were suspended until such a time as there was a dietitian to take up the vacancy.

Objective

Following the suspension of services in community health networks 10, 11 and 12 in July 2024, it was recognised that there was now capacity for the dietitian in community health network 13 (CHN 13), to focus on the development of the adult dietetic service in that network. The aim of this was to highlight the importance of having a dietitian in every community health network.

Method

The dietitian in CHN 13 commenced attending all Clinical Team Meetings (CTMs), for the three areas covered by the Network. Previously, only one CTM in one area was attended and only every other month, as the dietitian was away from base, carrying out cross-cover in another network. As a result, only members of the team located where the dietitian had a base, were aware of the presence of the dietitian.

An update was provided at each of the CTMs as there had been changes to the adult dietetic referral criteria in 2024. The dietitian also initiated a "MDT huddle" with other members of the MDT in Celbridge Primary Care Centre. This huddle took place every Tuesday morning for 15-20 minutes and allowed members of the MDT to bring up any service users they had a concern about.

Result

There was a 52% positive change in referral rates between July and December 2024, compared with the number that were referred between this period in 2023.

A short survey was sent to the clinical staff working in network 13 to gauge the value they placed on having a dietitian working solely in the network. The results were strongly in agreement that the network dietitian is an integral part of the network team. The statements are outlined below:

The dietitian is an essential part of the MDT

There should be a dietitian present in every community network

Service users receive better, more holistic treatment when the dietitian is part of the team

Service users are seen in a timely manner when there is a dietitian present in the network

I feel confident approaching the dietitian to discuss a referral as she is visible in the network and part of the network team

Fifteen members of the clinical team in Network 13 responded to the survey. Results are shown below.

Patients Seen (July-December)	**118**	**178**
Reviews Completed (July- December)	**34**	**84**

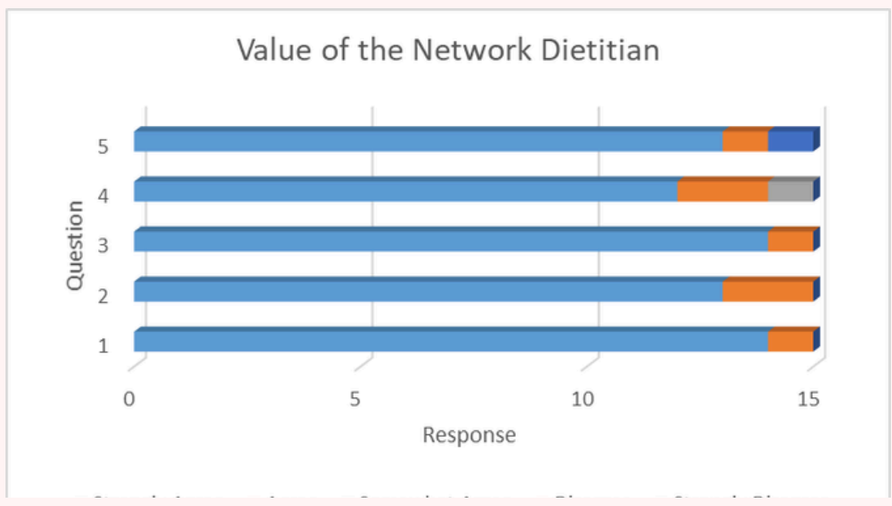
Improved Timeliness

- waiting times **reduced by** 67-93% per month
- patients likely being seen **within 4 weeks** (Priority 1 referrals)

Impact on Referrals

- Priority 1 referrals increased by 52%
- Priority 2 referrals increased by 200%
- Nursing referrals increased by 360%

Results of survey sent to MDT staff



Conclusion

The presence of the dietitian working solely within the community health network, has resulted in better service visibility across all locations within the network. Active referral generation has occurred during clinical team meetings.

This meets with the Slaintecare principles of Right Care, Right Place, Right Time.