

## TSA Member case study

### Inhealthcare and Southern Health and Social Care Trust

Digital undernutrition service for care homes improves quality of care

#### Background

In 2014/15, oral nutrition support in the community/domiciliary setting at Southern Health and Social Care Trust accounted for one-third of the adult Nutrition & Dietetic Service caseload.

There was an increasing demand on the Nutrition & Dietetic Service as patients referred to the community service are more complex, often with multiple co-morbidities.

A significant resource was required for staff consultation time, travel time and travel costs and dietetic intervention entails the use of oral nutrition supplements, which can be costly.

Southern Health and Social Care Trust in Northern Ireland commissioned the service in March 2015 with the aim to provide more proactive treatment due to regular telephone reviews and the timely response of dietitians.

#### The solution

TSA member, [Inhealthcare](#), developed an on-line system that regularly monitors adult patients who are identified as at risk of malnutrition and prescribed an oral nutritional supplement.

11 care homes in the Newry & Mourne locality and 3 in the Dungannon area were selected to participate in the initial pilot from 3rd March 2015 to 20th June 2016. 11% of the patients in these care homes were under the care of the Nutrition and Dietetic service at commencement of the project.

Care pathways were developed with the aim being to provide a more responsive Nutrition & Dietetic Service, with a significant proportion of care provided remotely.

Undernourished residents are closely monitored every one to two weeks by care home staff, who input the patient's weight, appetite, and compliance to oral nutritional supplements (ONS) onto an online portal.

If the patient is identified at risk of undernutrition using the Malnutrition Universal Screening Tool (MUST) or if any of the patient's data falls outside of their pre-set personal parameters, a member of the dietetic team is alerted..

Patients triggering alerts would receive Nutrition & Dietetic support, whilst those patients who remain stable would continue to be monitored by the care home staff.

Patient information is made available to authorised health professionals through the patient record. Each patient is monitored for up to a maximum of 12 months.

## **Outcome**

Evaluation of the year-long pilot at 14 care homes shows improved patient safety and outcomes, improved cost effectiveness and improved efficiency.

- A 90% reduction in home visits
  - Before: 95% patients reviewed face-to-face
  - After: 5% reviewed face-to-face)
- Reduced waiting time to see a dietitian
  - Before: 6 week waiting time
  - After: 1-2 week waiting time
- Less time needed per patient (more than 1.75 / hour / patient saved per patient review)
  - Before: 266 minutes
  - After: 161 minutes
- Patients are treated quicker – time spent on pathway (i.e. supplements + dietetic care) reduced between 2 and 5 months
  - Before: 6-9+ months
  - After: 4 months
- Reduced cost of staff travel
  - Before: 2582 miles
  - After: 555 miles
- Reduced spend on supplements (> £3000 during evaluation)

Since the evaluation, the service has been rolled out to a further 34 care homes across Northern Ireland allowing for closer collaboration across the NHS and care homes through Inhealthcare's secure web-based portal.

## Benefits realised by Southern Health and Social Care Trust

<b>Improved safety</b> <ul style="list-style-type: none"><li>- Improved accuracy of 'MUST' recording</li><li>- Improved treatment compliance resulting in improved nutritional status</li><li>- Reduced secondary outcomes e.g. falls, pressure sores</li><li>- Improved outcomes e.g. quality of life</li></ul>	<b>Improved quality</b> <ul style="list-style-type: none"><li>- Staff/families feel better supported</li><li>- Improved joined up working with care homes</li><li>- Improved monitoring</li><li>- Proactive intervention when problems identified</li><li>- Timely review</li><li>- Drives nutritional care</li></ul>
<b>Improved cost effectiveness</b> <ul style="list-style-type: none"><li>- More appropriate prescribing and usage of ONS</li><li>- Cost savings on ONS</li><li>- Reduction in domiciliary appointments</li></ul>	<b>Improved efficiency</b> <ul style="list-style-type: none"><li>- Improved access to dietetics</li><li>- Care homes only being contacted about residents that need input</li><li>- Reduced intervention time</li><li>- Increased use of the DSW, with Dietitians able to focus on more complex work</li></ul>

*“The automated system offers great support to the dietitians and empowers the care home staff to take a more proactive approach to monitoring their increasing number of vulnerable residents. The residents and their families feel more supported too because the frequency of monitoring has been increased along with more timely reviews. To stop the service would be a backward step. We couldn't go back to what we did before”.*

Mandy Gilmore the Head of Dietetics at Southern Health and Social Care Trust

[More Inhealthcare case studies can be viewed here](#)

## About TSA

TSA is the industry body for technology enabled care (TEC) services, representing organisations including telecare and telehealth service providers and suppliers, commissioners, digital health businesses, housing associations, emergency services, academics, charities and government bodies.

For further information about TSA services, our membership, quality standards, training and consultancy please contact us:

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