

# Development of a Dietetic Support Worker

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# CONTEXT

- **Latrobe Regional Hospital**
  - 256 Bed regional referral centre
  - Wide range of acute, sub-acute & mental health
- **Aged care setting**
  - 16 GEM, 10 Nursing Home, 2 Respite
  - One dedicated dietitian 4-8 hours per week
  - Menu monitors to assist clients requiring special diets to choose from hospital menu framework.
- **Focus on malnutrition**



# BACKGROUND

- **Malnutrition risk screen of aged care ward**
  - *n* 24
  - 8 at risk of malnutrition
  - 50% had no dietetic referral
- **The current climate of workforce & population as well as recruitment & retention pressures meant thinking critically about skill mix**

The background of the slide is a photograph of a modern, multi-story building with a prominent cylindrical tower. The building is set on a green lawn under a clear blue sky with a few wispy clouds. The lighting suggests it's either early morning or late afternoon, with long shadows cast across the grass.

# The Vision

**Improve the client journey**

**Address service gap**

**Allow all staff to work at their maximum skill level**



# ROLE DEVELOPMENT

- **Steering group established**
- **Facilitated workshops**
- **Stakeholder liaison**
  - Internal
  - External

# DIETETIC SUPPORT WORKER DEFINED

## CLINICAL

- Screen all clients for risk of malnutrition
- Diet and supplement ordering as prescribed by dietitian
- Assist/encourage client to take supplements
- Monitoring client *preferences*
- Provide assistance & encouragement at meal times
- Ensure weekly weights and food charts completed

## ADMINISTRATIVE

- Maintaining dietetic stores
- Participation in quality activities
- Manage the delivery of enteral consumables
- Other administration including minute taking, photocopying, maintaining databases, confirming appointments, preparing for groups





# EDUCATION AND TRAINING

- **CS&HTIB translated the knowledge and skills required for the role into RTO competencies**
- **Cert III AHA efficacious as foundation whilst recognising the need for development of Cert IV**
  - Availability of qualification in rural/regional area
  - Versatility
  - Provides career structure for AHA
- **Role specific training required development due to lack of existing training & timing of pilot**

# ROLE SPECIFIC TRAINING

- **Additional training commissioned (Hygiene & food handling, MS)**
- **In House training developed**
  - Working knowledge of therapeutic diets and products
  - Awareness of nutritional risk factors in aged care
  - Legal/ethical framework
  - Communication styles/providing encouragement
  - Malnutrition screening (anthropometry, mathematics, no lift training)
  - Documenting in medical history
  - Safe feeding practices, swallowing and dysphagia
  - Patient administration software systems
  - Administrative skills (touch typing, documenting minutes of meetings)
  - Warehousing principles and managing stock
  - Time management and prioritisation of workload
- **CS&HTIB advised responsibilities and nature of training for the support worker is suited to a Certificate IV qualification**



# IMPLEMENTATION



- **Jan 2006 to May 2006**
- **Addressing barriers to change**
  - Key stakeholder representation in design
  - Unit manager support
  - Inservices to nursing, food service and dietetic staff
  - Regular feedback sought
  - Ethics
  - DHS & state level union negotiations
  - DAA

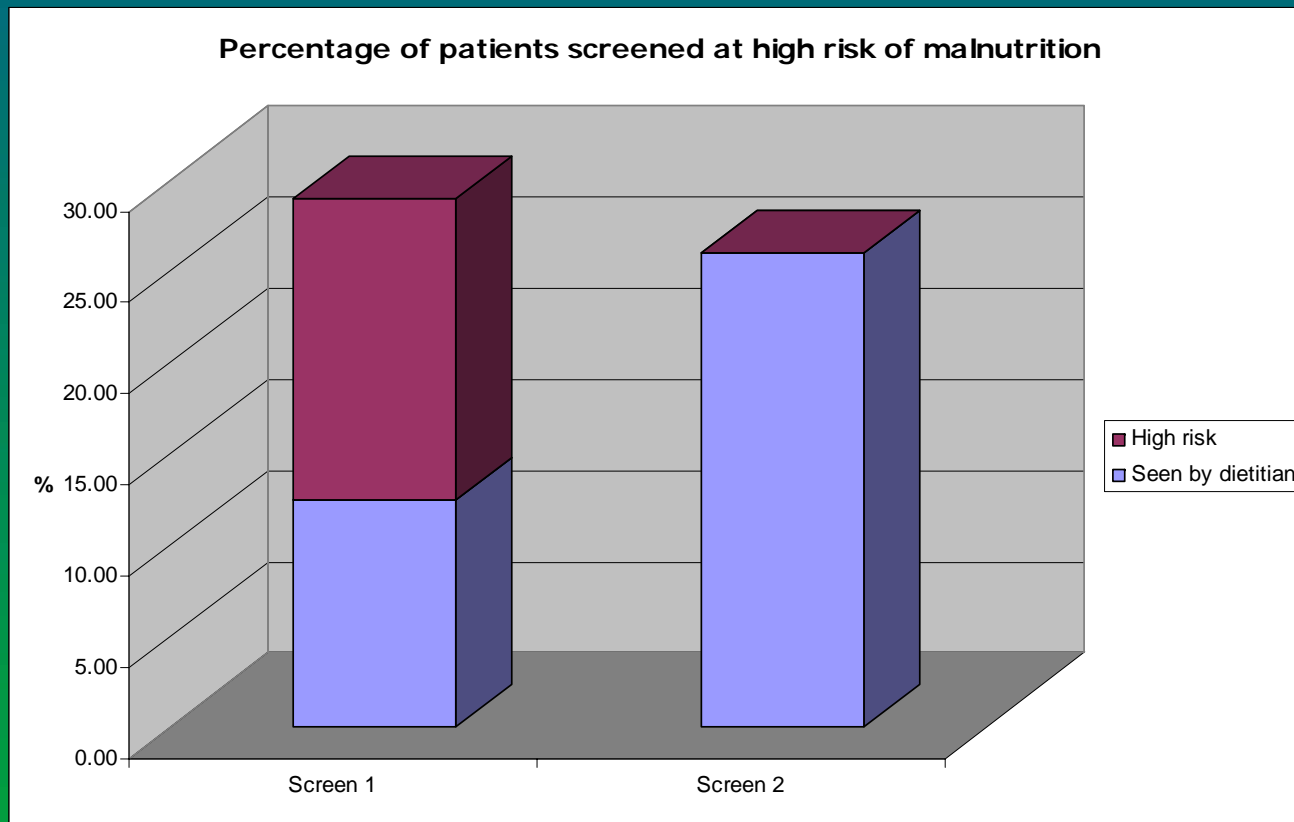


# LEARNINGS

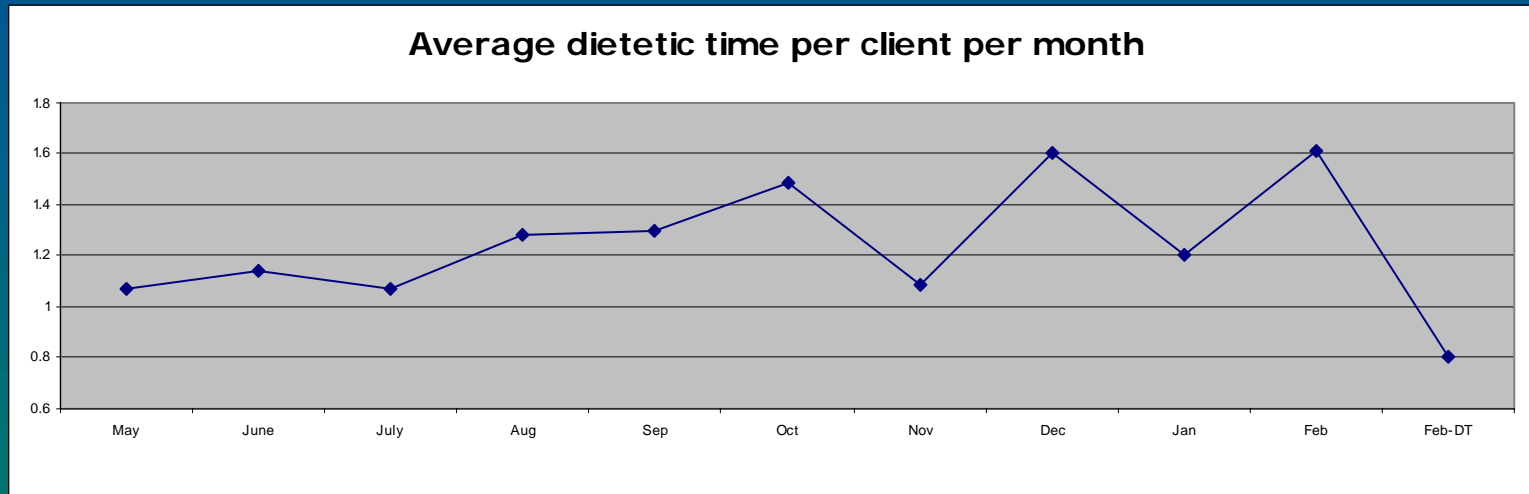
- Important that all tasks were performed under direct supervision of Accredited Practicing Dietitian
- Scope of practice required narrowing due to client confusion between role of dietitian and support worker.
- Morning handover meeting with dietitian and regular reporting time to discuss dietary changes
- System changes to allow delivery to wards by DSW
- Hours of work required structuring around meal times
- Exclusion criteria for malnutrition screening
- Assumed prior knowledge and time required for training was underestimated. Time management and prioritisation skills.

# EVALUATION

- No significant change in LOS
- Clients at high risk of malnutrition receiving dietetic intervention improved from 40% to 100%



# IMPROVED EFFICIENCY



## Efficiencies to be gained

- Proficiency of DSW in new role
- Referral criteria for malnutrition screening
- Tighter guidelines for client reviews by DSW
- Improved structure for handover meetings

**Cost efficiency analysis needs higher power study**

**Staff satisfaction**



# Cost Effectiveness

- **Costs (per month)**

- Dietitian Grade 1 Year 3 \$1300
- Qualified Allied Health Assistant \$1400\*

- **Principal Diagnosis**

- DRG K61Z Severe nutritional disturbance \$8700
- DRG E46(A-C) Protein Energy Malnutrition \$8700

- **Additional Diagnosis**

- May have impact on length of stay (1-40 days)

A photograph showing the lower bodies and hands of two people walking together. The person on the left is wearing a dark blue long-sleeved shirt and dark pants. The person on the right is wearing a light-colored, possibly cream or white, long-sleeved top and dark pants. They are holding hands, suggesting support or companionship. The background is a plain, light-colored floor.

# WHERE TO FROM HERE?

- Consultation with professional bodies/unions
- Require defined national competency package
- Governance, Professional membership
- Ext. scope of practice/max utilisation of skills
- Exploring the use of DSW in functional decline

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