

Evaluation of dietetic led pancreatitis annual reviews

Z. Briscoe¹, Phillips M. E¹, S. Button¹, R. Thompson¹, Westran N¹, Myers C.E¹, Beilby D², Kumar R²

1- Department of Nutrition and Dietetics, 2- Department of HPB Surgery, Royal Surrey County Hospital, Guildford, UK

Introduction

NICE guidelines recommend patients with pancreatitis have an annual clinical & biochemical review and be offered two yearly DEXA scans¹. The mainstay of clinical review includes nutritional assessment and management of PEI, alongside management of other concurrent diagnoses, such as diabetes. Historically all patients at our institute were seen in consultant led appointments. Consultant clinics have limited capacity and specialist HPB dietitians have the expertise to carry out most of these reviews, and identify patients who require a surgical review.

Aim

To assess whether dietetic led clinic appointments provide a clinically effective comprehensive long-term annual review which meets the needs of patients with pancreatitis.

Methods

A pilot audit was undertaken to assess whether dietetic led review would be effective and acceptable for patients with pancreatitis. A pilot pathway was developed, (figure 1). One HPB consultant's clinic identified 54 potential patients who were clinically stable and due annual review. These patients were enrolled into dietetic led appointments over a 1-year period. Data were collected retrospectively to assess compliance to NICE guidelines. Patients were invited to complete a satisfaction survey after their appointment. Data were analysed using Excel 2016 (Microsoft US).

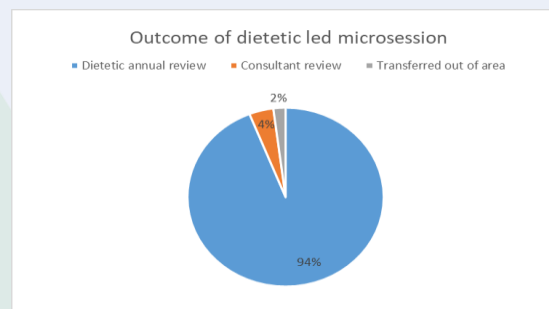


Figure 2: Outcome of dietetic led annual review.

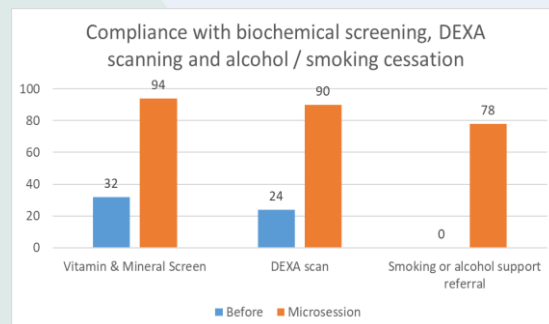


Figure 3 Compliance with NICE guidelines; DEXA scanning, biochemical reviews and alcohol or smoking cessation referrals before and after dietetic annual review.

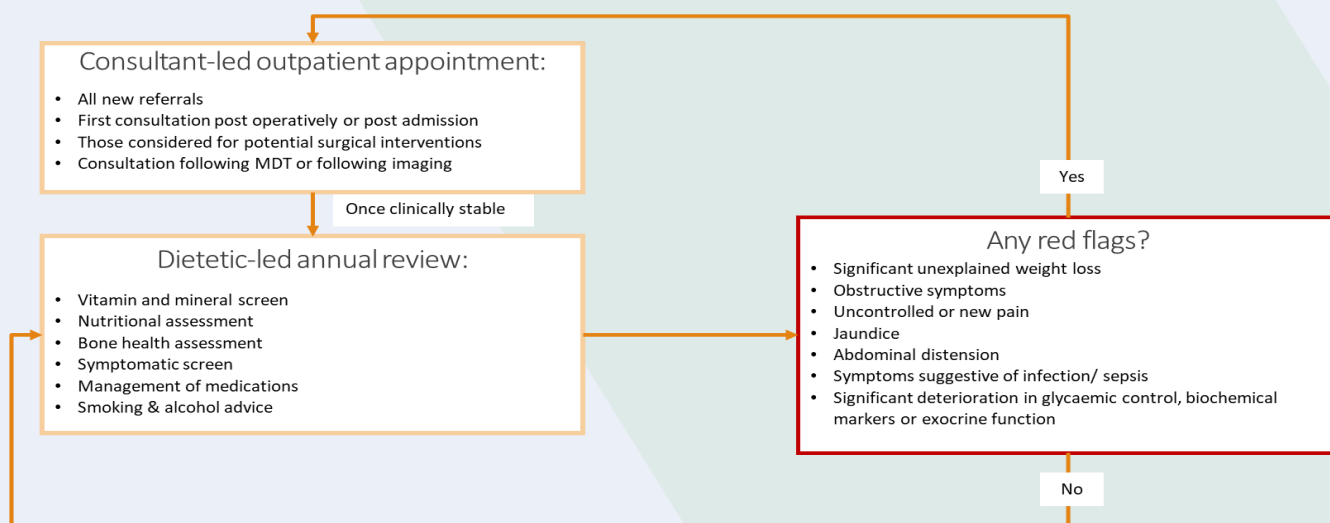


Figure 1: Pathway developed for dietetic led appointments.

Results

54 patients had their annual review conducted by a specialist HPB dietitian. 50 patients completed the review as 4 did not attend. 94% (n=48) were stable remained under dietetic led annual review (Figure 2).

90% of patients were referred for a DEXA scan compared to 24% who had previously been referred in the last 3 years. 94% were offered a vitamin and mineral screen compared to 32% in the previous year.

78% of patients who reported they smoked or consumed alcohol were offered referral to smoking cessation services compared to 0% from previous reviews (figure 3). 100% patients reported they were satisfied with their clinic appointment.

Conclusion

Dietetic led annual reviews for stable patients with pancreatitis are effective and clinically appropriate.

Dietetic led reviews demonstrated improved compliance with NICE guidelines, increased capacity within consultant outpatient clinics and have the potential to generate significant income for the trust if this was to be funded and rolled out into all HPB consultant clinics.

Further work should explore long term compliance with nutritional advice, outcomes and the impact on smoking and alcohol intake. Analysis of the potential to increase capacity within consultant clinics should be undertaken.

