



Service Priorities and Programmes Electronic Presentations

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Submitting author: Ms Tina CHAN

Post title: Dietitian, OLMH, KCC

Enhancement of dietetic service for palliative care inpatients

Chan YTT(1), Lam NS(1), Chan TM(2), Hai SF(2)

(1) Dietetics, Our Lady of Maryknoll Hospital

(2) Palliative Care Unit, Our Lady of Maryknoll Hospital

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Introduction

Adequate nutritional intake is often difficult, if not impossible, for person with a terminal illness. For palliative approach to nutrition, patients' nutritional status should be maximized in a way that is acceptable to the patients to preserve their quality of life and general wellbeing. Pilot run of "blanket coverage" of dietetic service to inpatients in palliative care unit (PCU) had been implemented since 2/2015. Patients were screened by patient care assistant for eligibility of dietetic service. Since 1/2/2016, blanket referrals to dietitians for all inpatients from PCU have been implemented.

Objectives

i) To improve palliative care patients' nutritional status via early nutrition assessment and intervention. ii) To promote enjoyment of food tailored to individual demand and performance via multi-disciplinary approach. iii) To facilitate patient care by family/ward staff with nutrition support and to improve their quality of life.

Methodology

- Dietitian has joined the Multi-disciplinary Palliative Care Case Conference once a month since 6/2014 to discuss patients' nutritional care with team members and has also participated in the monthly Palliative Medicine Journal Club. - Discussion of wider range of food choices was raised in the Hospital Nutrition and Food Service Committee meeting on 27/3/2015. Nutrient dense pureed diet (高營糊) and Polycal are provided to PCU patients in addition to current add-on steamed egg and sesame dessert. - Blanket referrals to dietetic service for all inpatients from PCU have been implemented since 1/2/2016. (*excluding dying patients and patients who are kept nil by mouth or only allowed to take sips of fluid.) Dietitians provide nutrition support/diet modification within 1 working days after their admission.

Result

To improve quality of care for palliative care inpatients Pre- & post- intake records were collected from 103 patients with oral feeding from Sep 2016 to Jan 2017 by interview or intake-output chart. The Wilcoxon Signed Rank Test showed that the median total energy intake per day per patient increased significantly from 350kcal to 800kcal ($Z=-7.096$, $p<0.001$). The results showed that nutrition support played an important role in promoting the total energy intake. The increase in nutrient intake may improve quality of life e.g. food enjoyment. A total of 72 patients or their relatives

completed the satisfaction survey. Majority of them were satisfied with the timely dietetic service (94%), dietitians' work (93%) and the modified hospital meals and the addition of nutritional supplements (86%).

Specially flavored supplemental drinks were available since 24th Aug 2017. Up till 31st Oct, 2017, 12 patient were prescribed with these drinks during hospital stay. Ten of them were interviewed. All of them satisfied with the prescribed drinks.