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The challenges faced by a Community Dietitian during COVID 19

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The Community Nutrition Support Team are adept at working in different and challenging circumstances, however, the challenges we have faced as a result of the COVID - 19 outbreak have surpassed anything else we have come across before. Despite not being 'front facing' like some of our colleagues and sometimes feeling a bit removed from the crisis, here are some of the challenges we have come across and the adaptations that we have made to ensure our patients continue to receive ongoing support. Our first challenge was how can you provide a safe service to our patients as a community dietitian when you are not allowed out in the community?

While our acute colleagues are fighting the challenges of COVID - 19 on the 'front line,' there continues to be a significant number of vulnerable patients across the community setting, in both their own homes and within a care home setting at risk of malnutrition, whether they have been directly impacted by COVID – 19 or not. The Belfast Trust Community Nutrition Support Team has continued to provide a dietetic service to these people throughout the pandemic.

Fortunately, we already had an electronic record system in place, therefore we have been able to virtually connect with our patients. This has allowed us to complete assessments over the phone instead of completing domiciliary visits as we normally would have done.

However, remote working is not all it would seem. Difficulties ranged from IT challenges, not being able to contact patients or their families, or simply not being able to gather sufficient information to feel that you have the full picture of what is nutritionally impacting the patient.

Virtual fatigue has become a new buzzword and most definitely is a real thing! Staring at a laptop along with talking on a phone all day has made us all realise just how much we miss interacting with our patients face-to-face. I've told myself I will never complain about doing domiciliary visits in the rain again! We have all missed the human interaction and the relationships that we are privileged to develop with our patients, especially those known to us long term.

Full appreciation has been given for just how much we rely on observing a home setting and non-verbal cues in order to complete a comprehensive dietetic assessment. Having a weight and a vague diet history is often not enough to make the connection with a patient and work out what the most appropriate *nutritional* care plan would be for that patient and their family.

It also rapidly became apparent how socially isolated some of our patients are feeling. We often find ourselves simply having a chat on the phone as we are perhaps the only contact that this person has had with the outside world that day, week or even month. It has highlighted the mental and psychological impact of isolation, and sometimes just being a listening ear is more important than any dietetic advice we could provide.

By using extensive telephone sessions, we have been able to provide Dietetic support to both patients already on our caseload and new patients on our waiting list, while responding as quickly as possible to the crisis within the care homes.

There has been a big impact of Covid 19 on care homes and it has been both humbling and heart wrenching speaking to our nursing colleagues working within this setting. Their dedication to their residents, while battling staff shortages and illness themselves has been awe-inspiring. As a team, we have contributed to both local and regional online nutrition training and guidelines to help support that battle against the increase of malnutrition in this setting as a result of COVID - 19. We have also used available technology including Microsoft Teams to contribute to multidisciplinary virtual ward rounds to help support the rehabilitation of residents recovering from the virus.

We continue to provide support to care homes who have been the most greatly affected and prioritise patients on an individual basis to give them the best care as quickly as possible. We continue to work with our multidisciplinary colleagues to try and find new ways we can work together to continue to support the care homes in our area.

As lockdown begins to ease, we have been working hard to try and find new and innovative ways to start getting out to see those patients most in need. Ideally, we would like to review everyone on our caseload, but this is not feasible either from a social distancing or a capacity point of view.

We continue to review patients in care homes via the phone as we can get information / weights from nursing staff, however we are trying new ways to gather more information on those patients in their own homes.

One system we are piloting, at the moment, is a traffic light system whereby we review patients are categorised as either red, amber or green depending on their clinical need as below;

1. The red category includes; patients that we are clinically concerned about and have consent to complete a domiciliary visit. This could be due to a patient's low weight, current medical condition or lack of scales at home or patients we have not met before making it is difficult to assess their nutritional status on the phone.
2. The amber category includes; patients who we are concerned about and would like to complete a domiciliary visit but either they will not consent to a visit or someone in the household is continuing to shield and a visit is not felt to be appropriate

3. The green category includes; patients who were previously stable e.g. our long term enterally fed patients or those who can be weighed at home by themselves or a family member. We plan to review these patients as and when capacity allows.

Once patients are categorised our new 'mobile weighing unit' will go out initially to weigh the patients identified in the red category, the weight will be reported back to the Dietitian involved with the patient's care, who will then complete a follow up assessment over the phone.

The weighing unit consists of a member of staff in appropriate PPE going into the house, getting a weight and then leaving the house as quickly as able to minimise risk to patients as much as possible. Only in exceptional circumstance will a Dietitian go into a house to complete an assessment, and the time allocated to this will be limited.

During the past few months the importance of team working, and support has become even more apparent than normal. I am so proud of how everyone within our team, from dietitians, to our dietetic support worker, to our clerical staff, have all worked with such a positive and adaptable attitude. The flexibility and support that they have shown to each other and to our patients is to be commended. As things have changed so rapidly from one day to another, they have taken it with good humour when I have had to say, 'the plan we had yesterday has changed this morning'. We have maintained regular phone and email contact, but also used virtual team meetings once a week not only to discuss our work plan for the next week, but also to catch up with each other, make sure everyone was ok, provide support, have a coffee and see some friendly faces!

As we come out of this crisis, the challenge for all dietitians will be how we support all those directly and indirectly affected by COVID - 19, and deal with the nutritional impact of this disease. However, based on what we have been through in the last few months, I know that we as a team will continue to fight to make this happen as best, we can. I am excited to see what the future holds as we try and find new and innovative ways to do this!