

#TEXT1101AG: **Code A** Senior Dietician

Poor practice in nutrition.

Retired 3 years ago – 1999. Part-time 2 days a week from 2000 for 2 years. Feels things have improved vastly that have addressed any issues arising from 98.

Community dietician for F&G.

Only 1 Tuesday.

Managed community dieticians.

Many outpatients.

Inpatients very small – in patients was not organised.

Also was committed to Dolphin new unit system in place – many was being funded.

Systems were very different between Dolphin and Dryad and Sultan. Knowledge seemed less than on Dolphin.

3 wards 1 day a week.

Daedalus – stroke patterns had dedicated support on nutrition/feeding.

Sultan and Dryad – called for critical incidents or special problems with feeding – responded when called.

Dieticians worked between kitchens and patients.

Dryad and Sultan – felt they did not need dietician and was not involved in care planning.

New policy for feeding people (Tony Thorne funding input). Ward must have scales – scales were not on all wards.

NOW - weighed on admission

- documented nurses notes

- reviewed monthly

- nurse – nutrition rep.

All present on Dolphin in 98.

Often nurses too busy and food out of reach. Now resolved.

Standards audited regularly.

Now working on learning disabilities so aware of policies of trust and aware policy of feeding in place.

Now employed dietician full time.

General MCSW did feeding. Nurses and drugs.

Nutritional assessment and admission – numerical score.

Relied on relatives before for feeding.

Dealt specifically with a patient needs not over whole ward. Eg. of cases of needs

- overweight, diabetics lipids
- glycogen levels, home preparation
- peg feeding
- nasal feeding

Under new guidelines – communicate with relatives to prepare food for patient at home.

Policy has been given a high level of value by senior management – influence practical use of policy.

In this instance member of staff went into hospital lost weight and went to broadsheets – instigated policy.

Nutritional reps meeting – 6 months

- regular update training
- access to info.

Executive feeding people committee

Initially Nutritional reps would volunteer to do nutrition.

People were aware of nutrition but it was the system that enabled practice.

Role of dietician, has changed and respected more by clinical staff now.

Feels that in 1998 that across the board it was not common practice to document everything ie. nutrition notes.

Remit of job also contained major community projects – eg. meals on wheels,

school menus, health promotion.

Enablement team

Full-time dietician

At wards, St Christopher and Community plus MDT meetings.

Enablement Services – to improve, interface between hospitals and communities.

Admits that practice in 98/99 on feeding patients very poor, that patients not given essential care in feeding.