Home Health Dietitian Referrals: Priority Criteria

Site Applicability

VCH Transition Services Teams (TST), Central Intake and Home Health Programs.

Practice Level

Basic Skill: TST, Central Intake and Home Health clinicians participating in priority setting for dietitian services.

Need to Know

Initial Priority Setting

Home Health dietitian services are intended for clients who cannot get out to see an outpatient dietitian, specialty clinic dietitian or private dietitian.

TST, Central Intake and Community health care providers determine the priority level for registered dietitian (RD) services based on available information, such as relevant medical history, weight history, appetite, food access and intake, physical, mental and cognitive state and more. Consider using a validated screening tool such as the Mini-Nutritional Assessment (MNA).

For clients at risk for swallowing problems, consider using the Dysphagia Screening Tool to prioritize level. A referral to the Home Health Speech Language Pathologist (SLP) and Occupational Therapist (OT) should also be made.

Reprioritization of Transition Services Team (TST) or Central Intake Referrals

In the following instances Home Health staff may reprioritize the referral (either higher or lower) using the following criteria in PARIS:

- Client Risk Change: new information available
- Client Risk Change: health status change
- Client Risk Change: another discipline in first
- Client In Hospital
- Unable to Contact Client
- Client Refusal

If the priority is unable to be met due to workload, this must be documented in the “Referral Priority” section of PARIS under the reason "Resources Unavailable".

Guideline

Assessment

Vancouver Coastal Health (VCH) uses "Access to At Home Services- Guidelines for Determining Priority of Visit" (October 2006).

These guidelines provide general guidance and more detailed information to determine the level of priority for dietitian services including:

- Priority 2—Visit or intervention within 48 hours
- Priority 3—Visit or intervention within 1 week
- Priority 4—Visit or intervention within 2 weeks
- Priority 5- Visit or intervention can occur after 2 weeks
- Pending referral

Intervention

Setting priorities for Dietitian referrals

To assist with determining priority levels for specific nutrition issues, the table below lists some illustrative examples of nutritional risk in descending order (and therefore priority for intervention is also in descending order). Acknowledging that clients are often impacted by multiple health issues, the referral priority must reflect the most immediate risk.

A collection of risk factors that *individually* rank as Priority 4 or 5, may be deemed a priority 3 when in combination with other risk factors e.g. meal planning for diabetes and food insecurity.

Examples of How Dietitian Referrals Can Be Prioritized

SUGGESTED PRIORITY	REASON FOR REFERRAL
Client should be directed to seek Emergency Medical Treatment	Client is in acute distress related to: • Persistent choking or trouble breathing while eating or drinking • Severe Dehydration • Blocked or displaced enteral feeding tube • Intractable vomiting
RD2, Tolerable Risk • (Visit or Intervention within 48 hours) • Professional assessment that there is a high probability of negative outcome or secondary complications to health, safety of client or family if situation persists over 48 hours:	• Clients new to Enteral Feeding at home who have received limited teaching in hospital prior to d/c, who have not reached their final rate, require schedule adjustments or are experiencing complications (nausea, vomiting, diarrhea or fluid retention) • Swallowing Problems (identified via Dysphagia Screening Tool) e.g. client treated for acute episode of choking related to eating or drinking but discharged from Emergency medical treatment without further investigation or education for safer swallowing strategies. Referral to SLP and OT should also be made. • Clients new to insulin therapy who have not received diet teaching • Poorly controlled Diabetes (e.g. blood glucose levels less than 4 mmol/L or greater than 15 mmol/L) and/or new to insulin therapy • Malnutrition or undernutrition o No access to food, social support, resources or programs for meal or shopping and inability to shop and prepare meals independently
RD3, Tolerable Risk • (Visit/Intervention within 1 week) • Professional assessment that there is a high probability of negative outcome or secondary complications if situation persists over 1 week.	• Malnutrition or undernutrition o as result of deficiency of nutrients (e.g.protein), lack of sufficient food and/or significant change in usual pattern of eating or drinking (e.g. eating only 1 meal or less daily), significant, unintended wt loss (greater than 5 percent in a month) • Wound Care Management - client is at risk for skin breakdown and/or has open, draining wounds • NEW Incident or exacerbation of chronic condition affecting ability to obtain sufficient intake • Clients on therapeutic diets (e.g. renal, hepatic, cardiac) requiring medical nutrition therapy and/or reassessment • Swallowing Problems e.g. client or caregiver has difficulty following or implementing recommended swallowing strategies Referral to SLP and OT should also be made. • Symptom management in Palliative Care • GI complications or post-op symptoms affecting intake and/or elimination

	• Compromised passage of food via esophagus secondary to achalasia, GERD, hernias or esophageal cancers • New ileostomy or high output ostomies
RD4, Tolerable Risk o (Visit or Intervention within 2 weeks) o Professional assessment that there is a moderate probability of negative outcome or secondary complications will occur if situation persists up to 2 weeks	• Malnutrition or undernutrition – with stable weight o significant change in usual pattern of eating or drinking, difficulty preparing meals to achieve adequate nutrition o Eating Disorder • Swallowing Problems e.g. client or caregiver is following swallowing strategies but may require follow-up for chronic disease management. Referral to SLP and OT should also be made. • Food Allergy or Intolerance o Adverse reaction to food that severely limits food choices or compromises health status • Meals to You referrals - already made by other disciplines; requires RD monitoring of reasonable use of resources and timely end of referral
RD5, Tolerable Risk o (Visit or Intervention after 2 weeks) o Professional assessment that there is a low probability of a negative outcome or secondary complications will occur if situation persists after 2 weeks	Client is well nourished but client and/or caregiver needs support for: • Review of enteral nutrition support in stable client • Swallowing problem (e.g. client is tolerating diet or a diet upgrade has been recommended by the SLP or OT) • Transitioning from enteral to oral feeding • Meal Planning or Poor Dietary Habits • Chronic Disease Management – for which RD services are not available through specialized programs (e.g. BCCA, Diabetes, Renal or Cardiac Clinics) • Weight Gain – clients living with obesity who desire to make lifestyle changes to improve symptoms related to their medical condition • Group Home nutrition assessment

Documentation

Priority level is documented in PARIS referral according to PARIS referral guidelines. Reprioritization is also documented in PARIS according to guidelines.

Related Documents

- Access to At Home Services - Guidelines for Determining Priority of Visit
- Mini Nutritional Assessment
- Dysphagia Screening Tool

Effective Date:	13-NOV-2020
Posted Date:	13-NOV-2020
Last Revised:	13-NOV-2020
Last Reviewed:	13-NOV-2020
Approved By: *(committee or position)*	VCH
	Endorsed by: (Regional SharePoint 2nd Reading) Health Authority Professional Specific Advisory Council Chairs (HAPSAC) Health Authority Interprofessional Advisory Council Chairs (HAIAC) VCH Operations Directors VCH Professional Practice Directors **Final Sign Off:** Vice President, Professional Practice and Chief Clinical Information Officer, VCH
Owners: *(optional)*	VCH
	Developer Lead(s): • RD, Home Health, Vancouver Community **Development Team member(s):** • RD, Home Health, Vancouver Community • RD, Home Health, Vancouver Community • RD, Home Health, Vancouver Community • RD, Home Health, Vancouver Community • RD, Home Health, Vancouver Community