Dietary Assessment and Review

Acting Assistant Director of Nutrition and Dietetics - Danielle: I'm Danielle. I'm currently the acting assistant director of nutrition and dietetics at Toowoomba Hospital. And I've been delivering telehealth in a number of clinics. Predominantly it's been healthy weight management clinics or weight management telehealth groups.

So as an allied health division, we came up with some Procedures and Work Instructions on how to use telehealth and we had different instruction manuals for the clinicians, the patients, and the admin officers as well. We simulated the use of telehealth. So, everyone was quite familiar on the practical uses of if they were in that position, how would they actually do it. We found that quite successful.

So, another barrier is some patients might not be very technically skilled to access telehealth. So, I have had one patient who I've been waiting for him to dial in, and he's given me a call and he's like "I've got no idea how to do this". So, via the phone, I've just talked him through how to set it up. He's successfully connected to the video conferencing, and we've been able to conduct our assessment. And by spending that little bit of time with him, I know that for all of his future appointments that are delivered that way he will be able to do it easily.

Head and Neck Service – Nadia: In Darlings Down's Health, all patients receiving radiation, whether they're public or private, they receive their treatments off site at a private facility and then the Toowoomba base hospital provides multidisciplinary specialised support.

So, before we move to the video conferencing model, the patients would need to have a separate face-to-face appointment with the dietitian and the speech pathologist every week. And if they couldn't attend those appointments, it was only the telephone that we could offer. And that just has limitations around sometimes not being able to connect to patients, not answering their phones, issues around not being able to develop really good rapport. So, the video conferencing setup by Icon nurses and they set up the equipment, the computer, and then the patients just circle though on one clinic day a week on a schedule. So, it's an extremely efficient way of delivering care. We did an evaluation of our service and we found that just by introducing video conferencing, we added another hundred, or more, occasions of service to the clinic itself.

We still do offer telephone reviews. So, after the six weeks of treatment where we review them every single week. And so I've noticed that there's a big difference in the relationships that I've built with the patients that I've seen every week and we can pick up on each other's nonverbal cues. And it's pretty much similar to doing a normal face-to-face assessment, I find.

Diabetes Service – Kelsie: So, through video conferencing, we can still provide all the care we can for dietetics. In our profession, a lot of our care and advice is given verbal. We don't really need to do a lot of hands-on stuff and for those things which are more, I guess, physical, we can get the patient to go and find their own bathroom scales, bring them in front of the camera. They can step on and tell us what their weight is. So, we can still do those things.

I have done quite a bit with our type 1 diabetes patients through video conference. And what is really helpful here is that often we're asking patients for their diet history, what they've been eating. And this doesn't come naturally to a lot of people to just report their whole diet history for the last

week or so. However, we can then ask them to even go to their pantry or their fridge, open it, have a look, tell us what's in there. Or it can help prompt them to what they've been eating.

We can also look at the size of their plates. So, a dinner plate is not just a dinner plate. Everyone has a different size. So, we can see what size theirs is, their bowls. They can also get out their measuring cups as well and they can use that to visualise and then tell us an estimate of how much they think they're eating.

I have asked them about is their jewellery any looser, can they hold their wrist up and show me how their watch is fitting. So, I can make those observations through video conference as well. So, we can be looking at the patient's face and see if they've lost any muscle or fat, any deficits there. If we can see their clavicle, we can see any wasting that might be there as well. We can ask them to hold their arm up and we can then see their bicep and tricep muscle and if there's any deficits there as well. So, we can get a better idea of any physical wasting. So, it's very similar to face-to-face. Although we can't actually physically touch them, we can still get a really good idea of how they look nutritionally.

Weight Management Group - Danielle: So, we have asked patients to use their own scales at home to measure their weight. And also, the other thing is their waist measurements as well. So, a lot of people do have some waist circumference tape measures at home. So just using those. For the patients that don't have access to tape measures at home to measure their waist circumference, we have suggested that they use a piece of string, tie it around their waist and they can use it against a larger tape measure or something like that to monitor their progress. So, there's another measure apart from weight.

Head and Neck Service – Nadia: You can still see if a patient has visually maintained their muscle mass or their fat mass. You can still see if they're having any issues with their gastrostomy tube. Or you can do like a basic assessment and visually see that rather than relying on the patient's description of that. Over the telephone it is a bit more just relaying information rather than it be as conversational because you're usually waiting for the other person to finish speaking. And so now with the video conferencing, you can see, you can refer to a document and look at the same screen together.

Weight Management Group - Danielle: So, we had to adapt a number of our client resources. So, all of our resources that we would hand out face-to-face normally, we had to put into emails to be able to send out for patients to be able to source themselves. We had to make them available electronically, so we could share them on the screen during our presentation time as well. So, when we were using food models or showing food labels, we had to really think about how we showed that or demonstrated that so everyone could see that nice and clearly.

We also used some patient reported outcomes to look at their diet quality. So that was something we did struggle to get back. So, when patients would come face-to-face, they would complete the survey and we could get that back from them straight away. But when we did do telehealth, we did find that we did have to chase people a little bit more to get those survey results back a little bit. So, it's just been adapting how we send that out and the importance that we set upon getting those survey results back.

Diabetes Service – Kelsie: I have had to learn a bit more about how to share screens and make sure that all of my resources I can have in a digital format. So that I can then share that screen with the patient so they can see it from their end. I also sometimes might show them my screen to teach

them but then also have a physical copy that I might write a few notes on that I can then either post or email to them as well. So, there's some more of that individual, I guess, strategies for them.

Weight Management Group - Danielle: I find with video conferencing; you have got, some people do feel more confident speaking up or typing in the chat box or putting up their hand or sending a little emoji. So, in some aspects, people may engage even more in these group settings via video conferencing rather than your face-to-face groups. So that's a real big benefit.

Head and Neck Service – Nadia: That's one of the limitations of video conferencing in that you couldn't do a formal SGA because that involves physically palpating a person's muscle mass or pinching the skin. You could rely more on self-report and visual observation. So, an exposed clavicle can show you a lot about whether someone's lost weight, indentation to their forehead. So, using more of those visual cues rather than a formal assessment. Although I feel you still can diagnose malnutrition over the video conference based on their self-report and from what you visually can see. Whereas with a telephone, you wouldn't be able to do so.

Diabetes Service – Kelsie: We're also planning on expanding our telehealth service to other client groups. I also run here our outpatient gastroenterology clinic. So, a lot of these patients have inflammatory bowel disease or irritable bowel syndrome. And so, I do at the moment, either do face-to-face or telephone consults with these people. Particularly for the IBS group, I find it quite difficult to provide those telephone consults, just because there's a lot of diagrams and videos and a lot of visual information that I use to provide my education. So, once we start providing that through telehealth, that will help that communication and education for those patients. Particularly if we can get them, again, going to their pantries and bringing out products, we can then look at ingredient lists together and look for those high FODMAP ingredients or whatever it may be.

Head and Neck Service – Nadia: Our service was evaluated last year by my predecessor. And we did a survey of all the patients to find their experiences using telehealth and a 100 per cent of the patients surveyed felt that they got the same care that they would normally receive during face-to-face. And 93 per cent were happy to continue telehealth appointments even after they've finished treatment. And even the stakeholders, so at the Toowoomba Base Hospital and at the private facility, 100 per cent of the staff members were really happy with how the service was running and wanted to continue into the future.

I've definitely developed my confidence in video conferencing and it's something that I would consider to use more often.

Acting Assistant Director of Nutrition and Dietetics - Danielle: I think telehealth or video conferencing could be offered for really any population group. It's just, like you said, having those adaptations in place to make sure that you've got safety measures and you're collecting all the right data.

Diabetes Service – Kelsie: So, telehealth is really just another skill in our toolkit as health professionals. We will always use our face-to-face method. But however, if we can have that extra avenue of being able to provide a really good, patient-centred mode of education, we need to embrace it.