

Dietitian first gastroenterology clinic

Service model

Patients referred to gastroenterology outpatient clinics and triaged as Category 2 or Category 3 have the potential for wait times that exceed recommendations. A 'dietitian first' clinic was trialled with the aim of expediting appropriate referrals from waiting lists and treating clients whose presentations can be managed or resolved through dietary and/or lifestyle advice. In this model a dietitian is the first contact for the patient in the pathway practicing within an extended scope, with a pre-determined group of patients. Patient criteria have varied across sites and should be negotiated between the Department of Nutrition and Dietetics and Department of Gastroenterology/Surgery. A pilot of the clinic was held at both a metropolitan (Royal Brisbane and Women's Hospital) and a regional hospital (Bundaberg Hospital).

Key elements of role

- Quality of care is ensured through formal and well defined supervision models and reporting to both the Department of Nutrition and Dietetics and Department of Gastroenterology/Surgery.
- The dietitian requests and interprets relevant pathology and diagnostic tests under the broader governance of a gastroenterologist or surgeon. This is to exclude the likelihood of more serious gastroenterological disorders. As required, high risk patients are triaged to see a doctor.
- The dietitian provides comprehensive clinical and dietary assessment and intervention to eligible low risk patients attending the dietitian-first clinic.
- On completion of the dietetic intervention, patients are either referred for gastroenterology opinion or review, or are discharged directly back to community-based services.

Outcomes

Bundaberg Hospital pilot

- Referral criteria: patients on Category 2 and 3 surgical outpatient list
- 6 month pilot – 63 patients offered appointment with clinic, 43 patients seen initially by dietitian, 13 patients reviewed by the dietitian
- Mean waiting times:
 - dietetic triage clinic - 113 ± 35.8 days
 - pre-dietitian clinic - 136 ± 47.2 days
- On average patients were seen 23 days earlier
- 100 per cent of patients who completed the patient satisfaction survey (69% completed) were 'satisfied' or very satisfied' with the entire clinic experience.

Metropolitan hospital pilot: Royal Brisbane and Women's Hospital

- Referral criteria negotiated with the gastroenterology specialists: patients < 40yrs of age with abdominal pain and/or altered bowel motions and no alarming investigations.
- 12 month pilot - 19 referrals, 11 patients attended dietitian-first clinic
- Average patient wait times during pilot study

- Dietitian first gastroenterology clinic: 29 days
- Gastroenterology outpatient clinic: Category 2 - 286 days, Category 3 - 312 days
- Outcomes for the 11 patients who attended dietitian first clinic:
 - 100 per cent reported irritable bowel syndrome symptom improvement following dietary and lifestyle advice and 85 per cent reported complete resolution of symptoms
 - 100 per cent discharged back to community services (General Practitioner) and declined to see gastroenterology consultant when offered appointment.
- Surveys reveal patients were satisfied with the service (45 per cent completion rate, 100 per cent rated service as 'good' or 'excellent' on a 5 point scale).
- Surveys reveal gastroenterology staff were satisfied with the service.
- Potential for 5 per cent reduction of gastroenterology outpatient wait lists.
- Fewer appointments required with gastroenterology consultants – opportunity for cost savings.

Resources to support implementation of model

[Assessment sheet template](#)

[Patient satisfaction survey](#)

[Gastroenterology staff satisfaction survey](#)

Evaluation measures

- Waiting list for gastroenterology/surgery outpatient clinic compared to dietitian first clinic
- Number of patients seen by the dietitian and subsequently triaged to endoscopy and/or escalated up the triage category list
- Patient outcomes (symptom based)
- Patient satisfaction (survey)
- Gastroenterology staff satisfaction (survey)
- Number of patients seen by dietitian which subsequently negated need for a consultant appointment
- Number of patients that can be removed from gastroenterology wait lists (retrospective audit)

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