

Establishing a nutrition-led, multidisciplinary parenteral nutrition round

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Background

Managing parenteral nutrition (PN) via a multidisciplinary team is regarded as best practice, improves patient outcomes and provides cost-savings for organisations. The aim was to investigate the need for a multidisciplinary PN team; and if required establish a pilot PN team to monitor and manage inpatients requiring PN.

Methods

Led by the ICU dietitian, key stakeholders were engaged: pharmacy, ICU nurse-liaison, ICU registrar and a key ICU consultant. A needs assessment collected relevant baseline data on all patients commencing PN over 3 months (September-December 2011) and PN management was compared to the hospital PN policy and best-practice guidelines. A successful business case led to the pilot of a PN round in 2012. This involved education of key multidisciplinary staff and collection of clinical and organisational outcomes to compare to baseline.

Results

The needs assessment identified inconsistencies in the prescription and monitoring of PN and demonstrated a negative impact on complication rates, nutritional adequacy and cost implications for the organisation. Positive outcomes achieved from the pilot PN round were: (1) improved patient clinical outcomes, (2) reduced clinical risk, (3) organisational cost savings, (4) standardised PN service provision, (5) effective multidisciplinary team work and (6) enhanced understanding of PN management amongst clinical staff. In 2013, the multidisciplinary PN round was implemented into usual care.

Discussion

This pilot and implementation of a PN team is an example of a successful allied health initiative involving engagement of multidisciplinary team members and providing clinical and organisational benefits. Challenges were encountered including: full engagement of all relevant staff (particularly medical), often impacting on PN monitoring, round attendance of ICU consultants and timing/running of the round. Despite these challenges the PN round continues in operation with a key strength the dietitian-led model and engagement of multidisciplinary team members, allowing for best-practice management of PN.