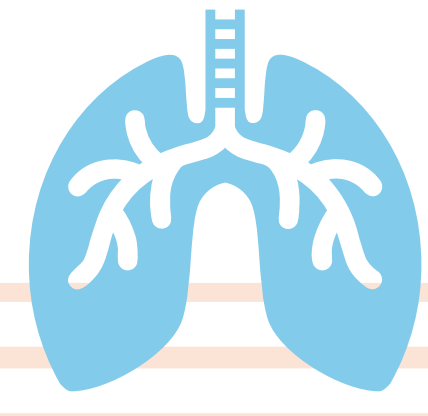


# STREAMLINING NUTRITION SERVICES FOR LUNG TRANSPLANT RECIPIENTS: A STRATEGIC APPROACH TO ENHANCE CARE AND REDUCE DELAYS

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## BACKGROUND

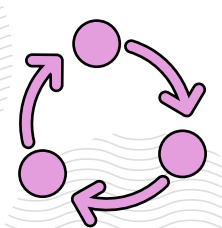
- Timely nutrition care is crucial for lung transplant (LungTx) recipients, improving medical and functional outcomes
- 117 post-transplant patients had wait times exceeding 3-6 months for outpatient (OP) appointments
- Goal:** enhance Lung Transplant Nutrition service provision through streamlining referral, triage, and scheduling pathways



## AIM

Reduce the wait list for post-lung transplant nutrition reviews by 50% over a timeframe of 3 months.

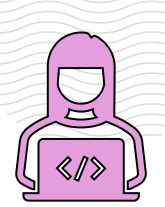
## METHODS



### Design Framework: The Model for Improvement



A literature review, benchmarking against national and international transplant centres, and a baseline audit identified key areas for improvement and informed process changes

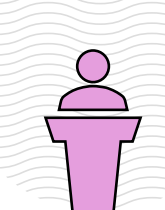


### Project interventions included:

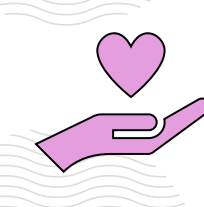
Nutrition Assistant scheduled overdue appointments, including three, six monthly and yearly timelines



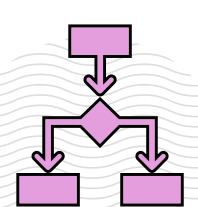
All nutritionally active LungTx patient information was transferred to Alfred's secured and already integrated digital tracking system; allowing accessibility for respiratory dietitians in times of cover



An ongoing post lung transplant criteria (Table 1); including a community referral algorithm (Figure 1), and an OP Post Tx Nutrition Process Map (Figure 2) were created



The new OP referral pathways and processes were presented to respiratory consultants and broader multidisciplinary team



As a duty of care no patients were automatically discharged from the waitlist, even if familiar to the service. As a result, all patients were reviewed a minimum of once before being discharged either to the community or alternative service

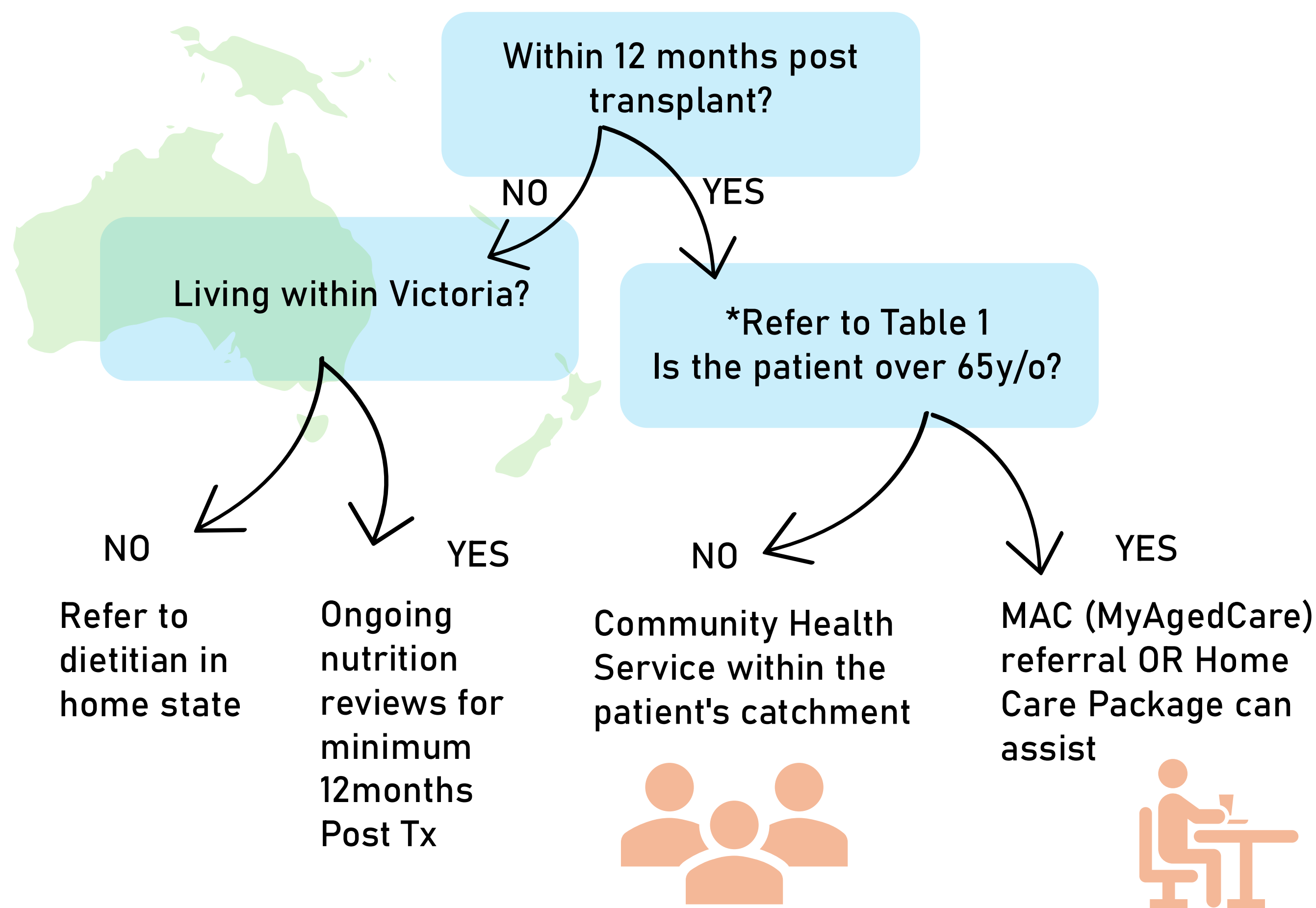


Figure 1: Community Referral Pathway for Lung Transplant Patients

\*Table 1: Ongoing Outpatient (OP) nutrition review criteria

Ongoing OP LungTx Nutrition	Community/Alternative Clinic
Malnutrition (< 12 months post Tx)	Chronic malnutrition (>12 months post Tx)
Cystic Fibrosis or Gastroparesis	Type 2 or steroid induced Diabetes (<12 months post Tx)
Re or pre-lung Tx: significantly underweight (underweight being a barrier to transplant) with potential to require a feeding tube	Pre-Tx requiring ongoing nutrition counselling for non-acute nutrition barriers i.e. weight loss
New unexplained loss of weight	Disordered eating
Recent admission requiring follow up	Receiving dialysis at another healthcare provider
Tube feeding (within Victoria)	Healthy eating patterns or weight management

\*Pt's attending alternative Alfred clinics with nutrition are to be discussed with treating dietitian(s)

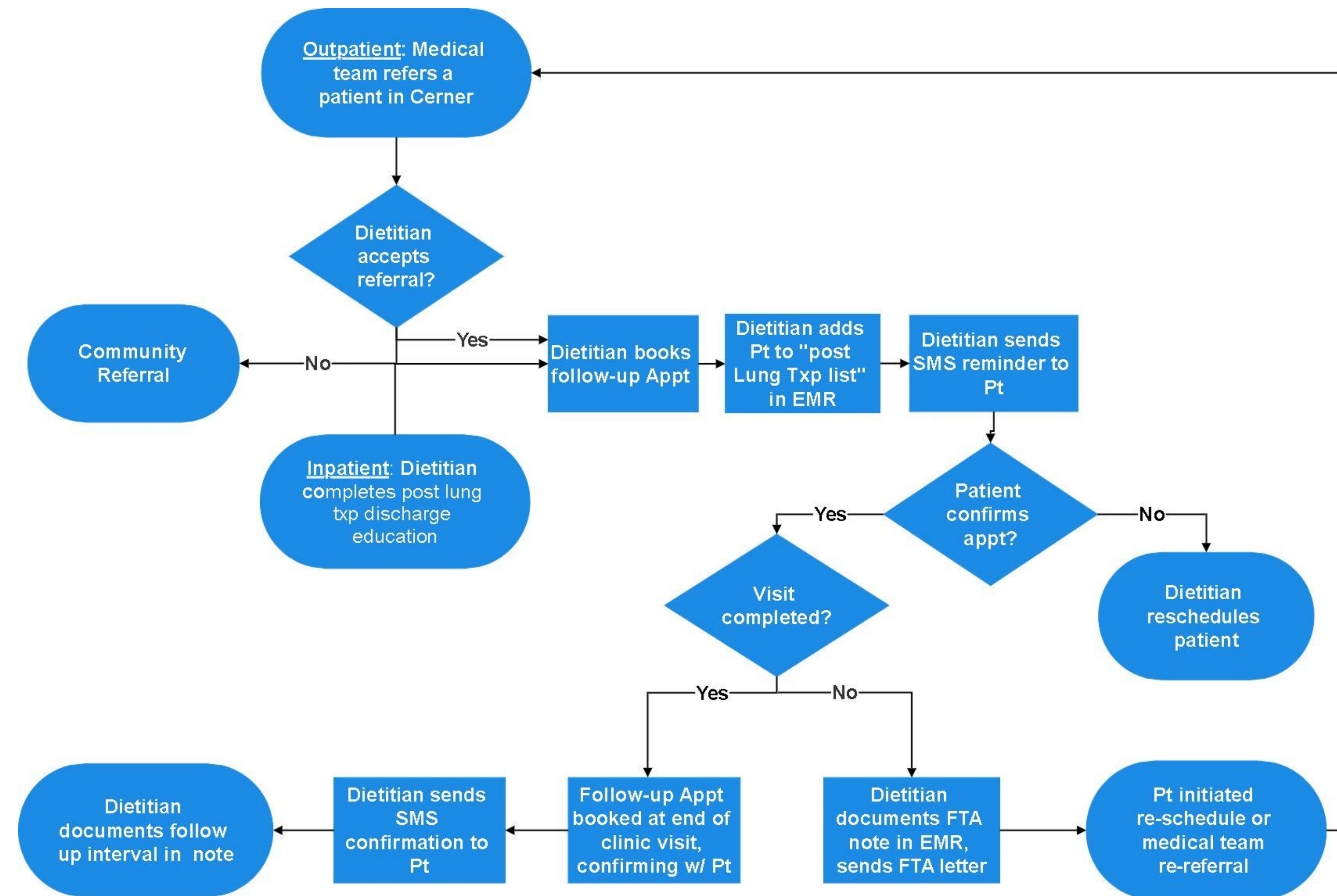
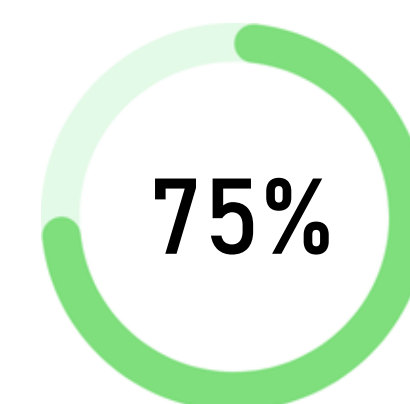


Figure 2: Lung Transplant Nutrition Outpatient process pathway. \*Inpatient referrals are immediate post transplant patients. Outpatient referrals are > 6 months post transplant\*

## RESULTS



Wait times for OP nutrition visits reduced by 75%



New lung transplant patients were referred via the inpatient pathway



Number of OP re-referrals post implementation

- Patients are now scheduled within 1-3 months post-transplant based on clinical priority
- Within 2 months of implementation the waitlist was reduced from 117 to 0 patients (Figure 3)
- The waitlist has been maintained at a median of 0 patients for 10 months (Figure 3)

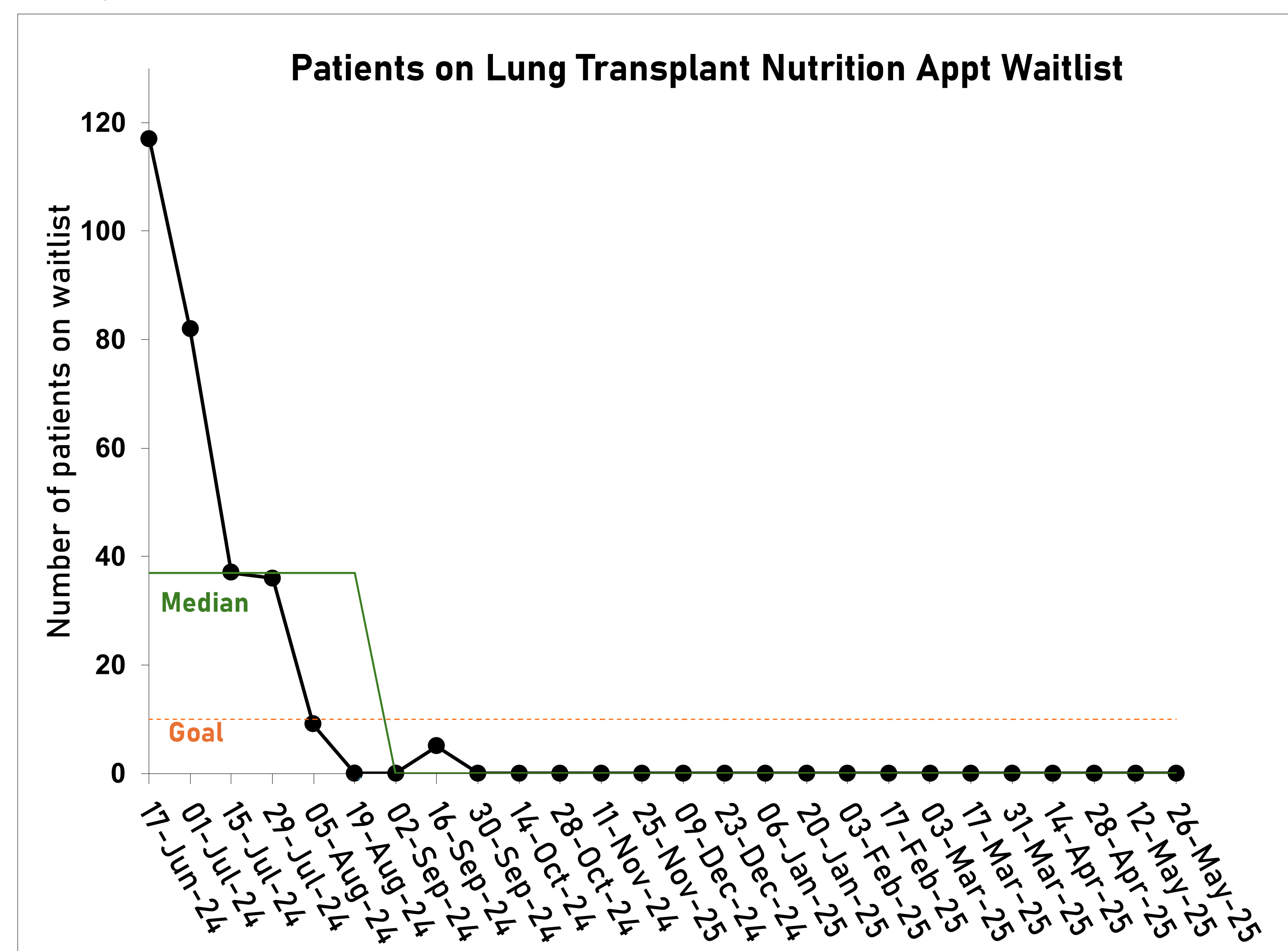


Figure 3: Time series chart of number of patients on the Lung Transplant Nutrition outpatient waitlist

## DISCUSSION

These interventions have enabled full clearance of the waitlist

Responsive and sustainable model that permits timely post lung transplant nutrition care and hence increases patient satisfaction

Future directions: updating education materials and gathering ongoing patient feedback on new processes

## ACKNOWLEDGMENTS

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