Nutrition Screening Quality Improvement at the University of Washington High-Risk Infant Follow-up Clinic

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excellent science, shared passion, enduring impact

INTRODUCTION

After leaving the Neonatal ICU (NICU), infants may be referred to receive an evaluation at the University of Washington High-Risk Infant Follow-up (UW HRIF) Program at the Center on Human Development and Disability. Early nutritional status of these infants is important to growth, development, and long-term health. The UW HRIF Program includes a dietitian, but their new nutrition screening process required reevaluation and improvements. Currently, patient caregivers receive a nutrition questionnaire one month prior to their appointment (with a stamped envelope) to determine nutrition risk and if they would like to see a dietitian.

OBJECTIVES

To offer recommendations for improvements to the new nutrition screening process in the UWMC HRIF clinic and addressed the following questions:

- 1. What are other HRIF clinics doing to screen for nutrition risk? How is this information applicable to the UWMC HRIF program?
- 2. How can nutrition screening at the UW HRIF clinic be improved?
- 3. What additional nutrition resource would be helpful for families of high-risk infants?

METHODS

- Developed a survey and disseminated it to HRIF clinic dietitians (Figure 1).
- Reviewed literature surrounding ex-premie nutrition and feeding.
- Collected, analyzed, and interpreted survey results.
- Created an algorithm and set of recommendations to improve nutrition screening at the UW HRIF clinic.
- Created a handout for caregivers of UW HRIF clinic patients for transitional feeding at home.
- Presented recommendations to the HRIF Clinic.

RESULTS: THE SURVEY,

ALGORITHM, HANDOUT & PRESENTATION

What changes would improve Nutrition's role in your clinic?

- Time (67%)
- More organization (25%)

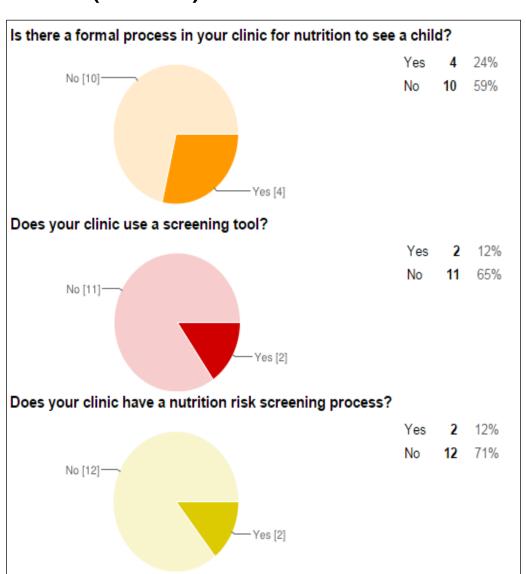


Figure 2: Analysis of three relevant questions on the survey sent to HRIF dietitians.

The algorithm (Fig 3) ensures that all of next week's patients' nutrition risk will be addressed and the dietitian's patient schedule is organized in advance.

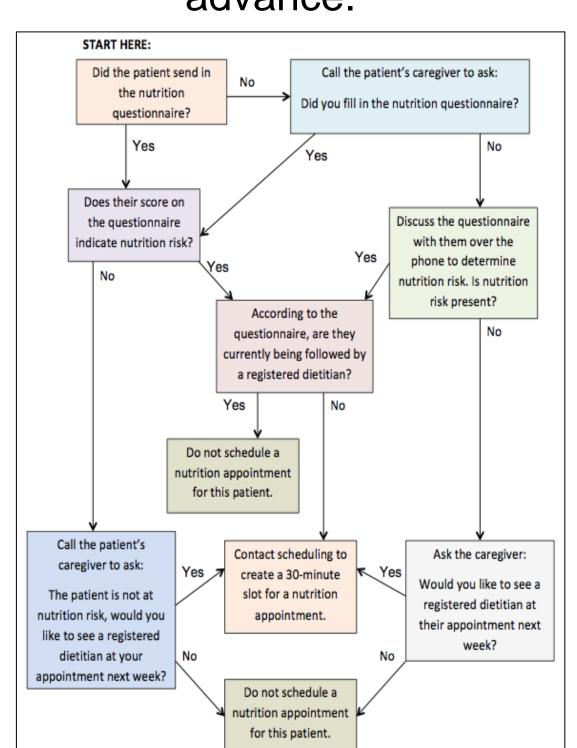


Figure 3: Screening algorithm developed.

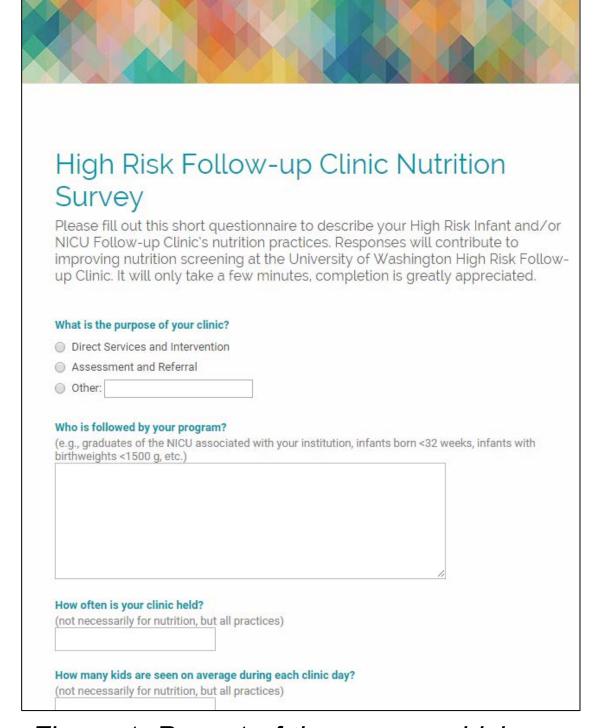


Figure 1: Page 1 of the survey, which included 20 questions. Responses were received from 17 dietitians in 14 states.

CONCLUSION & APPLICATIONS

The products of this project will:

- Implement a more systematized and formal strategy for seeing a dietitian in the HRIF clinic
- Improve the organization and efficiency of the clinic
- Improve nutrition care of patients

The next steps will be:

- Execute the algorithm and handout at the clinic
- Monitor and evaluate for effectiveness by:
 - Survey the dietitians at the clinic
 - Monitor increase in billed nutrition hours
 - Administer a survey to families to determine if their nutrition needs were addressed.



Figure 4: Handout developed from literature review.

Once pincer grasp is seen, begin to offer finger foods

(green beans, crackers, chicken pieces)

PRESENTATION

Presented the survey results and plan for improving nutrition screening at the UW HRIF clinic.



FUNDING

referral.

The Maternal & Child Health Bureau Pediatric Pulmonary Center Fellowship

