

Abstract Title

Creation of a priority tool to triage hospital patients and dispatch dietitian services.

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Abstract

Purpose: Given limited healthcare resources, there is value in dietitians seeing inpatients in priority order based on their need for medical nutrition therapy (MNT). With the absence of a published tool to inform this process, one was developed.

Process or summary of content: Fraser Health (FH) dietitians created an inpatient Priority Intervention Criteria Tool (PIC) that specifies four levels for dispatching dietitian services to patients based on their urgency for MNT. The PIC is informed by referral reason and Nutrition Acuity Score (a validated FH tool that incorporates patient nutrition diagnoses). It also acknowledges dietitian clinical judgment in determining monitoring plans.

Systematic approach used, including supporting information: The PIC was developed by a group of experienced dietitians then taken to front-line dietitians at 12 hospitals for review. PIC refinement was an iterative process focusing on the constructs of harm avoidance and risk reduction related to the urgency for MNT. As dietitians at each hospital reviewed the tool they accepted or rejected the changes from the previous hospital. Consensus was achieved after three rounds. The PIC has been in use at 12 hospitals by over 100 dietitians for 3 years. Evaluation by dietitians representing each hospital revealed revisions that will follow the same iterative process to achieve consensus.

Conclusions: The PIC provides a standardized method of triaging inpatients and dispatching dietitian services to those with the greatest need for MNT. This approach helps ensure patients with the highest nutrition acuity receive dietitian service first. It also provides a common language to communicate MNT urgency for workload distribution.

Recommendations: The PIC would benefit from additional validation in the form of reliability testing in the inpatient environment.

Significance to the field of dietetics: This tool supports communication amongst the healthcare team and senior leadership related to the need for MNT. It also informs dietitian caseloads, resource planning and helps justify labour resource requirements.