

IMPROVING NUTRITION MANAGEMENT IN INFANTS WITH CONGENITAL HEART DISEASE THROUGH IMPROVED INTERDISCIPLINARY COMMUNICATION

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Purpose

The purpose of this project is to determine whether, for nurses on a pediatric cardiology inpatient unit caring for infants with complex congenital heart disease, providing education sessions outlining the roles and responsibilities of the Registered Dietitian (RD) and the ways in which nurses communicate nutrition information via the electronic medical record (EMR) will increase nurses' overall understanding of the role of the RD and increase nursing satisfaction in regards to communication with the RD as compared to baseline.

Background

In infants with congenital heart disease, a failure to meet nutritional goals results in more frequent hospitalizations, protracted recovery from illness/surgery, and delayed discharges (Dunn, 2003). Interdisciplinary communication and coordination is essential in managing nutrition and improving quality of care in this high risk patient population (Havens, et al., 2010). With the introduction of the EMR, communication between disciplines can be negatively affected (Dykes, et al., 2006).

Methods

Baseline data was collected using a 26-question nursing satisfaction and general nutrition knowledge survey. A 15-minute education in-service was provided to the nursing staff that included information on the role of the RD and nutrition documentation in the EMR. Post-implementation surveys were distributed to nurses who completed the in-service.

Results

Pre-implementation surveys (n=26) showed a >60% dissatisfaction rate in 5 questions relating to communication with the RD and nursing's understanding of the RD's role. Post-implementation surveys (n=15) showed marginal improvement in 3 of the 4 targeted communication scores but satisfaction rose drastically from 37% to 90% regarding nursing's understanding of the RD's role.

Discussion

Possible causes for this general lack of improvement in satisfaction may stem from an inadequate relationship between the RD and the bedside nurse. Increasing face-time of the RD on the inpatient unit may improve this relationship and subsequently improve interdisciplinary communication while decreasing reliance on electronic communication.

References

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