

Pediatric Situational Assessment

INADEQUATE ACCESS TO
COMMUNITY REGISTERED DIETITIAN
SERVICES FOR A HIGH-RISK,
VULNERABLE PATIENT POPULATION

Susan Bird

BScFN, MScFN (c)

Brescia University College

Pediatric Situational Assessment

COLLABORATORS:

DR. COLLEEN O'CONNOR PhD, RD

DR. JANET MADILL PhD, RD

CATHY VERKLEY BSc, HEc, RD

Research Initiative

► Community feeding group

- Children's Aid Society of London Middlesex
- Southwest Community Care Access Centre
- Development Follow-up Clinic (Children's Hospital LHSC)
- Grey-Bruce Integrated Preschool Speech and Language Program
- Home Visiting Program for Infants (Child Parent Resource Institute)
- Middlesex London Health Unit
- Smalltalk (Huron Perth Preschool Speech & Language Initiative)
- Tyke Talk (Thames Valley Preschool Speech & Language Initiative)
- Thames Valley Children's Centre



Research Initiative

- ▶ Community feeding group
 - Specifically concerned with pediatric patients (0-5 yrs) with feeding & nutrition issues
- ▶ Pediatric patients were being referred to community registered dietitians by:
 - Agencies that deal with children
 - In-hospital registered dietitians
 - Physicians outside of family health teams
 - Pediatricians
- ▶ Referrals were being rejected
- ▶ *“Just documenting the obvious”*



Project Innovation

▶ Opportunity to conduct an unique exploratory study

- Partnership between community & academia

▶ Literature review revealed:

- **Many studies evaluating nutritional needs**

(Stanislavskaia J. 2014) (Williams S. et al. 2006)(Sharp WG. et al. 2010)

- **Interdisciplinary focus - includes registered dietitians**

(Keith-Thomas A. et al 2007)(Williams et al. 2006)

- **Only study tracked accessibility to dietetic support –hospital setting** (Larsen BM et al. 2014)



Project Innovation

- ▶ **GAP** in scientific research
 - Leaving a high risk vulnerable population without access to dietetic care



Research Initiative



▶ Pediatric Situational Assessment

- Quantify the gap
 - Patients able to access and those who were rejected
- Identify areas of most frequent nutritional concern
- Provide qualitative information regarding accessibility concerns & the impact on health of patient
- Document accessibility barriers

- ## ▶ Goal: improve health care for pediatric population by increasing the access to community registered dietitians

Improving Patient Health in SW Ontario

▶ Poor childhood nutrition = acute & chronic health consequences

- Growth retardation
- Developmental & psychological deficits
- Poor academic achievement
- Social difficulties
- Chronic respiratory disease
- Prolonged use of enteral or parenteral feedings
- Malnutrition
- Death

(Miller CK. et al. 2001)(Linscheid T. 2006)(May AL. et al. 2010) (Sharp WG. et al. 2010)

▶ Ensuring access to dietetic support = patient health

Improving Patient Health in SW Ontario

- Register Dietitians make a Difference using evidenced based practice
 - Assess macro/micro nutrient needs
 - calories, protein, carbohydrate, fat, & fluid
 - Anthropometric, biochemistry, clinical & dietary
 - Recommend age appropriate nutrition - specific to disease state
 - behavioural and SES issues
 - Nutrition care plan with appropriate foods and textures
 - Liaison with interdisciplinary team

Research & Community Practice

▶ Collaboration by community members

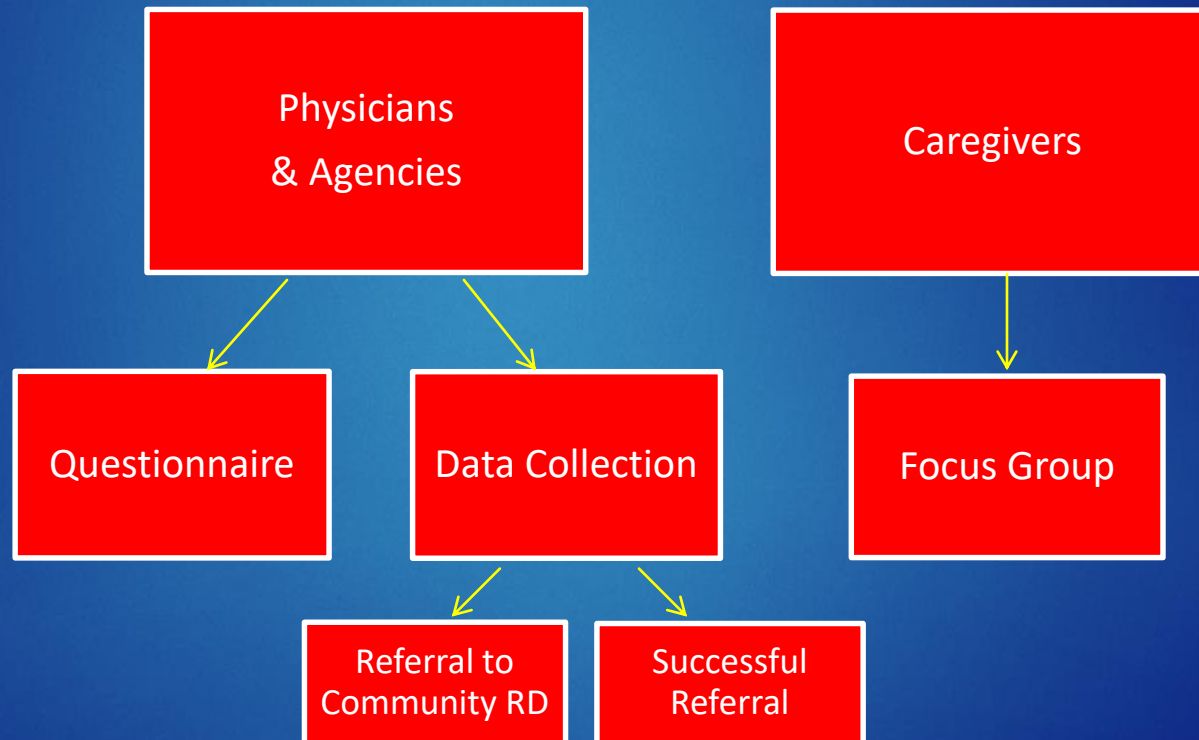
- Pediatricians
- Health Care Agencies
- OT, PT, SLP
- In-hospital registered dietitians
- Family members
- Community Care Access Center



▶ Community effort required - quantify the problem, identify the barriers & improve health care provided

Study Design

- ▶ Methodology: quantitative & qualitative tools

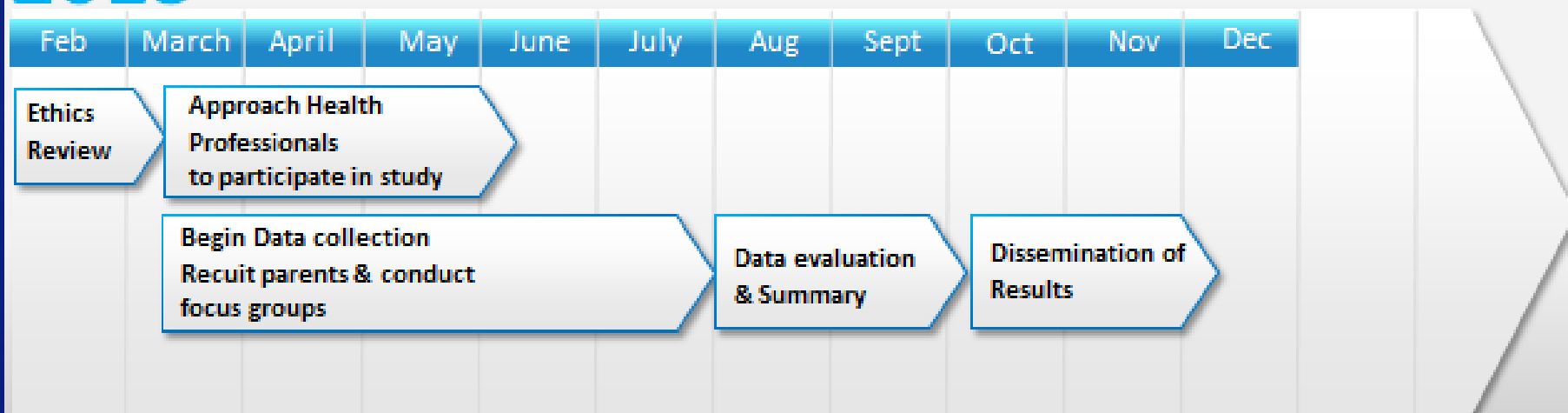


Timeline

Pediatric Situational Assessment Project

Timeline

2015



Dissemination of Information

- ▶ Results presented to South West Local Health Integration Network (LHIN)
- ▶ LHIN:
 - *“provides an integrated health care system that identifies priorities & find solutions which are based on local needs”* (South West LHIN, 2014)
- ▶ Public Health Nutrition Journal
- ▶ Community feeding group & CCAC

Opportunities for Research Activities

- ▶ Collaboration between academia and community members on an identified *priority* need
- ▶ Increase knowledge across health disciplines
- ▶ Generate information and build partnerships to advocate for improved patient health

Knowledge
Transfer



Thank You

DISCUSSION & QUESTIONS

References

Keith-Thomas A, Barresi I. Feeding Disorders in Children: Taking an Interdisciplinary Approach. *Pediatr Ann.* 2007 Aug;36(8):478–83.

Linscheid T. Behavioral Treatments for Pediatric Feeding Disorders. *Behav Modif.* 2006 Jan 1;30(1):6–23.

May AL, Dietz WH. The Feeding Infants and Toddlers Study 2008: Opportunities to Assess Parental, Cultural, and Environmental Influences on Dietary Behaviors and Obesity Prevention among Young Children. *J Am Diet Assoc.* 2010 Dec;110(12, Supplement):S11–5.

Miller CK. An Interdisciplinary Team Approach to the Management of Pediatric Feeding and Swallowing Disorders. *Child Health Care.* 2001 Sep 1;30(3):201–18.

Sharp WG, Jaquess DL, Morton JF, Herzinger CV. Pediatric feeding disorders: a quantitative synthesis of treatment outcomes. *Clin Child Fam Psychol Rev.* 2010 Dec;13(4):348–65.

Stanislavskaia J. Behavioral Feeding Problems of Normally Developing Children Under 4 Years of Age. *Univ West Ont - Electron Thesis Diss Repos [Internet].* 2014 Aug 7; Available from: <http://ir.lib.uwo.ca/etd/2331>

South West LHIN. 2014 15 Priorities for Investment Communique 2 [Internet]. 2014 [cited 2014 Oct 6]. Available from:

<http://www.southwestlhin.on.ca/~media/sites/sw/uploadedfiles/HSPs/2014%2015%20PFI%20Communique2%202014Sept.pdf>

Williams S, Witherspoon K, Kavsak P, Patterson C, McBlain J. Pediatric Feeding and Swallowing Problems: An Interdisciplinary Team Approach. *Can J Diet Pract Res.* 2006 Winter;67(4):185–90.