

# Increasing access to dietitian consults: Planning Stages

Michelle Coulter, BSN, MSN,  
CRNP<sup>1</sup> and Jessica Schmitt,  
MD, MSHQS<sup>1</sup>

## Background

- Annual medical nutrition therapy (MNT) consultations by registered dieticians for youth with type 1 diabetes (T1D) are low

- In 2023 only 52% of patients age <19 with T1D for >1 year had received MNT from a registered dietitian
- The rate fell to 45% in 2024

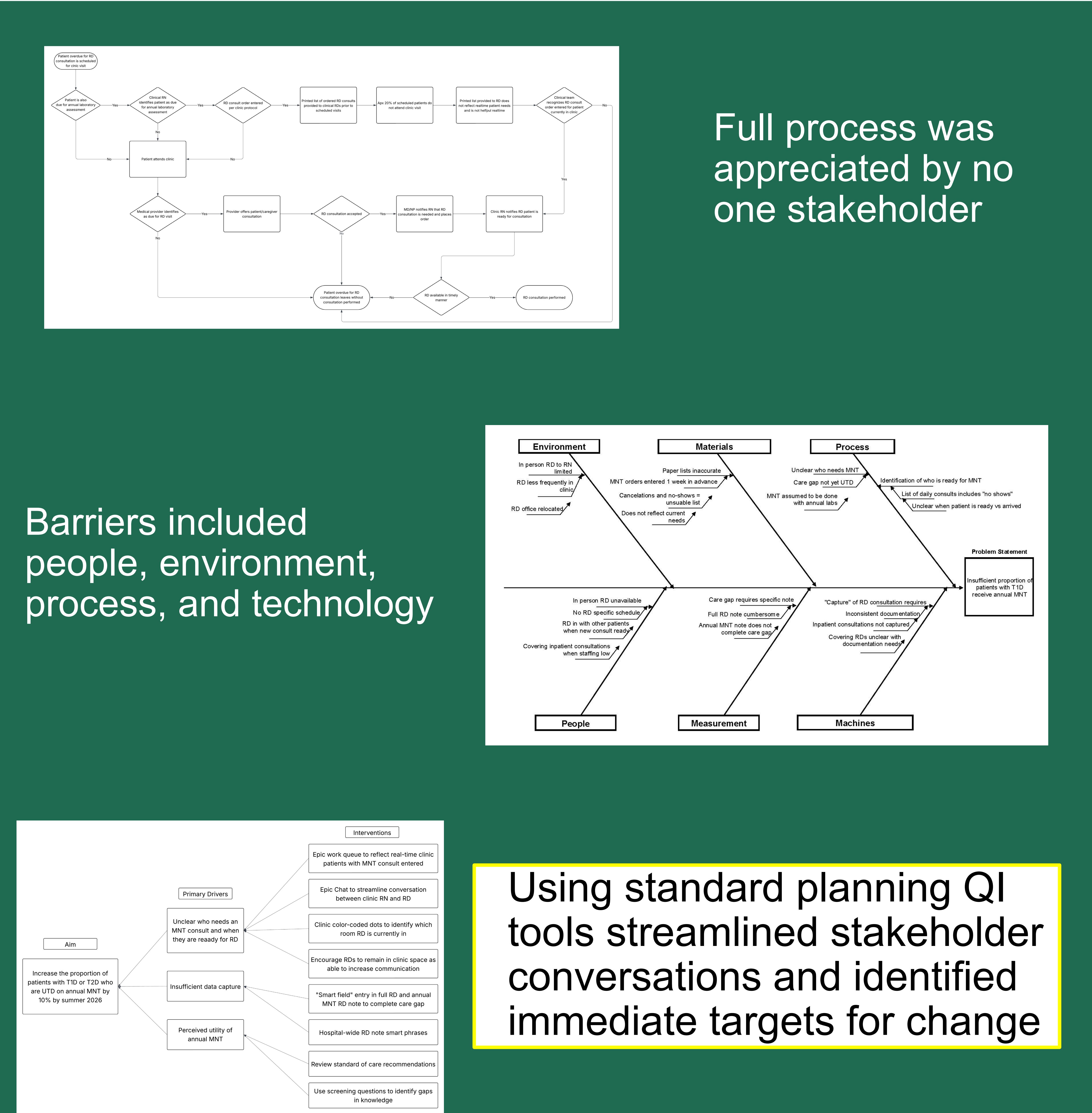
- This low rate of adherence with recommended annual MNT visits remained despite adequate staffing with registered dieticians

## Aim

- To ensure future tests of change are appropriate we aimed to obtain stakeholder feedback on the existing process

## Methods

- IRB exempted
- Anonymous surveys were distributed to providers regarding their opinions of annual MNT
- Clinic nurses, diabetes educators, and registered dieticians described the existing process. They also gave feedback on drafts of the key driver diagram, process map, and fishbone diagram



Full process was appreciated by no one stakeholder

## Results

- Provider survey:
  - Top priority for MNT: 100%
  - Response count: 10, 5, 4, 2, 2, 1
- Process mapping:
  - Manual labor with minimal effect (lists)
  - Communication barriers
- Fishbone diagram:
  - Documentation needs
  - Staffing concerns
  - Physical location of team members affecting collaboration
- Key driver diagram:
  - Primary drivers: identifying those in need of MNT and when they are ready for RD, data capture, and perceived utility of the annual MNT consultation

## Conclusions

- Process mapping is essential as no stakeholder was aware of all steps in the existing process
- Engaging all stakeholders in planning stages results in better understanding of existing process and identified targets for change

<sup>1</sup> Department of Pediatrics, University of Alabama at Birmingham Heersink School of Medicine  
jessicaschmitt@uabmc.edu