Promoting dietitian visit through nutrition screening

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Background

Our rural affiliate CF center faces challenges in providing access to CFF-recommended services, including registered dietitians (RDs) experienced in CF care.Nutritional health is vital in CF,as it can delay complications like lung function decline, diabetes, and osteoporosis[1][2].With CFTR modulators improving health and life expectancy,the focus has shifted to preventing adult age-related conditions such as cardiovascular disease and colorectal cancer[3].We initiated a quality improvement project using an age-specific nutrition screening tool to identify at-risk patients and prioritize RD visits.

Methods

Our global aim is to improve the nutritional health of our pediatric patients. Our goal is to identify patients at nutritional risk for age-related conditions such as CF bone disease(CFBD),vitamin deficiencies,eating disorders,food insecurity,malnutrition,and obesity, as well as enhance CF-specific nutrition education to improve overall nutritional health for people with cystic fibrosis (PwCF).Our specific aims is to increase the percentage of nutrition screens administered from 0% to 100% and to increase the percentage of patients having at least 1 RD visit per year from 47% to 75%.Our first PDSA cycle was identifying barriers that prevented patients from seeing a RD in 2024.Age-specific nutrition screening forms (NSF) were created to identify patients at nutritional risk for age-related conditions.The screen was administered by the physician or RD at the first visit of the year.Based on screening results,patients were scheduled for appointments with RD to address identified concern(s).The number of NSF completed and the number of patients with a RD visit were measured quarterly by tick-and-tally.Patients without a completed screen by Q3 were contacted by RD via telephone to complete the screen.

Results

In 2025,53% of pediatric patients completed the nutrition screens.The RD was able to reach out to all patients with positive screens to schedule a visit.Overall,41% of our patients were seen by a RD in 2025.

Conclusions

RDs are essential to CF care,especially as pwCF are living longer and experiencing more complex dietary challenges.Beyond ensuring adequate nutrition,RDs now play a critical role in helping pwCF maintain optimal nutritional health as they age into adulthood.

Our affiliate center encountered unexpected challenges with the loss of our experienced RD and a transition in center leadership in 2025.This contributed to our inability to meet the goals outlined in our specific aims. However,patients and their families valued the comprehensive nutritional assessments,which helped identify previously unrecognized nutrition risks. We are continuing this QI initiative by expanding it to include adult patients in 2026 and implementing additional PDSA cycles until our goals are achieved.

Acknowledgements

References

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