



WA State Feeding Teams: A Needs Assessment Identifying Strengths and Barriers to Utilizing the Registered Dietitian

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BACKGROUND

Approximately 25-35% of typically developing children experience feeding/swallowing difficulties. This number jumps to 80% in children with neurodevelopmental delays. Many of these children receive or would benefit from intensive feeding therapy. An interdisciplinary approach to treating severe feeding disorders is needed to improve quality of life for the child. However, until recently a universal definition of ‘pediatric feeding disorder’ was lacking and the necessary providers needed on a feeding therapy team was unclear.

PEDIATRIC FEEDING DISORDER:

“impaired oral intake that is not age appropriate, and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction.”

This definition has been proposed (based on the WHO International Classification of Functioning, Disability, and Health) to fill gaps in a previously single discipline oriented diagnostic definition

OBJECTIVES

It is common to find speech language pathologists (SLP) and/or occupational therapists (OT) providing feeding therapy. However, within the interdisciplinary team, the role of the RD may not be well understood or implemented into practice. This project aims to:

- Identify strengths and barriers to utilizing the RD on feeding teams throughout WA through feeding team director survey
- Provide recommendations for addressing barriers identified

FUNDAMENTAL DISCIPLINES IN A COMPLETE FEEDING TEAM:

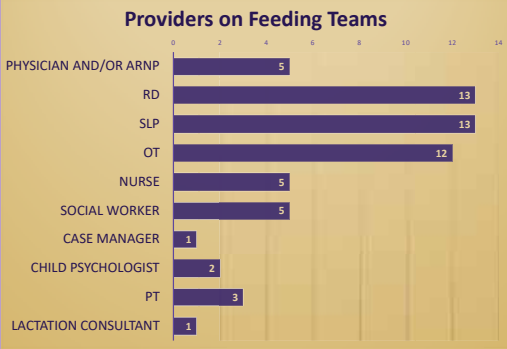
- Physician and/or ARNP
- Nurse
- RD
- Social worker
- SLP and/or OT
- Other medical specialists
- Child psychologist

METHODS

- Literature review:
- Interdisciplinary feeding teams
 - Feeding therapy from the provider and patient/caregiver perspective
 - Current training and guidelines for Feeding Teams of WA

Surveyed feeding team directors about feeding team characteristics, incorporation of the RD, and any barriers to utilizing the RD in treatment (N=14 out of 20 WA feeding teams)

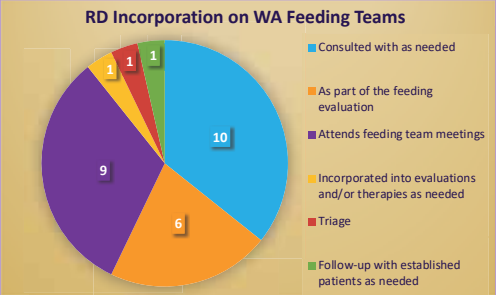
Analyzed feedback and literature review to inform recommendations



STRENGTHS & BARRIERS

- Strengths of the WA Feeding Team Network**
- > Most teams identified having fundamental disciplines on their teams
 - > Teams demonstrated collaboration of care and communication between providers on their team
 - > Trainings provide resources, current research, and networking opportunities

- Barriers to utilizing the RD**
- > Funding and/or billing limitations
 - > Limited availability and scheduling conflicts
 - > Location of services



CONCLUSIONS

- > Overall, teams report having established plans for coordination of care and communication among the team
- > Barriers described align with those previously acknowledged in the field of nutrition & dietetics
- > Systems-level interventions may make the most impact in improving RD funding, billing, and availability



RECOMMENDATIONS

- > Expand the needs assessment to include input from all members of the feeding teams
- > Update “Guidelines for the Development and Training of Community-Based Feeding Teams in Washington State” and provide regular interdisciplinary trainings and/or workshops
- > Encourage RD mentorship and precepting of students and newly credentialed RDs
- > Advocate for systems-level changes in how/when RDs are referred, billed for, and increase services covered by insurance

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