



**SAN ANTONIO REGIONAL HOSPITAL**



**RANDALL LEWIS HEALTH & POLICY FELLOWSHIP**

## EVALUATION PROPOSAL ON THE EFFECTIVENESS OF REGISTERED DIETITIANS IN PUBLIC HEALTH PROGRAMS

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Comorbidities of chronic conditions have become more widespread and most patients have difficulties in managing their conditions. Barriers to chronic care management include a limited education to disease monitoring and overall medical condition, inadequate social support, low self-efficacy, physical limitations, presence of comorbid diseases and inadequate knowledge of proper nutrition. Nutrition is a vital component in managing chronic conditions because diet is an adjustable risk factor for most chronic conditions that can either be one or in comorbid states. Registered Dietitians play a vital role in healthcare teams by helping patients safely change their eating plans to help manage their chronic conditions. An RD's training and qualifications allow them to produce effective care management especially for patients with complex health issues.

### Issue:

Due to COVID-19 RDs of CHIP were temporarily suspended from the program.

### What Is Currently Being Done?

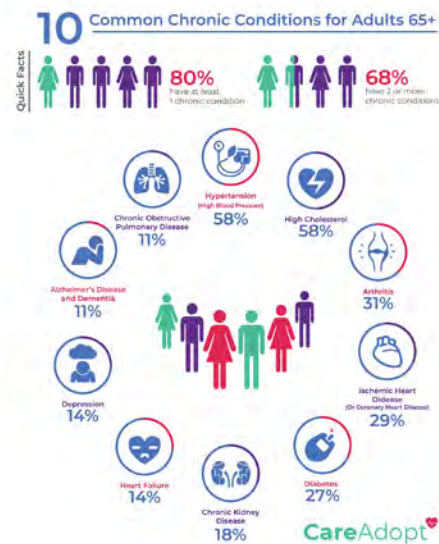
Due to the RDs being temporarily suspended, CHIP needed to make adjustments in the nutrition assessments by revising the nutrition questionnaire that Health Coaches do with their patients. Based on the answers, the Registered Nurse on the CHIP team, Sandy Knox, evaluates what the patient needs. Handouts that have been approved by the RDs, are then gathered and sent to patients. These handouts will then be discussed by the patient and their Health Coach.

### Objective:

The purpose of this evaluation is to demonstrate the effectiveness of Registered Dietitians in Community Health Improvement Programs in helping improve and manage patient care dealing with chronic conditions. The results of this evaluation will be used to reestablish the role of the RD's in CHIP and to implement the importance of RD's in similar programs.

### Evaluation Questions:

- How well has the program achieved its primary objective of helping patients have a better understanding and management of their chronic conditions, with the changes of not having Registered Dietitians on board?
- Were the patients of CHIP who received RD consultations more likely to have better understanding and management of their chronic conditions, than the patients that did not?
- Did the implementation of RD consultations in CHIP result in changes in knowledge, attitudes, and self-patient care skills among the members of the target population?



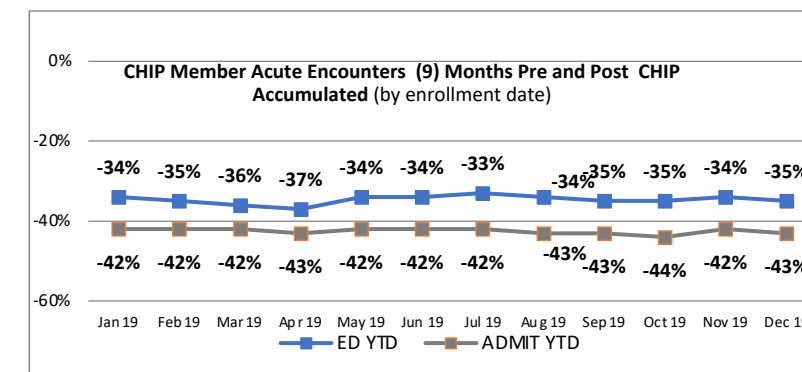
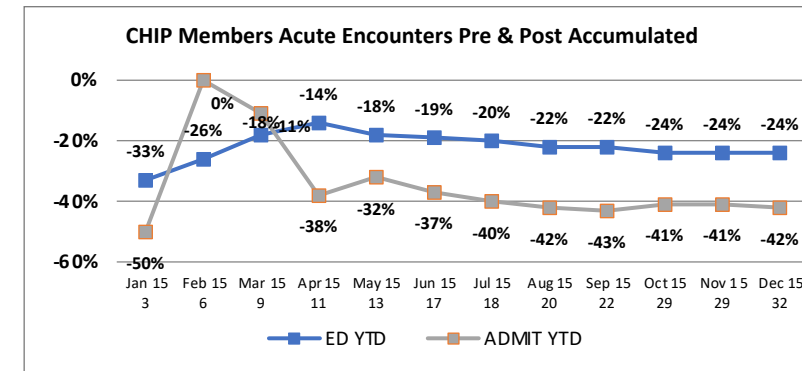
Grains	Protein	Vegetables	Fruits	Dairy
Whole Grains	Go Lean	Vary Your Veggies	Focus on Fruit	Get Calcium
bagel	beans	broccoli	apple	cheese
bread	chicken	carrot	banana	milk
cereal	egg	celery	berries	milk-based
crackers	fish	green bean	cherries	desserts
granola	lean meat	lettuce	grapes	yogurt
muffin	peanut butter	peas	kiwi	
oatmeal	nuts	pumpkin	orange	*Choose lower-fat items
popcorn	seeds	sweet potato	peach	
tortilla	turkey	veggie juice	pineapple	

### Evaluation Measures:

Target population: CHIP patients enrolled with RD consults and patients enrolled after program changes

### Evaluation Method

1. Data will be collected pre- and post-enrollment into the program through a series of reports and surveys. A report card will be generated by the hospital's program to check how many ED and hospital admission visits each participating patient has six months prior to their enrollment, and then 9 months post enrollment. This data will consist of patients who have received an RD evaluation prior to the new changes of the program due to the pandemic and will then be compared to the patients who do not receive RD evaluations
2. After the initial intake and enrollment with the RN and social worker, the health coaches assigned to the patients will be doing a pre-RD assessment nutrition questionnaire.
3. A post follow-up assessment survey will then be conducted 9 months after their 12-month enrollment in the program. Data gathered from pre- and post-assessment surveys and ED visit and admission reports will be tallied and compared from pre-enrollment to post enrollment to the program.
4. This data will also then be compared to the assessment surveys of patients who did receive RD consultation prior to the changes of the program.



The data retrieved from the assessments will determine the effectiveness and how important nutrition and RDs are to public health programs when dealing with management of chronic conditions. This evaluation will base the data of patients one year before the change was implemented and after the first year of RDs being taken off the CHIP team. Based on previous studies of the Member Acute Encounter (Pre and Post CHIP Accumulated, Admit and ED visits have overall significantly decreased from when CHIP started in 2015 to 2019.



### Recommendations:

1. Due to budget cuts and the current state of the pandemic, it is difficult to find the funds to employ an RD; however, applying for government grants is one way to find funding through a third-party source. The hospital would not have to allocate their own funds to hire an RD.
2. Hiring an RD per diem would also reduce the full cost of hiring a full time RD.
3. As most of the health coaches are students at universities, partnering up with their professors and their Dietetics and Nutrition department to get nutrition plans for CHIP patients, while following HIPAA rules.