

Expanding the Role of the ICU Dietitian

Beth Taylor, DCN, RD, CNSC, FCCM

In opening, Beth Taylor introduced the following question:

“How do we get all ICU players to work together as a championship team?”

She emphasized the need to “blur the lines” among healthcare providers, expanding the traditional role of the RD in the process. Through “disruptive innovation,” this can be accomplished. Coined by Clay Christensen, “disruptive innovation” is the process of an out-of-the-box innovation or new paradigm, the “disruptor,” taking hold and altering routine processes at the benefit of the consumer. In the acute care sphere where more patients are being saved each day yet the workforce is shrinking, the RD can be the ideal “disruptor” to improve ICU patient care processes.

Using the metaphor of a football team to describe practices of an effective ICU team, nine key aspects were identified: 1) Culture and Motivation, 2) Science and Mental Preparedness, 3) Perfect Practice, 4) Communication, 5) No Huddle Offense, 6) Instant Replay, 7) Debriefing, 8) Celebration and Cheerleading 9) Fantasy and Simulation, and 10) Resilience.

Approximately 80% of medical errors are due to faulty communication. Individual commitment to a group effort will promote interdisciplinary collaboration, productivity, and advancement. Efforts such as using iPad for rounding or obtaining order-writing privileges can also enhance patient care, maximizing “action time” with patients while minimizing “huddle time” at computer screens. Additionally, some institutions use the e-ICU system, which tracks labs and other pertinent medical information for each patient and notifies nurses when action is needed. In this team-based approach, nurses are readily supported with another set of eyes to ensure adequate patient care in an often-hectic setting. The eICU system can also be a beneficial tool for monitoring and obtaining immediate feedback to debrief and perfect practices.

Resilience as a team necessitates sticking to a “game plan” and involving all members of the team in treatment adjustments – including family members and the patients themselves. This includes being cognizant of both needs and abilities of your patients and family members so adjustments to counseling/education techniques can be appropriately made.

In sum, through disruptive innovation, rigorous practice evaluation, perfecting practice with real patients, and monitoring, benefits to patient outcomes will be realized. According to Ms. Taylor, in the ICU setting, there are no individual champions, but one championship team.

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