

TAKING THE PRESSURE OFF: Widening the Registered Dietitian Diabetes Educator's Scope of Practice

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DESCRIPTION

Registered Nurses (RNs) at the Diabetes Education Center (DEC) at Humber River Health (HRH) were historically responsible for checking a patient's blood pressure (BP) levels during their Diabetes in Pregnancy Clinic assessment. With more virtual care and reallocation of DEC offices, fewer RNs were available to complete BP testing. Registered Dietitians (RD) would request a RN to assist with checking BP during the visits, which causes interruptions in the RNs appointment schedules and delays for care. To improve flow of DEC operations, the opportunity for RDs to check the patient's BP was explored.

OBJECTIVE

To add BP monitoring into the RD Diabetes Educator's scope of practice.

ACTIONS TAKEN

BP monitoring was added into the RD Diabetes Educator's job description. A BP competency checklist was developed by the team's Clinical Practice Leader (CPL). All RD Diabetes Educators were provided an in-service regarding appropriate BP testing technique and steps to take, should the reading be outside of target range. The team's CPL met with each RD Diabetes Educator individually to evaluate BP checking technique and completion of competencies. DEC staff were surveyed to understand the impacts of the new workflows and get feedback on their experiences.

BLOOD PRESSURE COMPETENCY CHECKLIST

DATE: _____

Attempt: 1 2 3

Competency: Obtains both systolic and diastolic blood pressure readings.

- Behaviors:**
1. Chooses correct size blood pressure cuff.
 2. Demonstrates correct procedure for obtaining accurate blood pressure measurement

Classification: RD

Steps:

1. Identify Patient
2. Assist patient to Semi-Fowler's or sitting position with back supported and allow to rest for 5 minutes prior to obtaining blood pressure
3. If sitting, patient's feet should be flat, not dangling from exam table or bed, and his/her legs uncrossed
4. Assess for any consumption of caffeine or nicotine within previous 30 minutes
5. Instruct patient on need to obtain blood pressure
6. Position patient with back supported and arm at heart level with palm turned up
7. Bare upper arm of any restrictive clothing.
8. Select appropriate size cuff
9. Position cuff 1" above site of brachial pulsation (antecubital space). Center bladder of cuff above artery
10. Assess for proper fit of blood pressure cuff
11. Instruct patient not to talk during B/P measurement
12. Obtain blood pressure reading using automated or manual method
13. Document B/P, patient position, and arm in which taken
14. Verbalizes to RN that if B/P in severe range
 - > Blood pressure less than 90/60mmHg
 - > Blood pressure greater than 140/90mmHg
 - > Recheck B/P in 15 minutes

	Rating Scale	
	MEETS	DOES NOT MEET
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

MEETS DOES NOT MEET

Employee Signature: _____

Clinical Practice Lead Signature: _____

Figure 1. Blood Pressure Competency Checklist to Support Teaching Registered Dietitians to Check Blood Pressure.

Has adding blood pressure checks into the RD scope of practice reduced your workload during the Diabetes in Pregnancy Clinic? (n=5)

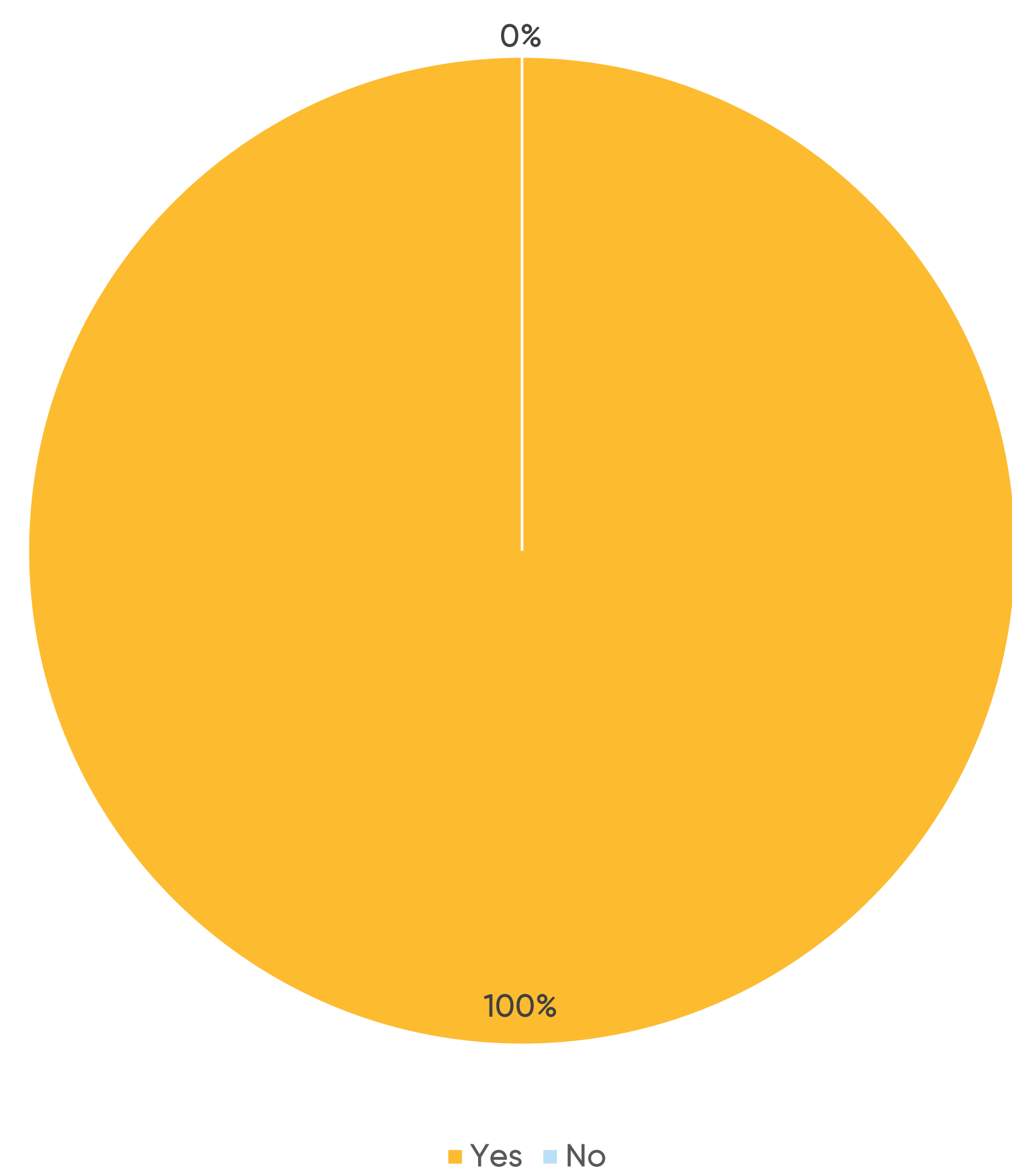


Figure 2. RN Survey Feedback Results on Workload.

Are you satisfied with training provided regarding BP? (n=3)

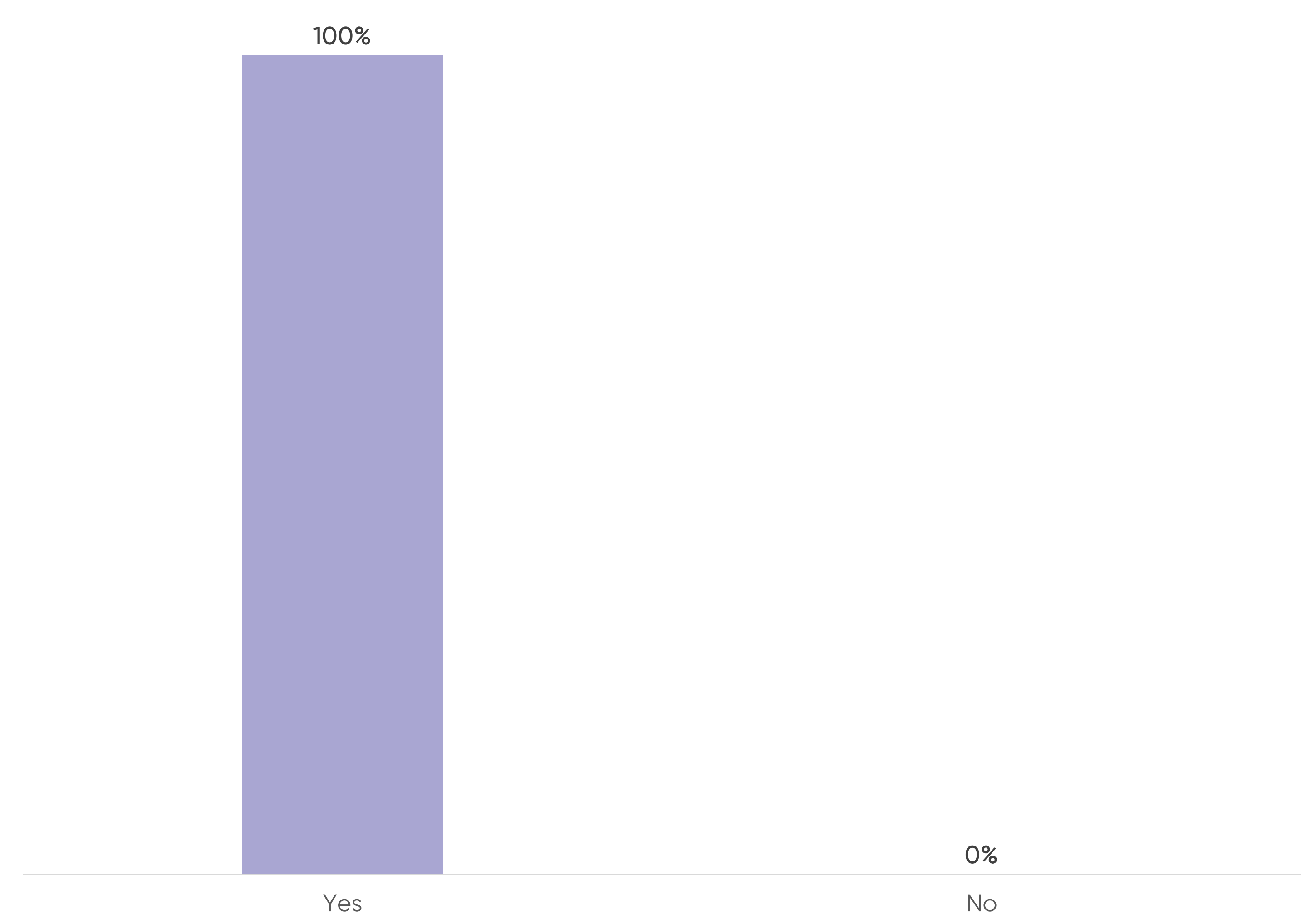


Figure 3. RD Survey Feedback Results on Satisfaction with Blood Pressure Training.

SUMMARY OF RESULTS

Survey results indicated that all DEC staff observed improved patient flow, while 100% of RN respondents reported a reduced workload in the Diabetes in Pregnancy Clinic (Figure 2). 100% of RDs surveyed expressed satisfaction with the training provided (Figure 3), felt confident taking BP independently, and knew how to respond to out-of-target readings. They found the competency checklist helpful for adapting to their new scope of practice. These changes led to a 5–10-minute reduction in appointment times, enhancing DEC efficiency overall.

LESSONS LEARNED

Widening the RDs scope of practice improved patient care delivery and reduced workload burden. Using a competency checklist, in-service training, and individual evaluation improved provider's satisfaction.

