Conclusions: The influenza vaccination process change has helped the team establish a more accurate and efficient way to document vaccination and a process to increase vaccination compliance.
current state of knowledge about goals and processes, each discipline contributed to a questionnaire we developed. The questions administered to the clinical team asked about types of research studies available for PwCF, number of PwCF who participate in research, and views of clinical team members on the importance of research. The questions administered to the research team addressed best practices for clinic visits and roles and responsibilities of various clinical team members. The overall results were presented at a team meeting, and each QI team is developing strategies to address challenges that the questionnaires identified.

Results: Thirty-two (94%) multidisciplinary team members completed the questionnaires. The research team had an average knowledge score of 91%, indicating good understanding of clinical team processes. The clinical team acknowledged the importance of research, with scores of 7 out of 10 and higher, but lacked knowledge about scope of research studies and number of research participants (average knowledge score 57%). Both teams showed a need to become familiar with one another, with both teams failing to identify a member from the other team (eQUIP = 63%, CQI = 61%). With this data, the first project was to design fun yet informative bulletin board reports to improve education about each team member and the importance of research, and views of clinical team members on the importance of research. The questions administered to the research team addressed best practices for clinic visits and roles and responsibilities of various clinical team members. The overall results were presented at a team meeting, and each QI team is developing strategies to address challenges that the questionnaires identified.

Conclusions: These results highlighted that our teams need to work on learning about each other and individual roles on the team. Isolation practices based on individual time constraints, areas of expertise, identified teams, and processes for clinic visits and roles and responsibilities of various clinical team members. The overall results were presented at a team meeting, and each QI team is developing strategies to address challenges that the questionnaires identified.


108 Streamlining workflow among multiple registered dietitians to improve care for patients with cystic fibrosis

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Background: Nutrition plays an integral role in the medical care of patients with cystic fibrosis (CF). Clinical symptoms often seen in people with CF such as low body mass index (BMI), malabsorption, and vitamin and mineral deficiencies are associated with negative health outcomes, so registered dietitians (RDs) specialized in CF are a critical part of the care team. Health care teams with multiple CF RDs can provide more routine patient care and individualized interventions, improving health outcomes. At the University of Virginia Health System (UVUH), nutrition-related care, including division of patient encounters, interpretation of lab results, screening for health metrics, and documenting patient data, is streamlined between two RDs. Having more analogous care team members significantly makes it easier for patients to access care and improves overall health outcomes.

Methods: The Registered Dietitian Adult CF Clinic and Inpatient Playbooks outline the responsibilities of the CF RD at UVH. A 1-week onboarding process focused on training the new RD in skills associated with the position, including education on QI methodology. The two RDs allocated tasks based on individual time constraints, areas of expertise, identified

- research has also doubled, with fewer than 100 PwCF participating in 2011 and 228 in 2021. With this amount of growth and change, we sought to reflect and refocus on a culture of research at our center. We aim to measure the current research and clinical team members' knowledge to enhance a culture of research at our center, resulting in greater research impact and cohesion between teams.

Methods: This is a joint effort between the clinical quality improvement (CQI) and research quality improvement (eQUIP) teams. To assess current research and clinical team members’ knowledge of research and its impact on our patient population. We believe that, through education about each team member’s role and team processes, we can create a collaborative, cohesive culture of research, ultimately resulting in the same common goal: to care for PwCF on a path to a cure.