An Overview of the Nutrition Care Process

Webinar INTRO:

Good morning,

My name is Sharon Hill, and I am the Dietitian Program Manager for the DADS Quality Monitoring Program. Welcome to our FIRST webinar. We are excited to present, An Overview of the Nutrition Care Process. This webinar was developed with the approval of the Academy of Nutrition & Dietetics.

If you have questions during the presentation, please use the chat box to type your question. At the end of the presentation, I will read your questions. If we are unable to answer your question during the webinar, we will send answers by email to all attendees.

Now I would like to introduce our speaker: **Michelle Baccherini, RD, LD**

Michelle's bio:

Michelle is a registered dietitian, licensed in the state of Texas. She joined the Quality Monitoring Program for the Dallas-Fort Worth, Region 3 area in December 2011.

She earned her bachelor's degree in Nutrition and Food Science from Middle Tennessee University and completed her dietetic internship from Baylor University Medical Center in Dallas, Texas.

In 1999, she began practicing dietetics in the Nashville Tennessee area in the acute care setting with Vanderbilt University Medical Center and St. Thomas Hospital.

Her career includes 9 years with the Baylor Healthcare System in various positions including Nutrition Support Dietitian and Assistant Director of Patient Services.

Michelle used the Nutrition Care Process, with ADIME in electronic documentation for 4 years in her last position at Baylor Regional Medical Center at Grapevine.

WEBINAR SCRIPT:

Good morning, Everyone,

This presentation is an overview of the Nutrition Care Process. You are encouraged to go to the Academy of Nutrition and Dietetics (AND) website, www.eatright.org, and take the tutorials for the modules. AND members can receive 2 free CEUs for watching the tutorials on the website. For those who are not AND members, the cost is $40.00 and a certificate of completion is given when all fourteen of the modules are viewed.

Slide 1

Since this presentation is an overview, we will accomplish two objectives:

1. Define and explain the Nutrition Care Process (NCP)
2. Identify how the steps and criteria of the NCP promote quality care
3. Implement the NCP to guide and document nutrition care and outcomes.

Slide 2

It is not possible to try to use this process and model without purchasing the AND publications that fully explain the process. These can be purchased on the AND website, including the International Dietetics & Nutrition Terminology (IDNT) Reference Manual and the Long-term Care Toolkit pictured here; or there is an option to purchase just the online version of the IDNT Manual.

Also there are some articles listed on this slide that explain the NCP and the development of the terminology that is recommended reading if you haven't done so.

Slide 3

The International Dietetics Nutrition Terminology that is used in the NCP is designed to facilitate clear and consistent descriptions of the services of registered dietitians (RDs) and dietetic technicians, registered (DTRs) provided both within and outside the profession. Data demonstrating resolution of nutrition diagnoses and standardized descriptions of effective nutrition interventions can be used to demonstrate the value of dietetics services.

The Nutrition Care Process using the IDNT will facilitate medical record documentation as the facility moves to implement the federal mandate of an electronic health care record for every American by 2014.

Another use of the IDNT is to facilitate implementation of the standard protocols that RDs must use to obtain reimbursement for providing nutrition services.

The NCP and IDNT data can be shared with payers, federal agencies and accrediting bodies to influence coverage and compensation decisions.

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AND Nutrition Care Process (NCP) model= a systematic problem solving method that Registered Dietitians and Diet Technicians Registered use to **think critically** and make decisions to address nutrition related problems, and provide safe, effective, and high quality nutrition care

There are four steps to the NCP.

1. Nutrition Assessment and Reassessment
2. Nutrition Diagnosis
3. Nutrition Intervention
4. Nutrition Monitoring and Evaluation

You will see this referred to as ADIME.

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The International Dietetics Nutrition Terminology was conceived as a controlled vocabulary, defined by the National Library of Medicine as a system of terms involving definitions, hierarchical structure, and cross references used to index and retrieve a body of literature in a bibliographic, factual, or other database.

I'm sure you are familiar with the standardized languages such as the International Classification of Diseases (ICD9/ICD10) and the Common Procedural Terms (CPT) that are used extensively in health systems management.

Also, the nursing, physical therapy and occupational therapy professions have created controlled vocabularies or standardized languages that describe their unique functions.

The IDNT was developed to identify the unique contribution of RDs & DTRs within the universal electronic health care record.

Standardized language facilitates clear, consistent documentation of care delivered, communication between health-care professionals, and continuity as patients move from one location to another. Such vocabularies clearly distinguish the unique activities of each profession, thereby reducing the opportunities for miscommunication, overlapping activities, and inter-professional conflict.

Slide 6

Each NCP step has a number of terms that are broken down into Domains.

These are the domains for Step 1 Assessment and Step 2 Diagnosis:

Domains for Assessment are:

- Food/Nutrition Related History
- Anthropometric Measurements
- Biological Data, Medical Tests and Procedures
- Nutrition-Focused Physical Findings
- Client History

Domains for Diagnosis are:

- Food and or Nutrition Intake
- Clinical
- Behavioral/Environment

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These are the domains for Step 3 Intervention and Step 4 Monitoring and Evaluation.

Domains for Intervention are:

- Food and/or Nutrient Delivery

- Nutrition Education
- Nutrition Counseling
- Coordination of Nutrition Care

Domains for Monitoring and Evaluation are:

- Food/Nutrition-Related History
- Anthropometric Measurements
- Biochemical Data, Medical Tests and procedures
- Nutrition Focused Physical Findings.

Slide 8:

A Nutrition diagnosis is a problem related to nutrition that a Registered Dietitian or Dietetic Technician Registered can influence, it can be altered as the resident's response changes.

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The RD or DTR writes a PES statement to describe the problem, its root cause, and the assessment data that provide evidence for the nutrition diagnosis.

The problem describes alterations in the resident's nutritional status.

The etiology is the cause/contributing risk factors, linked to the nutrition diagnosis labeled by the words "related to"

The signs and symptoms are data used to determine that the resident has the nutrition diagnosis specified. It is linked to the etiology by the words "as evidenced by".

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Evaluate your PES statement by using the following:

P(problem)-Can the RD/DTR resolve or improve the nutrition diagnosis for this individual/group or population?

E(etiology) -Evaluate what you have used as your etiology to determine if it is the "root cause" or the most specific root cause that you can address with a nutrition intervention. If as an RD/DTR you cannot resolve the problem by addressing the etiology, can your intervention at least lessen the signs and symptoms?

S(signs & symptoms) - Will measuring the signs and symptoms indicate if the problem is resolved or improved? Are the signs and symptoms specific enough that you can monitor (measure/evaluate changes) and document resolution or improvement of the nutrition diagnosis?

PES Overall – Does the nutrition assessment data support a particular nutrition diagnosis with a typical etiology and signs and symptoms?

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The purpose of nutrition intervention is to resolve or improve the identified nutrition problem by planning and implementing appropriate nutrition interventions that are tailored to the persons needs.

The selection of nutrition interventions is driven by the nutrition diagnosis and its etiology. Nutrition intervention strategies are purposefully selected to change nutritional intake, nutrition-related knowledge or behavior, environmental conditions, or access to supportive care and services.

The nutrition interventions are documented using IDNT terminology, not free text.

For several years the QM dietitians have encouraged consultants to write goals when completing nutrition assessments. The simplest way to do this is to ask:

“What can be accomplished by this intervention?” The answer is your **goal**.

Nutrition intervention **goals** provide the basis for monitoring progress and measuring outcomes. It is **important** to document a specific measurable goal for each intervention that is documented.

Goals are done free text

How can monitoring happen if a goal isn’t written?

Slide 14

Critical thinking for the Nutrition Intervention step involves:

- Setting goals and prioritizing
- Defining the nutrition prescription or basic plan
- Making interdisciplinary connections
- Initiating behavioral and other nutrition interventions
- Matching nutrition intervention strategies with individual needs, nutrition diagnosis and values
- Choosing from among alternatives to determine a course of action
- Specifying the time and frequency of care

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Dietitians/Dietetic Technicians Registered do three things as a part of nutrition monitoring and evaluation. Monitor, Measure and Evaluate the changes in nutrition care indicators to determine individual progress.

1. They monitor by providing evidence that the nutrition intervention is or is not changing the person’s behavior or status.
2. They measure outcomes by collecting data on the appropriate nutrition outcome indicator.
3. They compare the current finding with the previous status, nutrition intervention goals and or reference standards and evaluate the overall impact of the nutrition intervention on the individuals health outcomes.

Nutrition care outcomes – the desired results of nutrition care – are defined in this step.

The purpose of this step is to determine the amount of progress made and whether goals/expected outcomes are being met. Identify individual outcomes relevant to the nutrition diagnosis and intervention plans and goals.

The change in specific nutrition care indicators between assessment and reassessment can be measured and compared to the person’s previous status, **nutrition intervention goals**, or reference standards.

The aim is to promote more uniformity within the dietetics profession in assessing the effectiveness of nutrition intervention.

The use of standardized indicators and criteria increases the validity and reliability in how outcome data are collected. All these procedures facilitate electronic charting, coding and outcomes measurement.

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Critical thinking steps during Monitoring and Evaluation Include:

- Selecting appropriate indicators/measures
- Using appropriate reference standards for comparison
- Defining what is the progress toward expected outcomes
- Explaining a variance from expected outcomes
- Determining factors that help or hinder progress
- Deciding between discharge and continuation of nutrition care

Now let's look at some case studies with examples of using PES documentation and the IDNT.

Slide 17

Mr. Bolton is 86 years old with dementia, severe hypertension and wandering behavior who resides in a secured unit. He is able to feed himself with set-up and verbal cueing. He has had frequent falls and has recently been re-admitted to the hospital for UTI, which is his third this year. Mr. Bolton is 5'10" and currently weighs 166#. Mr. Bolton's fluid intake averages 24 ounces a day. The Registered Dietitian has calculated his daily fluid needs as 2200 ml (approximately 9 ¼ cups / 73.3 ounces).

Slide 18

The Assessment step is most familiar for RDs/DTRs. For documentation of the Assessment, the RD/DTR gathers and documents all the information needed under the domains for Assessment such as

INCORPORATE SLIDE INFORMATION for:

- Food/Nutrition Related History,
- Anthropometric Measurements,
- Biochemical Data,
- Medical Tests and Procedures,
- Nutrition-Focused Physical Findings,
- Client History, and
- Comparative Standards (eg. Needs)

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Next, the data collected in the nutrition assessment is used to identify and label the Diagnosis **using standard nutrition diagnostic terminology** and written in a PES statement. It is not necessary to document the terminology number, this was added for reference purposes.

The Problem is always chosen from the Nutrition Diagnosis Terminology. When choosing a diagnosis from the IDNT, and there is a choice between stating the PES statement using a nutrition diagnosis from two different domains, consider the "Intake" Domain nutrition diagnosis, over the "Clinical" or "Behavioral-Environmental" Domains, because this is the one more specific to the role of the RD/DTR.

In this case the most obvious problem is from the Intake Domain (NI), Class, "Fluid Intake" (NI-3), Term "Inadequate Fluid Intake" (NI-3.1) .

It is important to look at the definition of the diagnosis in the IDNT to make sure it fits the situation. The diagnosis definitions also give great etiologies and signs/symptoms that match that particular diagnosis.

There is also a tool in the IDNT called the **Assessment Matrix** that shows the Assessment/Monitoring/Evaluation Code that would match or be used with an Etiology code.

The Etiology and Signs/Symptoms can be written using IDNT terms or using free text. Refer to the Nutrition Diagnosis Etiology Matrix and the Diagnosis definitions. The **Etiology Matrix** is a tool in the IDNT that will give you some Etiologies/Signs/Symptoms that go with different Diagnoses.

In the Diagnosis Etiology Matrix some Etiologies that were paired with Inadequate fluid intake were: "Conditions leading to excess fluid loss" or "Impaired cognitive ability, including learning disabilities, neurological or sensory impairment, and dementia" or "Medications that increase fluid needs or decrease thirst"

Remember the diagnosis has to be something the RD/DTR can fix or relieve symptoms. The signs/symptoms need to be something you can measure.

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For the Intervention, this is what the RD/DTR is going to do to resolve or improve the nutrition problem or diagnosis.

Using standard nutrition diagnostic terminology from the Intervention Terminology list, the Domain "Meals and Snacks (ND-1)" , term "Modify distribution, type, or amount of food and nutrients within meals or at specified time (ND-1.2)" would best describe the intervention, because the amount of fluid with meals and at specific snack times is the intervention that the RD/DTR is going to modify.

Remember that this is the step where the RD/DTR documents **measurable** goals. In the long term care setting these goals should be used for the individual care plan.

- Most residents in a nursing home will be at risk for dehydration and will need a hydration goal.
- Individuals who have unintentional weight loss will have an intentional weight gain intervention and weight goal.
- People with tube feeding will have an intervention and goal or goals for weight gain/maintenance, fluid goal and TF goal.

It is possible to document them all separately or together in one intervention and one goal.

-EXAMPLE of Combined Goal-

One side note, if the facility is using electronic medical charting, the RD should be documenting within the same software so that the goal can auto-populate into the care plan.

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For Monitoring and Evaluation, **the RD/DTR uses standard nutrition diagnostic terminology from the IDNT.** The terminology list used for Monitoring/Evaluation is the same as Assessment.

If this is an initial assessment this is where the RD/DTR documents what is going to be monitored.

If a follow up is being documented, this is where the RD/DTR decides if

1. fluid/beverage intake will still be monitored,
2. measure if the intake has met or has not met the persons needs (that the intervention is changing the status), and
3. evaluate if the goals(s) have been met. (Which also needs to be documented)

The RD/DTR recommendations can be used in the individual care plan interventions.

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Mr. Smithers is 83 years old with dementia, and has difficulty swallowing. He is a very slow eater and is fed in his room by staff. Recently his meal intake has decreased. Mr. Smithers is 6'5" tall and currently weighs 146#. He has experienced a 30-pound weight loss since admission three years ago, and his Body Mass Index has decreased to 17kg/m^2. The Registered Dietitian calculated his daily energy needs as 1986 calories and 95 grams of protein. His serum albumin level has declined from 3.3 g/dL last quarter to 3.0 g/dL.

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Again, here is the assessment,

INCORPORATE SLIDE INFORMATION for:

- Food/Nutrition Related History,
- Anthropometric Measurements,
- Biochemical Data,

- Medical Tests and Procedures,
- Nutrition-Focused Physical Findings,
- Client History, and
- Comparative Standards (eg. Needs)

Slide 24

When referencing the diagnosis terminology list in the IDNT book, several terms could be used: Inadequate Energy Intake, Inadequate Oral Intake, Inadequate protein-energy intake, Underweight, Unintended Weight Loss, Inability or lack of desire to manage self-care, Self-feeding difficulty.

Again, there is no wrong diagnosis but some could be better than others.

What etiology would be chosen? Why is this person losing weight? Mainly because of his dementia, and needing to be fed. Using the Diagnosis - Etiology Matrix, this scenario falls under Physical Function or Behavior Etiologies.

Under Physical Function, there is an etiology that fits this scenario "Lack of self-feeding ability" that is paired with the diagnosis "Unintended weight loss (NC-3.2). Under Behavior, there are a few Etiologies that fit this scenario: "Limited food acceptance due to behavioral issues", which is paired with the diagnosis "Inadequate oral intake (NI -2.1)", "Inadequate energy intake" which is paired with the diagnosis "Underweight(NC-3.1)", "Reluctance or avoidance of self-feeding" which is paired with the diagnosis "Self-feeding difficulty (NB-2.6)".

Any of these examples could be chosen as a diagnosis and etiology. In a real life situation you would know which problem is the most prominent. You could also have more than one Nutrition Diagnosis.

There is the potential here to have four diagnoses. Looking at the definitions of each of the diagnoses, there are three that could be used very well because they fit this scenario. The definitions of each diagnosis terminology, found in the IDNT, also list etiologies and signs and symptoms that fit each diagnosis.

The diagnosis UWL (NC3.2) was chosen since it could be the easiest for the RD/DTR to address.

Remember the diagnosis has to be something the RD/DTR can resolve or improve symptoms and the signs/symptoms need to be measureable and documented in Step 1, Assessment.

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Again **Using standard nutrition diagnostic terminology** from the Intervention Terminology list, the intervention is chosen. Each intervention also needs to have a measurable goal.

- For the first intervention the RD/DTR will recommend to provide high calorie snacks between meals and at bedtime, which falls under the Domain "Food and Nutrient Delivery (ND)","Meals and Snacks (ND-1)", "Modify distribution, type or amount of food and nutrients within meals or at specified time" (ND 1.2)

- For the second intervention the RD/DTR will recommend to provide a high calorie liquid nutritional supplement if less than 50% meal intake, which falls under the Domain “Food and Nutrient Delivery (ND)”, “Supplements (ND-3)”, “Medical Food Supplements (ND-3.1)”, “Commercial Beverage (ND-3.1.1)”.
- For the third intervention the RD/DTR will recommend that the resident eat at least 10 meals in the dining room, which falls under the Domain “Feeding Environment (ND-5)”.

Then the RD/DTR will document the weight goal and other goals they want to measure.

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Next the RD/DTR will document what they want to monitor, if this is an initial documentation, or evaluate the progress and goals if this is a follow up.

Energy Intake, taken from the Monitoring/Evaluation terminology list, covers intake from all sources, including food, beverages, supplements as well as enteral and parenteral routes.

The RD/DTR might want to monitor mealtime behavior, weight or weight changes and labs that were documented in the assessment, and compare the current intake to estimated needs.

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Then the RD/DTR will document the recommendations, which should be used in the individual care plan for interventions.

Included with this presentation is an example of an assessment form which can be used to document in the ADIME format and could also be used as a template for electronic medical record documentation.

That is the conclusion of this presentation.

Thank you for your attention.

Any questions at this time?

THERE WERE NO QUESTIONS

Closing:

Shortly, you will receive an email with a link to a survey about the webinar using Survey Monkey. After you complete the survey, a certificate will be emailed to you that you attended this webinar. 1 hour of CPE, Learning Level 2.

At least 3 more webinars are planned by the Quality Monitoring dietitians in 2013. Stay tuned for upcoming announcements about these webinars.

Thank you for your attention and have a good day.