Making the Most of the Nutrition content in Electronic Health Record

Wisconsin Academy of Nutrition & Dietetics webinar
June 17, 2015

- Interactive and Instructional Presentation
- CPE level (I) and learning codes: (1065) Informatics, (1070) Leadership, critical and strategic thinking

As RD’s learn strategies to implement nutrition documentation into your system’s EHR, and as code upgrades bring new functionality, updating your documentation and include new options are important. We can achieve this by effectively and efficiently documenting our nutrition message utilizing the NC-PT not only for a nutrition diagnosis and a PES statement, but beyond, such as including a nutrition focused physical assessment and malnutrition documentation. Work with your EHR staff/vendor to improve interoperability and in the end the improved nutrition status of our population.

A.S.P.E.N. EHR Survey

- Concluded in February 2012, Repeated / expanded in 2014
- 2012 Concluded: "The trend is that more and more hospital systems will be implementing EHRs and eventually most, if not all, will be using an EHR. This study should be a wake-up call for EHR developers/vendors, healthcare systems, and clinicians that the nutrition and nutrition support content of the current EHRs needs improvements. Nutrition support clinicians need to be actively involved in optimizing this EHR content."
- 2014 Survey expanded to non-ASPEN members: ~50-60% of respondents showed a favorable response for each content area; nutrition documentation, ordering oral supplements, ordering oral diets, ordering tube feedings, and ordering parenteral nutrition.


Objectives:
After this presentation you will be able to:

1. Understand how the NC-PTs moving beyond the nutrition profession and positions the RD as an essential member of the healthcare team.
2. Learn how documentation in the EHR, and the work that is being done by many, keeps nutrition on the cutting edge of healthcare.
3. Network with others using similar EHR to make documentation in the EHR more efficient and effective.
Objective #1

Understand how the NCPT is moving beyond the nutrition profession and positions the RD as an essential member of the healthcare team.

- Use of NCPT
- Inclusion of NCPT in with SNOMED and LOINC
- Continuum of care documentation
- Outcomes tracking
  - Nutrition diagnoses, goals, research
  - Care plans, education
  - Clinic and outpatient departments, nursing homes
  - Facility specific reports
  - Share your quality indicators for outcomes tracking
  - Go beyond documentation to embed quality outcomes into your EHR
  - Make the IT Department aware of the mandated quality indicators you follow and how they affect the health care system
  - Repurpose your documentation to populate flow sheets, interactive pages, narrative notes, and other parts of the EHR.
  - Align your monitor of key indicators such as height, weight, BMI with other departments.
Objective # 2

Learn how documentation in the EHR and the work that is being done keeps nutrition on the cutting edge of healthcare.

Learn how documentation in the EHR and the work that is being done keeps nutrition on the cutting edge of healthcare.

a. Building Nutrition Standards

Information Exchange
- Care Coordination

Content
- Vocabulary & Code Sets

Structure
- Information Models
- Document Templates

Foundation
- Nutrition Care Process
- Evidence-based Practice

EHR and Food Service Management Systems

- Another area is the "content" or the message format specific to the electronic environment. When information is exchanged, it defines the information contained in the message. These exist via the standards developed for health information technology such as Health Level Seven (HL7) standards. One example of this is the HL7 Version 2 interface standards which send facility patient-specific data such as Admission, Discharge and Transfers and Diet Orders/Allergies from EHRs to Food and Nutrition Information Systems.
New malnutrition codes in SNOMED-CT (US Extension)
(Published March 1, 2014)

Parent code Concept: [2492009] Nutritional disorder

(NEW) Starvation-Related Malnutrition:
Concept ID: [441971000124107]

(NEW) Chronic Disease-Related Malnutrition:
Concept ID: [441961000124100]

(NEW) Acute Disease or Injury-Related Malnutrition:
Concept ID: [441951000124102]

(existing) Nutritional deficiency [70241007]
(existing code under nutrition disorder)

(NEW) Undernutrition:
Concept ID: [65404009] (child of nutrition deficiency)

Information Exchange
Care Coordination

- Diet orders are currently the only nutrition information required in the Continuity of Care Documentation (CCD).

Goal: all nutrition care will transfer / interface with other electronic health records based on the structure seen earlier.

Objective #3

Network with others using similar EHR to make documentation in the EHR more efficient and effective

Network, network, network!!

- Connect with your EHR's user group.
- Connect on the Academy’s Nutrition Informatics Community of Interest
- adanic.webauthor.com
- Network on CNM list serve, nutrition entrepreneurs
- Network on LinkedIn.
- A.S.P.E.N. Clinical Nutrition Informatics Committee (CNIC)
- Networking with other CERNER Users / UCERN Registered Dietitian Community / CERNER Health Conference Presentations

Epic - userweb.epic.com


CNM DPG invites members to join the Informatics Subunit!

- All CNM members are welcome and membership is free—and part of the CNM DPG member benefit.
- The purpose of the subunit is to provide education, leadership skills and resources to CNM members as they can keep pace with food and nutrition informatics, including electronic patient health records and diet order entry.
- To join the CNM DPG Food & Nutrition Informatics Subunit, email cnmfoodandnutritioninformatics@gmail.com to let us know you'd like to join!
- Please include your member number and your name as it is listed in the Academy database.
Work done at the Academy of Nutrition and Dietetics level can help EHR vendors identify malnutrition.

Opportunities for improvement in Nutrition data gathering, Notes, and Care Plans.

Continuing nutrition plan through the continuum of care (interoperability).

Improving Entering of Nutrition Orders (diet, supplement TPN, IF orders, labs).

Interfacing (HL7) with Nutrition Services Applications, identifying food allergies.

Enhancement examples

Questions?
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