MAKING THE BEST BETTER: CONTINUOUS NCP IMPROVEMENT

WEBINAR SPONSORED BY:
WISCONSIN ACADEMY OF NUTRITION AND DIETETICS

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Objectives

- Utilize critical thinking in the application of the Nutrition Care Process
- Evaluate the quality of PES statements
- Utilize the nutrition intervention standardized language
- Identify appropriate outcome measures and indicators for nutrition monitoring and evaluation

Questions

- How to write accurate PES statements (confusion between etiology and signs and symptoms)
- What to do if there are no nutrition problems
- How best to use when patients are hospitalized for a short period of time
- Questions about the use of the IDNT
- Charting
- How best to use the standardized language
- How/where to start

Revised NCPM, 2008

Nationwide data results

- April 2013 Readex Survey Results
- Random sample of registered dietitians (over 3000 responded) = 95 % confidence level
- Questions:
  - NCP is easy to understand; scale of 1-11; 1 = very strongly disagree, 11 = very strongly agree
  - Are you familiar with the NCP?; yes or no
- Various stages of implementation of each step: Change is fully institutionalized, implemented, trained, determined, implementation plan, aware of need, not currently aware, don't know

Summary of Key Results

- NCP is easy to understand = mean of 7.5 (2013)
- NCP is easy to understand (% that responded 9,10,11)
  - 2011; 31%
  - 2013; 35%
- Familiar with NCP (% that responded yes)
  - 2011; 45%
  - 2013; 54%
Stages of Implementation

<table>
<thead>
<tr>
<th>Stage of Implementation</th>
<th>Assessment</th>
<th>Diagnosis</th>
<th>Intervention</th>
<th>Monitoring &amp; Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fullyinstitutionalized</td>
<td>22.32 %</td>
<td>25.22 %</td>
<td>22.3 %</td>
<td>21.26 %</td>
</tr>
<tr>
<td>Implemented</td>
<td>37.61 %</td>
<td>39.05 %</td>
<td>37.98 %</td>
<td>37.38 %</td>
</tr>
<tr>
<td>(subtotal)</td>
<td>59.93 %</td>
<td>64.27 %</td>
<td>60.28 %</td>
<td>58.64 %</td>
</tr>
<tr>
<td>Training</td>
<td>4.84 %</td>
<td>5.43 %</td>
<td>5.96 %</td>
<td>6.42 %</td>
</tr>
<tr>
<td>(total)</td>
<td>64.77%</td>
<td>69.7%</td>
<td>66.24%</td>
<td>65.06%</td>
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</tbody>
</table>

Critical Thinking

**Nutrition Assessment**
- Organize & cluster data according to possible diagnoses
- Determine appropriate data to collect
- Distinguish important & relevant data from unimportant and irrelevant data

**Nutrition Diagnoses**
- Find patterns and relationships among data and possible causes
- Rule in/rule out specific diagnoses
- State problem clearly and singularly

Critical Thinking

**Nutrition Intervention**
- Set and prioritize goals
- Match intervention strategies with client needs, diagnoses and values
- Specify the time and frequency of care

**Nutrition Monitoring & Evaluation**
- Select appropriate indicators and measures
- Use appropriate reference standards for comparison

Nutrition Assessment/Monitoring and Evaluation Domains

- Food/Nutrition-Related History (FH)
- Food and Nutrient Intake
- Food and Nutrient Administration
- Medication and Complementary/Alternative Medicine Use
- Knowledge/Beliefs/Attitudes
- Behavior
- Factors Affecting Access to Food and Food/Nutrition Related Supplies
- Physical Activity and Function
- Nutrition-Related Patient/Client-Centered Measures

What’s New – Assessment?

1. Academy Unique Identifier (used to track data EMR)
2. US and metric measures
3. More specific terms for vitamins/minerals
4. New terms within physical activity and function
5. Revised shading areas for assessment only

Nutrition Assessment/Monitoring and Evaluation Domains

- Anthropometric Measurements (AD)
- Biochemical Data, Medical Tests and Procedures (BD)
- Nutrition-Focused Physical Findings (PD)
- Client History (CH)
- Comparative Standards (CS)
Shaded Areas: Assessment Only

- Personal History
- Patient/Client/Family Medical Health History
- Social History

Rationale: data not generally changed as a result of nutrition intervention

Nutrition Interventions

4 Domains

1. Food and/or Nutrient Delivery (ND) 6 classes
2. Nutrition Education (E) 2 classes
3. Nutrition Counseling (C) 2 classes
4. Coordination of Care (RC) 2 classes

Food and/or Nutrient Delivery

- An individualized approach for food/nutrient provision including meals and snacks, enteral/parenteral feeding and supplements
- Assistance, environment & nutrition-related medication management

Nutrition Education

- Formal process to instruct or train patients/clients in a skill or to impart knowledge to help patients/clients to voluntarily manage or modify food, nutrition and physical activity choices and behavior to maintain or improve health

Nutrition Education - E

- Content (1)
  - Purpose
  - Priority modifications
  - Survival information
  - Nutrition relationship to health/disease
  - Recommended modifications
  - Other or related topics

- Application (2)
  - Result interpretation
  - Skill development
  - Other

Nutrition Counseling

- Supportive process, characterized by a collaborative counselor-patient/client relationship to establish food, nutrition and physical activity priorities, goals and individualized action plans that acknowledge and foster responsibility for self-care to treat an existing condition & promote health
Nutrition Counseling: Theoretical Basis/Approach (1)

- Cognitive –Behavioral Theory
- Health Belief Model
- Social Learning Theory
- Transtheoretical Model/Stages of Change
- Other

Nutrition Counseling: Strategies (2)

- Motivational interviewing
- Goal setting
- Self-monitoring
- Problem-solving
- Social support
- Stress management
- Stimulus control
- Cognitive restructuring
- Relapse prevention
- Rewards/contingency management

Coordination of Nutrition Care

- Consultation with, referral to or coordination of nutrition care with other providers, institutions or agencies that can assist in treating or managing nutrition-related problems

What’s New? – Intervention

1. Terms that reflect the type of action taken: recommend, implement, order, initiate, modify or discontinue
2. More specific terms for many of the food/nutrient classifications

Intervention – 2 parts

#1 Set goals
- Based on signs and symptoms
- The indicator that you will monitor and evaluate
  - Nutrition Prescription or Goal/Expected Outcome
  - Reference Standard (e.g. national, institutional and/or regulatory standard)

#2 Implement intervention
- Based on etiology

Nutrition Monitoring and Evaluation

- Measuring
  - Select the nutrition care outcome indicator to measure the desired outcome (initial and subsequent)
- Monitoring
  - Review the data at scheduled intervals
- Evaluate
  - Systematic comparison of current findings with previous status, intervention goals or reference standard
Nutrition Monitoring & Evaluation Terminology

- Refer to Nutrition Assessment Terminology
- Additional Specific to Monitoring and Evaluation

What's New? - Nutrition Diagnoses

1. Additional terms for documenting vitamin/mineral intake
2. Enteral/parenteral; now less than optimal composition or modality
3. Inappropriate intake of fats (specify); now less than optimal intake of types of fats
4. Harmful beliefs/attitudes…; now Unsupported beliefs/attitudes….

Other more recent

1. Energy Balance
   - Predicted suboptimal energy intake NI-1.4
   - Predicted extensive energy intake NI-1.5
2. Multi-nutrient
   - Predicted suboptimal nutrient intake NI-5.11.1
   - Predicted excessive nutrient intake NI-5.11.2
3. Biochemical: Predicted food-medication interaction NC-2.4
4. No nutrition diagnosis at this time NO-1.1

Using the Diagnostic Terminology

- All the terms can/must be used as the “Problem”
- Some terms can also be used as the “Etiology” (can also be free text)
- Some terms can also be used as “Signs and Symptoms” as long as accompanied by actual data (can also be free text)

Use of Nutrition Dx Terms

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<thead>
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<th>Nutrition Monitoring &amp; Evaluation</th>
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<tr>
<td>Problem</td>
<td>Etiology</td>
<td>Signs &amp; Symptoms</td>
<td>Nutrition Diagnosis Labels</td>
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Intake Domain (excessive or inadequate intake of xx)
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</tr>
<tr>
<td>Clinical and Behavioral/Environmental Domains</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Knowledge deficit, Lack of access to food)</td>
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</tr>
<tr>
<td>Clinical Domain</td>
<td></td>
<td></td>
<td>(Altered Laboratory Values &amp; Weight Status)</td>
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Two Ways to Identify Possible Nutrition Diagnosis

- Intuitively look at assessment data and select 1-4 possible terms from the list
  - OR
  - Use Assessment Matrix to identify several possible problems, then
  - Refer to Reference sheets to see which fit best

Nutrition Diagnosis Example

“Inadequate protein intake (P) related to changes in taste and appetite (E) as evidenced by (S) average daily protein intake of 30 grams which is 40% less than estimated requirements of 75 grams”

Can also work it backwards:
- Determine (S)- signs and symptoms
- Determine (E)- etiology
- Identify (P) - nutrition diagnosis

Another approach to PES

- P first
- S next
- E last
- Benefit: assure that the S is either quantifying or qualifying the P

- Inadequate enteral nutrition infusion (P)
- As evidenced: by 24 hour infusion less than goal by 500 ml (S)
- Related to: increased residuals and holding of TF for 2 hours (E)

Evaluating Your PES Statement

- There are no “right” or “wrong” PES statements
- BUT.......
- Some are better than others!!!
- Seven questions to ask when evaluating your PES statement ?????
Evaluating your PES statement

**Problem (P)**
- Can the nutrition professional resolve or improve the nutrition diagnosis?
- When all things are equal and you have a choice between stating the PES statement using two nutrition diagnosis labels from different domains, consider the intake nutrition diagnosis as the one most specific to the role of the RD.

**Etiology (E)**
- Is the etiology listed the “root cause”?
  - Ask “Why?” 5 times
- Can you envision an intervention that would address the etiology and thus resolve the problem?
- If you are unsure about resolving the problem by addressing the etiology, is your intervention targeted to reducing or eliminating the signs and symptoms?

**Signs & Symptoms (S)**
- Will measuring the Signs and Symptoms tell you if the problem is resolved?
- Are the Signs and Symptoms specific enough that you can measure/evaluate changes at the next visit to document resolution of the nutrition diagnosis?

**A Well-Written PES Statement**
- Simple, clear and concise
- Specific to the patient/client or group
- Descriptive of a single nutrition-related problem
- Accurately related to an etiology
- Based on reliable and accurate nutrition assessment data

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

**Relationship of PES Statements to NCP Steps**
- Nutrition Assessment → Nutrition Diagnosis → Nutrition Intervention → Nutrition Mon & Eval
Example: Nutrition Support PES

- **(P)** Inadequate enteral nutrition infusion
- **(E)** related to: increased residuals and holding of TF for 2 hours
- **(S)** As evidenced: by 24 hour infusion less than goal by 500 ml

Intervention: Nutrition Support

- **Part 1:** Nutrition Prescription and Goals
  - Based on estimated nutrient needs using accurate reference standards
  - Provide goal nutrients per estimated needs within 24 hours

- **Part 2:** Select Intervention
  - Enteral Nutrition ND-2.1
  - Options of changing formula concentration or rate
  - Medications ND-6.1
  - Review options of gastric motility medications as appropriate

Relationship of PES Statements to NCP Steps

- Nutrition Assessment
- Nutrition Diagnosis
- Nutrition Intervention
- Nutrition Mon & Eval

Monitoring and Evaluation

- Calculate 24 nutrient infusion of enteral feedings
- Monitor for tube feeding tolerance

Relationship of PES Statements to NCP Steps

Case Example: ICU patient meeting current nutrition goals with enteral or parenteral nutrition

- 32 y.o. male admitted to the ICU with traumatic brain injury after motor vehicle crash. 6'1" and 200 lbs
- Previously healthy and well nourished prior to admission
- Pt is on mechanical ventilation and tolerating tube feedings at goal rate.
Previous assessment data and any initial ND assumed to be documented and evaluated
Documentation can clearly state that all goals are being met
Continue to monitor for changes in status and reassess for new ND as health status changes

Possible ND:
- (P) Predicted suboptimal energy intake (E) related to NPO for xx days secondary to mechanical ventilation and nutrient needs currently being met with enteral tube feedings
  - May not need S as not happened yet
  - Will allow for future goals for transition to oral nutrition or rationale for need for education and/or medical food supplements

Evaluation of Intake PES
BEFORE:
- Inconsistent carbohydrate intake related to food and nutrition knowledge deficit as evidenced by A1C
AFTER:
- Inconsistent carbohydrate intake related to food and knowledge deficit (e.g. not familiar with CHO counting) as evidenced by CHO units varying from 1-7 each meal and A1C of 15%

Implementation of NCP
Intervention (2 parts)
- Goals: CHO evenly distributed per meals and snacks and improved A1C within 3 mo. (clearly linked to S)
- Nutrition Education – Content: Nutrition relationship to health disease E-1.4 and CHO units in various foods and meal pattern E-1.5
- Nutrition Education – Application: Skill E-2.2; meal planning and record keeping

Evaluation of Intake PES
BEFORE:
- Excessive oral food and beverage intake related to large portion sizes as evidenced by BMI
AFTER:
- Excessive oral intake related to lack of knowledge of “My Plate” portion guidelines and family meal practices as evidenced by large portions exceeding recommended by 2X and BMI of 28.5

Implementation of NCP
Intervention (2 parts)
- Goals: Meal patterns consistent with “My Plate” portion and stabilization of weight over 1 month with goal of weight loss of 1#/wk thereafter. (clearly linked to S)
- Nutrition Education – Content: recommended modification E-1.5 “My Plate”
- Nutrition Education – Application: Skill E-2.2; meal planning and record keeping
Evaluation of intake PES

BEFORE
Inadequate oral intake related to clinical status/physiological causes increasing nutrient needs (wound healing), as evidenced by poor appetite/intake, clinically significant weight loss, low pre-albumin, dependence on multiple nutrition supplements to meet increased nutrient needs, and stage IV pressure ulcers.

Evaluation of Intake PES

- **P=** Inadequate oral intake
- **E=** increased nutrient needs secondary to wound healing of stage IV pressure ulcer
- **S=** observed poor intake of nutritional supplements, patient c/o decreased appetite and unintended weight loss of …… (quantifiable amount)

Critical Thinking

- Too much data; not singular
- The S/S includes some data that describe the etiology
- Difficult to establish measurable goals
- The etiology does not lend itself to a clear and logical nutrition intervention

Implementation of NCP

- Nutrition prescription: estimated calorie and protein needs to support increased needs
- Goal: patient improve appetite and intake to meet needs; weight stable
- Intervention:
  - Meals/Snacks: protein modified ND-1.2
  - Supplements: commercial beverage ND-3.1.1

Evaluation of Clinical PES

BEFORE:
- Altered GI function related to small bowel obstruction as evidenced by ngt for suctioning

AFTER:
- Inadequate oral intake related to altered GI function secondary to small bowel obstruction and ngt suctioning as evidenced by NPO status X 3 days.

Implementation of NCP

- Intervention (2 parts)
  - Goals: Meet nutrient needs within 24 hours bypassing GI route (clearly linked to S)
  - Parenteral Nutrition/IV Fluids (2.2) Provide recommendations Composition and Rate ND-2.2.1 & ND 2.2.3
Evaluation of PES

Before:
- Swallowing difficulty r/t dysphagia as evidenced by aspiration observed on swallow study

After:
- Inadequate oral intake r/t swallowing difficulty and aspiration as evidenced by NPO orally

Evaluation of Behavioral-Environmental PES

BEFORE:
- Food/nutrition related knowledge deficit related to lack of prior exposure to information as evidenced by pt's questions/concerns

AFTER:
- Food/nutrition related knowledge deficit as evidenced by pt's questions/concerns regarding .......... (specify examples of such questions)
- May not need E (redundant)

Common Issues

- No apparent nutrition problems
  - Document pertinent data from assessment and clearly state “no nutrition diagnosis at this time”
  - Follow institution's P & P for routine rescreening or reassessment as conditions might change
  - ND 3rd Edition: Predicted suboptimal energy intake NI-1.6 and Predicted excessive energy intake NI-1.7

Documentation

- Assessment
  - Date and time of assessment
  - Pertinent data collected
  - Comparison with standards

Outcome Documentation

- Resolved: Nutrition problem no longer exists
- Improvement shown: Nutrition problem still exists with positive progress to goal
- Unresolved: No improvement shown
- No longer appropriate: Change in condition
In The End, Performance Improvement Will Show

- Overall – documentation and charting speed increased
- Notes with greater consistency and focused
- Monitoring and Evaluation techniques clearly stated
- Outcomes in patients with greater LOS easier to monitor and track due to specificity of chart note
- Training new staff members – formalized
- Improves Quality of Care

In summary…

- The Nutrition Care Process and Standardized Language will take us to a new level of performance and recognition.

Resources

- www.eatright.org

Questions?

- Thank you