



The Association
of UK Dietitians

Guidelines for developing a digital dietetic record using the core template

2024



Guidelines for developing a digital dietetic record using the core template

General Points

Please be aware that the information below are guidelines to enable you to produce a suitable digital dietetic record using the core template and to support you to be able to report on the outcomes of dietetic intervention. They are not designed to be a record keeping standard; you will need to include the additional categories required to conform with both professional and local record keeping standards in addition to HCPC guidance.

1. Follow a structured process, ideally the BDA Model and Process for Nutrition and Dietetic Practice (M&P), which is suitable for both individuals and groups. Use standardised language (SL) terms where appropriate to enable data analysis and evaluation. This should enable a consistent approach across teams, departments and all four nations in the UK.
2. Use the core template to align your digital record with the M&P. Embedded SL terms should facilitate the clarity of dietetic records and straightforward collection of outcome data, helping to demonstrate the impact of dietetic interventions.
3. Highlight the benefits of digital transformation within your workplace together with the importance of having sufficient functionality to capture outcome data. Dietetic Managers should initially discuss this with the Chief Clinical Informatics Officer (CCIO) or Chief Nursing Informatics Office (CNIO).
4. Plan to have a dietetic 'digital champion' within your dietetic team or department to link in with local Information Technology (I.T) teams. The range of documents included in the 'Toolkit for Digital Dietetic Records and Collecting Outcome Data' can help support them to implement the standardised structured DDR template.
5. The functionality of your digital system will affect what you are able to implement. Aim to incorporate an 'autocomplete' function within your digital template wherever possible. This means that specific information about the individual is automatically populated into the correct data fields from the main source. This reduces the risk of human error with data transfer, such as using 'cut and paste' from one document to another or the additional time required for documenting free text. When a significant amount of the template can 'autocomplete'; the dietitian can focus more on their clinical judgement and critical reasoning skills and enable the digital record to be 'clear and concise' and meet HCPC standards. This should also have the advantage of making the outcome evaluation a clearer and easier process.
6. Focus on ensuring standardisation with the core aspects of the template while allowing sufficient flexibility to enable relevant speciality specific information to be incorporated. Liaise with your I.T. team to see how much flexibility you are able to incorporate in your template without making the digital record too complex or difficult to follow.

7. For those departments encompassing a range of different specialities and/or workplace settings, we recommend using the same core template where possible, ensuring that you make it clear which sections are essential and which sections are optional.
8. If using multi professional digital records, consider how to incorporate the core aspects of the dietetic template into these records. For example, you could incorporate key sections of the M&P; the PASS statement, the strategy and the implementation. Evaluation could be recorded on a separate digital dietetic outcomes sheet or report.
9. If transferring an individual to another Trust, discuss with your I.T. team how relevant information can be transferred digitally.
10. Basic demographic information could be included either as a digital 'front sheet', 'summary sheet' or included as part of the digital record. This could include items such as NHS number, age, sex, contact details, medical history and medications.
11. Additional information such as appointment details, location, consultation type, time spent, as well as information on the speciality and complexity are useful and may be required by your employer.
12. Some parts of the document should be mandatory e.g. consent and signing off. The Dietitian should add name and electronic signature (including HCPC number) at the end of each digital record. Locally, you may wish to include the unregistered dietetic support workforce when completing this documentation and to add their name and signature as per local arrangements.
13. The core template shows 'Evaluation' at the end of the dietetic episode of care. However, the outcome evaluation could be shown on a separate digital 'summary' page together with the relevant input and output data or in a digital business report.
14. For those that work outside the NHS, consider both the functionality that you require and the capability of the digital software that is available. For freelance dietitians, discuss with other members within your BDA specialist group.

Tips from dietitians who have developed their own DDR template:

- Focus on the functionality of your template; it's more important what it can do than what it looks like.
- Use drop down menus to help reduce the amount of free text
- Ensure you can 'pull through' historical data from previous consultations when you undertake your reviews.
- Work towards real time data and analysis that is available for your reviews.

Benefits of using a core digital record template

- All staff should benefit from using the structured Model and Process
- Clinical leads should be able to benefit from outcomes evaluation of their own clinical area
- Managers should benefit from greater linked data on capacity and demand together with outcome data.
- Consider the bigger picture: what will commissioners want from the dietetic service - such as improvements in quality of life, in nutritional status and judicious use of oral nutritional supplements. Will your template enable this to happen?

Evidence to show that following a structured process and standardised language help to improve outcomes within healthcare settings

1. 'Within Dietetics, an EU project found that clear definitions on monitoring and outcome evaluation facilitate the use of consistent terminology, ideally within a Dietetic Care Process, in both group and individual settings. They agreed that selecting the appropriate indicators was indispensable to monitor and evaluate outcomes, and required a high level of dietitians' critical reasoning. They concluded that innovative monitoring and outcome evaluation models may help dietitians to demonstrate their effectiveness in improving clinical outcomes and justify their role in health care.'
Taken from 'Proposed standard model and consistent terminology for monitoring and outcome evaluation in different dietetic care settings: Results from the EU-sponsored IMPECD project'. *K. Vanherle et al, Clinical Nutrition 37 (2018) 2206-2216*
2. 'The recent Nursing Care Needs Standards Report details the development of a Nursing Care Needs Standard. The aim was to standardise nursing documentation for enhanced patient care and efficient data utilisation. The report emphasised the importance of clear and standardised information collection, clinical judgment, and adapting assessments to various care settings and patient conditions. They also stressed the importance of using standardised clinical language (based on SNOMED) as it enhances data accuracy and, ultimately, the quality of patient care.'
3. 'The recent Nursing Care Needs Standards final report agreed there is already a documentation burden for nursing staff and it was important to streamline nursing documentation processes. This standard promises to enhance the quality and efficiency of nursing care assessments, ultimately improving patient outcomes in healthcare settings.'

Both quotes 2 and 3 are taken from 'Nursing Care Needs Standard' Final report October 2023 PRSB.
Available at: <https://theprsb.org/standards/nursingcareneeds/>

Guidelines for using the Model and Process within digital dietetic records

Dietetic Assessment

Data from digital medical, nursing and AHP records should be auto populated where appropriate. This should include the latest data for anthropometry and biochemistry, relevant current medical problems and medications.

Only include the pertinent information from medical notes; focus on what the medical info is saying regarding the nutrition and dietetic diagnosis (NDD). Note safeguarding concerns if related to the NDD.

Ideally, data regarding previous nutritional intake and requirements should also be easily accessible as should relevant environmental and functional data.

This should minimise the need for excessively long 'free text' entries if the core data is easily accessible in this way, enabling dietetic records to be relevant as well as 'clear and concise'.

Nutrition and Dietetic Diagnosis

Dietetic assessment should be summarised clearly, together with clinical reasoning and priorities.

Writing a PASS statement should be a useful summary of the dietetic assessment which enables the dietitian to clarify the purpose of dietetic intervention.

Strategy

Clarify the proposed outcome(s) of dietetic intervention, including person centred goals and/or expectations. Capture SMART dietetic goals which should relate directly to the proposed outcome.

Choose appropriate indicators to measure progress towards goals and the proposed outcome.

Summarise the plan for dietetic interventions.

Implementation

Record the interventions which took place. Summarise the actions taken and the communication and co-ordination with others to deliver the interventions, or enable them to take place.

Monitor and Review

The same dietetic template may be used for reviews or a slightly amended 'review' template; this is provided within the toolkit.

Ideally relevant data from the previous dietetic consultation should be pulled through to auto-populate the review template. Examples of this are the PASS statement, relevant anthropometric and biochemical data, dietetic goals and indicators. This will facilitate both reassessment and monitoring of dietetic progress at each review.

Record the timescale for the next dietetic review including the method, for example: face to face appointment, online or telephone consultation. If there are no further plans to review, the evaluation section should be completed.

Evaluation

This section should be completed at the end of the episode of dietetic care, for example when an individual is discharged from dietetic care or transferred to a different setting. This is an essential part of a dietetic record as it enables the outcomes of dietetic intervention to be captured.

Key aspects to include in your template, to facilitate outcome data collection, are as follows:

- PASS statements. has the nutrition related problem been resolved/improved or worsened?
- Proposed outcome: has it been achieved?
- Dietetic goals set and indicators used
- Dietetic interventions used during the episode of dietetic care.

Useful additional data includes the comparison of the values for indicators both at the start and the end of an episode of dietetic care together with barriers to progress.

There are several different ways of capturing dietetic outcomes. This is covered in the document 'Capturing outcome data using a digital dietetic record' found within this toolkit.

Recommended Core Templates for Digital Dietetic Records

Two core templates for digital dietetic records have been developed; one for the initial consultation and one for the review consultation. The key to both templates is as follows:

KEY: Green: Auto populates (where possible) Light Blue: Free Text, Values and Yes/No options free text	Dark Blue: SNOMED codes Red: Comments to aid input of appropriate free text
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Please note that the key refers to the data fields that each section may require. See below for an explanation of data fields.

Data fields

Digital records contain data which is divided into 'fields'. Data fields allow the user to enter data. All fields have a data type which reflects the type of information stored in that field.

The main fields used are:

- Alphanumeric fields (limited to the alphabet and numeric characters) e.g. Free Text
- Boolean fields (limited to binary data) e.g. yes/no
- CODE (e.g. SNOMED code)
- Auto populate is a linking field type which enables you to pull data from an originating record onto a different record (e.g. from the core medical record onto the dietetic record)

You may not have the functionality to auto populate all the suggested sections, but you should not 'cut and paste' from the originating record. A digital record should not increase your documentation burden.

Comments

The comments in red are there to help support the input of appropriate free text within the template.

They are not required for the final template.

The core templates for the digital dietetic record for both the initial and the review consultations are found within this toolkit.



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