

## Model and Process for Nutrition and Dietetic Care

### The Northern Ireland Journey

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Quality Care - for you, with you

## Model and Process for Nutrition and Dietetic Care

- First BDA publication 2006
  - Framework for development of tools
  - Standards of Proficiency
  - Curriculum Learning Outcomes (pub. 2000)
- Not new practice
- Define the components of a nutritional intervention in order to facilitate professional practice

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## What is the Model and Process for Nutrition and Dietetic Care

- Implementation of the BDA Model and Process for Nutrition and Dietetic Practice
- Process to ensure consistent quality of practice – evidence based
- Provides evidence of achievement in a range of outcomes - indicating benefit & effectiveness of the dietetic intervention
- Ensures consistent record keeping

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## What is the Model and Process for Nutrition and Dietetic Care?

- Nutrition Care Process - NCP
- A standardised language through a standardised process
- 4 step process describing dietetic care

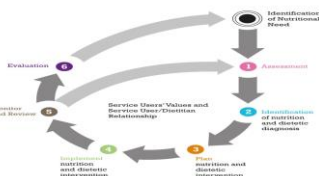


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## The process

### Process for Nutrition and Dietetic Practice

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## What is a Nutritional Diagnosis STEP 2 of NCP

- Identifies and describes a specific nutritional problem that can be resolved or improved via treatment/nutrition intervention by a food and dietitian.

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### 3 Step Process - PASS

- Problem (What?)**
  - Identify the **nutritional** problem
  - 'Risk of' 'Inadequate' 'Decreased' 'Impaired' 'Ineffective' 'Unintended'
- Aetiology (Why?)**
  - Identify **primary** cause of the **nutritional** problem
  - 'Related To'
- Signs & Symptoms (How do I know?)**
  - State the **nutritional** Signs and Symptoms
  - 'As Evidenced By'

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### 3 Step Process - PASS

- Problem (What?)**
  - Unintended weight loss
- Aetiology (Why?)**
  - Inadequate intake of energy at mealtimes with frequent consumption of only ½ portions
- Signs & Symptoms (How do I know?)**
  - 10% weight loss x 2/12, BMI 18kg/m2, pt meeting 50% of estimated requirements, poor dining experience with dislike of food texture

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### Writing the Nutritional Diagnosis

**(P)Nutrition problem label : Unintended weight loss**

**related to (A) inadequate intake of energy at mealtimes with frequent consumption of only ½ portions**

**as evidenced by (SS) 10% weight loss x 2/12, BMI 18kg/m2, pt meeting 50% of estimated requirements, poor dining experience with dislike of food texture.**

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### Why write a Nutritional Diagnosis

- Aids in identifying the most urgent and important nutritional problem
- Clarifies if dietetic intervention is warranted
- Provides evidence for nutritional intervention
- Provides focus for dietitian
- Patient centred approach

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### Nutritional diagnosis vs Medical Diagnosis

- Inadequate protein and energy intake vs CVA
- Unintended weight loss vs Dementia
- Decreased fluid intake vs dysphagia

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### Measuring Nutritional Outcomes

- What is an outcome measure?

It is a standardised measure of what has been achieved

It is a measure of the effectiveness of the dietetic intervention

Directly linked to the nutritional diagnosis and care plan

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## Which outcome measures to use?

- What are you trying to achieve?
- What does the patient want to achieve?
- Choose realistic goals
- What can you realistically measure?
- Choose outcomes that are relevant to the nutrition diagnosis

SHSCT Nutrition and Dietetic Service - Dietetic Outcomes Record

Patient name: \_\_\_\_\_ H&C No: \_\_\_\_\_ DoB: \_\_\_\_\_ Speciality: \_\_\_\_\_ Medical Diagnosis: \_\_\_\_\_

Nutritional Diagnosis: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Outcome Domain Circle corresponding number of aims chosen	Outcome measure Circle corresponding number (max 2 per domain)	Start Measure date (1 <sup>st</sup> assessment)	State overall outcome/ end target	Review Date Value (A/PANA)	Review Date Value (A/PANA)	Review Date Value (A/PANA)	Review Date Value (A/PANA)	Review Date Value (A/PANA)
<b>A. PATIENT FOCUSED</b> Identify patient Nutritional aim	1. Whatever the individual has identified as of importance to their registered plan of care							
<b>B. PSYCHOLOGICAL</b> Increase enjoyment, motivation, confidence, self esteem and/or knowledge	1. Improved patient/caree importance 2. Improved patient/caree motivation 3. Improved patient/caree confidence 4. Improved self-esteem 5. Reported increased knowledge/ understanding of condition (scale 1 - 10)							
<b>C. PHYSICAL</b> Reduce weight Maximize weight Increase weight Promote growth along spine Improve wound healing	1. Weight loss 2. Clothing Size 3. Trochanteral 4. Mid Upper arm circumference 5. Grip strength 6. Waist circumference 7. Growth scale 8. Pressure sore grade / wound healing							
<b>D. BEHAVIOUR CHANGE</b> Compliance with dietary manipulation Improved ONS tolerance	1. Made adjustment to meet essential requirements (dietary As for calories and protein not only ONS if available) 2. Improved eating pattern / compliance with meal plan 3. Improved eating awareness 4. Single unit ONS tolerated / improved 5. Relative eating behaviour modified 6. Volume of ONS consumed							

Patient name: \_\_\_\_\_ H&C No: \_\_\_\_\_ DoB: \_\_\_\_\_

Outcome Domain Circle corresponding number of aims chosen	Outcome measure Circle corresponding number (max 2 per domain)	Start Measure Date (1 <sup>st</sup> assessment)	State overall outcome/ end target	Review Date Value (A/PANA)	Review Date Value (A/PANA)	Review Date Value (A/PANA)	Review Date Value (A/PANA)	Review Date Value (A/PANA)
<b>Dietary Food Intake</b> Improved physical activity and/or function	1. Fluid intake, measured or reported (incl. oral and IV) 2. Patient reported changes in physical activity and/or function							
<b>E. SYMPTOMS</b> Improve bowel function/symptoms Improve symptoms nausea/vomiting	1. Improved IBS Symptoms Assessment 2. Bristol Stool Scale 3. Improvement in pain 4. Improvement in nausea and/or vomiting 5. Decrease fistula/stoma output 6. Other, specify.							
<b>Reduce allergy symptoms</b>	1. Improved allergy symptoms (e.g. eczema)							
<b>F. BIOCHEMICAL</b> Improve biochemical status	1. Improved urea & electrolytes 2. Improved renal profile 3. Improved inflammatory markers 4. Improved full blood count 5. Improved liver function's test's 6. Improved iron studies 7. Improved lipid profile							
<b>Improve blood glucose levels/control</b>	8. Reduced hypoglycaemia episodes 9. Reduced hyperglycaemia episodes 10. Improved HbA1c 11. Improved BMS 12. Improved BMS							

A = achieved, PA = partially achieved, NA = not achieved

## Outcome Domains

- Patient focused
- Psychological
- Physical
- Behaviour change
- Symptoms
- Biochemical

## How many?

- A single outcome measure is not sensitive enough to capture all aspects of an individual's dietetic intervention
- Suggest 2-3 outcome measures

## Review

Benefits to review process using nutritional outcomes:

- Provides focus & guidance during the review consultation
- Provides specific outcomes to assess & measure
- Provides evidence for change of plan/discharge/ONS use

## Review

- Colleagues can review with clear outcomes to assess
- Standardises method of r/v

## Review



## Journey Experience - Challenges

- Piloted project in Jan 2014
- 2 dietitians initially
- Nutrition support patients - community
- Rolled out to teams – Acute, DM, ED
- Shared learning with improvements and changes
- Regular meetings

## Journey Experience - Challenges

- Suspend Judgement
- New way of thinking...critical analysis!
  - Finding patterns and relationships among the data and possible causes
  - Making inferences
  - Prioritising the relative importance of problems

## Journey Experience - Challenges

- Time consuming initially
  - Ruling in/Ruling out specific diagnoses
  - Establishing the ND
  - Card Structure
  - Altering outcome measures

## Journey Experience - Positives

- Standardises practice
- Record cards are structured and succinct
- Focuses on dietetic intervention and targets
- Provides measurable targets
- Patient centred
- Aids review process
- Provides evidence for change of plan/discharge

## Journey Experience - Positives

- Provides clinical reasoning
- Supports development of consultation skills
- Supports service development and improvement
- Monitors and measures service demand
- Evidence the effectiveness of dietetic service

## Staff comments

Initially stressful-  
new way of  
thinking

Cuts down writing  
in care plan

Keeps  
you more  
focused with  
use of clinical  
judgement

Very useful for  
review as  
clear where  
the focus is

Initially takes  
more time but  
gets easier!

## Community audit results Nutrition support patients

100% A	Increased knowledge/understanding of condition Improved eating awareness Improved physical activity/function Improved bowel function/allergy symptoms Decrease in stoma output Improved U&Es/ FBC
87% A - 4% PA	Meeting patient focussed goal
83% A - 17% PA	Restrictive eating behaviour improved
81% A - 6% PA	Meeting fluid requirements

## Community audit results Nutrition support patients

81% A – 4% PA	Target volume of ONS
79% A – 12% PA	Target weight
77% A – 19% PA	Improved eating pattern
76% A – 17% PA	Intake changed to meet dietary requirements
71% A – 29% PA	Improved pressure sore/ wound healing

## Acute audit results EN and TPN patients

62% A – 23% PA	Prevention of refeeding syndrome by Day 4
85% A	Prevention of refeeding syndrome by Day 7
57% A	Met more than 85% of kcal and protein needs by Day 4 of high risk refeeding pts
40% A	Met more than 85% of kcal and protein needs by Day 1 of low risk refeeding pts

## Acute audit results EN and TPN patients

90% A	Met more than 85% of kcal and protein needs by Day 4 of low risk refeeding pts
100% A	Prescription and administration of appropriate refeeding meds
100% A	Appropriate feeding route

