



# Nutrition Care Process (NCP) Success in WIC

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# Objectives

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- Why WIC
- Training Strategies
- Helpful Tools
- Implementation
- Connecting Nutrition Dx to WIC Risk Factors
- Documentation
- Practice

# [ Terminology ]

- Nutrition Care Process = NCP
- Problem Etiology Signs/Symptoms = PES
  - PES Statement:

**Problem related to (r/t) Etiology as evidenced by (AEB) S/S.**

- Medical Nutrition Therapy= MNT
- Nutrition Risk Factor = NRF

# Why NCP in WIC?

- Consistent with other professions
- Supports training of dietetic interns, medical residents, nurses and allied health
- Provides follow-up outcome measures and steps for future interventions
- All team members (RD/RN, educator, peer counselor) focused on same outcome

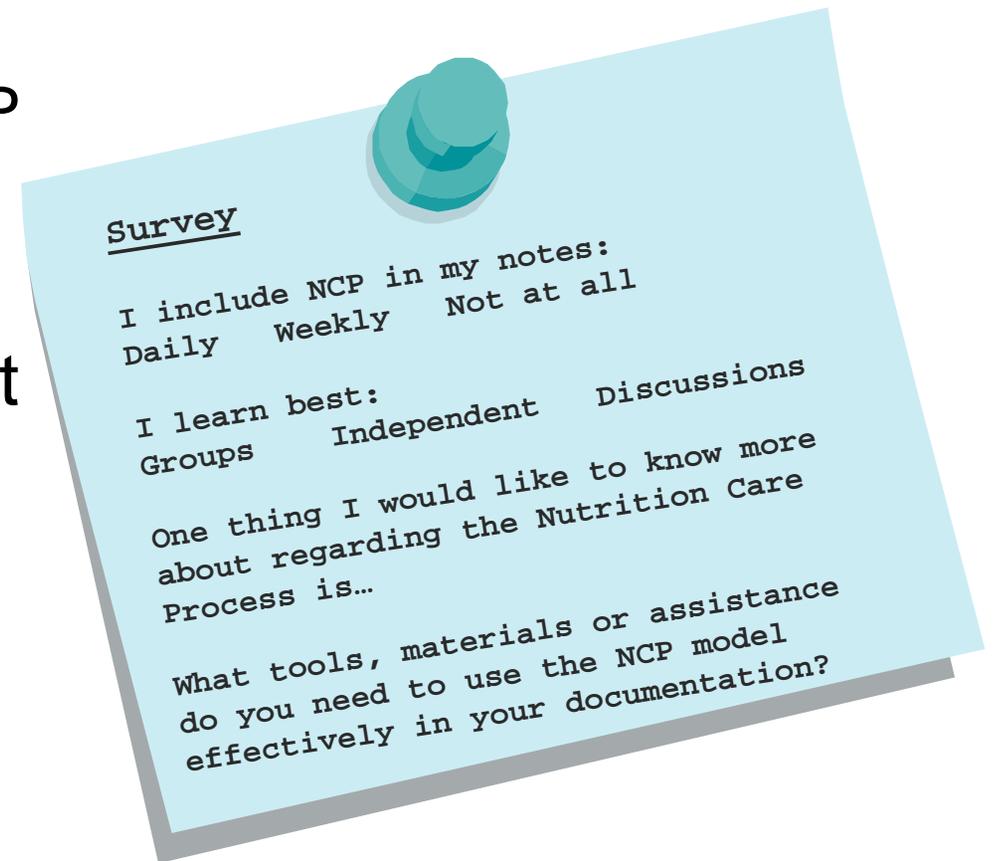
# [ Training Strategies ]

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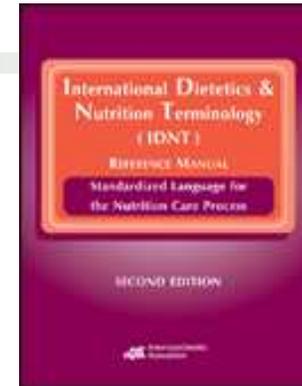
- Attend basic NCP training
  - ADA website modules
- Introduce NCP step by step
- Review reasons/benefits of use
- Provide examples

# Training Strategies

- Survey Staff
  - Knowledge of NCP
  - Best method to teach
- Reevaluate current chart reviews



# [ Training Tools ]



- ADA Pocket Guide
- International Dietetics and Nutrition Terminology Reference Manual
- Develop own materials based on ADA guidelines
- ADA website [www.eatright.org](http://www.eatright.org)
  - case studies, examples, assessment/etiology matrix

# Implementation

- Form a work group/committee
  - Agree on terminology approach
  - Develop materials for your agency's use based on ADA materials
    - Many medical nutrition therapy diagnoses won't apply to WIC
    - Ask staff about most common problems (e.g., breastfeeding, lack of knowledge, etc.)

# Implementation

- Key: What is it you can change through nutrition not medical diagnosis?
  - Medical Dx: Gestational Diabetes
  - Nutrition Dx: Excessive CHO intake resulting in elevated blood glucose levels
- Make as easy and intuitive as possible
- Schedule regular meetings/in-services

# Incorporating WIC Risk Factors

- WIC setting/utilizing nutrition risk factors
  - May identify Problem Etiology Signs/Symptoms (PES) statement backwards
    - 1<sup>st</sup> Determine (S/S): Nutrition Risk Factor is BMI >95%
    - 2<sup>nd</sup> Determine (E): Why are the s/s present/occurring
      - Frequent fast food consumption
    - 3<sup>rd</sup> Determine (P): From the cause (etiology) determine the problem
      - Excessive energy intake

# Evaluating PES

- Most important/urgent problem
- Critical thinking...
  - **P**—Can RD resolve or improve, if all things are equal and there is a choice consider the Intake domain
  - **E**—Is it the most specific root cause?
  - **S**—Can measuring the S/S indicate if problem resolved/improved.

## Overall

- Does the assessment support a particular dx with a typical etiology and S/S?

# [Evaluating PES]

- Well written PES statement is:
  - Simple, clear, concise
  - Specific to a single client nutrition-related problem
  - Accurately related to an etiology
  - Based on reliable and accurate assessment data
  - Etiology sets the stage for the intervention

# Putting It All Together

- Example:

- Excessive energy intake *r/t* consumption of fast-food meals 5x/wk **AEB** BMI at 97<sup>th</sup>ile.
- Food and nutrition-related knowledge deficit *r/t* lack of prior exposure to information on infant feeding practices **AEB** infant receiving juice in bedtime bottle.

# [ Intervention ]

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- Aimed at etiology of problem
  - Should result in resolution of problem or improvement in signs and symptoms
  - Standardized language

# Intervention

- 2 Step Process

- Planning phase

- **Nutrition Rx**—rec'd intake of selected foods, energy, nutrients based on reference standards

- **Goal Setting**—Participant (ppt) goals are measurable, achievable and time-oriented and set with ppt

- Implementation Phase

- Moving counseling into action

# Putting It All Together

- Nutrition Dx:

- Excessive energy intake *r/t* consumption of fast-food meals 5x/wk **AEB** BMI at 97<sup>th</sup>ile.

- Intervention

- Nutrition Rx: Rec'd reducing dining out to 2x/wk to reduce overall fat intake in diet.

# Putting It All Together

- Intervention (continued)
  - Implementation Phase:
    - Meals and Snacks: General/healthful diet—reduce fast food consumption to 1-2x/wk. Goal: reduce fat intake
    - Theoretical Basis: Stages of Change—Contemplation; healthful substitutions when dining out (e.g. side salad vs. fries, low-fat milk vs. soda). Goal: reduce calorie intake when dining out.

# [ Monitor and Evaluation ]

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- This is follow-up
- Determines whether participant is meeting nutrition intervention goals or desired outcomes.

# Monitor and Evaluation

- **Monitoring**—review and/or measurement of selected nutrition care indicators at set times
- **Evaluation**—comparing current findings with previous, goals and/or reference standards
  - Indicator: anthropometric measurements, hgb/hct, 24 hr recall, self reported knowledge

# Putting it all Together

- Nutrition Dx: Excessive energy intake *r/t* consumption of fast-food meals 5x/wk **AEB** BMI at 97%tile.
- Intervention
  - Nutrition Rx: Rec'd reducing dining out to 2x/wk to reduce overall fat intake in diet.

# Putting it all Together

- Intervention (continued)
  - Implementation Phase:
    - **Meals and Snacks: General/healthful diet**—reduce fast food consumption to 1-2x/wk. **Goal:** reduce fat intake
    - **Theoretical Basis: Stages of Change**—Contemplation; healthful substitutions when dining out (e.g. side salad vs. fries, low-fat milk vs. soda). **Goal:** reduce calorie intake when dining out.

# [ Putting it all Together ]

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- Monitoring/Evaluation:
  - **Energy Intake:** Verbal 24 hr recall of frequency of fast food intake in 3 mo.
  - **Weight hx:** Determine BMI in 6 mo. if  $\geq$  95<sup>th</sup>ile refer to RD/RN.

# Putting It All Together

- Follow-up encounter:
  - BMI is 95%ile (referred to RD/RN).
  - Evaluation of 24 hr verbal recall indicates family has reduced fast food consumption to 3x/wk and chooses grilled chicken over chicken nuggets.
  - Family shares that child watches 4 hrs of TV/day and does not engage in any physical activity.
- New problem identified

# Documentation

- Utilize current charting format
  - Formats Vary—Narrative, SOAP, ADIME, etc.

## SOAP Format

Portion of Note	Type of Terminology
S= Subjective	Food and Nutr Hx; self-reported
O= Objective	Data
A= Assessment	Nutrition Dx (PES statement)
P/R= Plan or Recommendation	Intervention Monitoring and Evaluation

# Documentation

- Colorado uses ASPENS system

The screenshot shows the ASPENS software interface for adding a new ed note. The window title is "Aspens For Windows". The menu bar includes "File", "Edit", "Reports", "System Administration", "Window", and "Help". The main window has a blue header with the text "Add New Ed Note for Date: 03/27/2009 Created By: BKM01 Participant:". Below the header, there are several sections:

- Previous Goal Accomplished:** Radio buttons for Yes, No, and N/A. "Note for:" and "E/P:" dropdown menus. "No Visit Information Available".
- CLIENT COMMENTS/FOLLOW-UP ON GOALS & REFERRALS:** A large text area containing the word "Subjective".
- ASSESSMENT/COUNSELING/PLAN:** A section with a "Counseling Topics" dropdown and a "Max" button. The text area contains:
  - Assessment = Nutrition Dx (PES)
  - Counseling = Intervention
  - Plan = Monitoring/Evaluation
- BEHAVIOR CHANGE GOAL(S):** A section with a "Max" button. The text area contains the word "Goals".
- Pamphlets:** Radio buttons for English and Spanish. A list of pamphlets is displayed, including "Food Guide Pyramid - Postpartum Women", "Substance Abuse: Effect on You/Family", "To Slip And Smoke Doesn't Mean You Fa", "Keep Baby Smoke Free", "Give A Gift to Your Baby", "Getting Enough Iron", "Calcium", "Vitamin A", and "Vitamin C".

At the bottom of the window, there are buttons for "Clear", "< Prev", "Next >", "Copy Prev", "Add New", "Save", and "Close". A "Select Pamphlets" button and a "Show All Pamphlets" checkbox are also present. The status bar at the bottom shows "Visit (g:\winwic\data\visit.dbf)", "Record: EDF/49032", "Record Unlocked", and "NUM". The Windows taskbar at the bottom shows the "start" button, "Aspens For Windows", "Removable Disk (E:)", and the system tray with the time "10:51 AM".

## What if no nutrition problem is identified through the assessment?

- If determined that a nutrition problem does not exist or cannot be modified by further nutrition care then no PES statement is created.
  - i.e., Nutrition Interventions in place, no nutrition problems at this time.
  - No reference for low, moderate or high risk
- PES statement not intended for “potential” or “risk of” problems

# Practice Makes Perfect

- No wrong PES statement
- Don't be afraid to make mistakes and learn from them. Inject humor:
  - “Pathetically Executed Sentence”
  - e.g., Underweight r/t illness AEB w/h <5%ile
- Collaborate and share

# Practice #1

- Follow-up visit Postpartum Woman
  - 28 y/o, with prior hx of anemia during pregnancy, presents with current hgb 9.6 (severe anemia).
  - Rx Iron but non-compliant with taking, aware that she is anemic but feels it is genetic.
  - C/o of fatigue even after full nights rest.
  - Reports busy work schedule, works as server 40 hrs/wk. Skips bkfst but has coffee, lunch and dinner are grab and go fast food. Usually has another cup of coffee at lunch.

Write a PES Statement

# [ Practice #2 ]

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- Exclusively BF women. Preemie 3 week old infant still in NICU to be d/c in 1 week.
  - Loaned electric pump from hospital but must be returned once infant is d/c from hospital.
  - MOI discouraged because amount of breast milk pumped has decreased from 3 oz to < 1oz.
  - Initially was pumping q 2-3 hrs now pumping q 3-6 hrs for 15-20 minutes each session.
  - MOI is determined to breastfeed.

Write a PES Statement

# Practice #3

- 3 y/o male child recently Dx with Asthma
  - Taking Pulmicort daily for management
  - Growth is following trend and wt gain is adequate. Hemoglobin is WNL.
  - Has excellent appetite and is receptive to trying new foods. Limits juice and provides milk with meal times.
  - MOC is interested in hearing about new snack ideas because she provides the same snacks (i.e. crackers and cheese) daily.

Would you write a PES?

# [ Practice #4 ]

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- Recount a recent participant you counseled
- Work with your neighbors
- Come up with a PES statement

# [ Summary ]

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- Gather information from staff on current knowledge level and learning methods
- Utilize training tools or develop own
- Practice, Collaborate and Share