Nutrition Care Process (NCP) Success in WIC

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Objectives

- 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

- 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

Survey

I include NCP in my notes:
Daily    Weekly    Not at all

I learn best:
Groups   Independent   Discussions

One thing I would like to know more about regarding the Nutrition Care Process is...

What tools, materials or assistance do you need to use the NCP model effectively in your documentation?
Training Tools

- ADA Pocket Guide
- International Dietetics and Nutrition Terminology Reference Manual
- Develop own materials based on ADA guidelines
- ADA website  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
    - 1st Determine (S/S): Nutrition Risk Factor is BMI >95%
    - 2nd Determine (E): Why are the s/s present/occurring
      - Frequent fast food consumption
    - 3rd 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?

Source: ADA IDNT Reference Manual 2009
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

Source: ADA IDNT Reference Manual 2009
Example:

- Excessive energy intake \( r/t \) consumption of fast-food meals 5x/wk **AEB** BMI at 97%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

- 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%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 dinning out (e.g. side salad vs. fries, low-fat milk vs. soda). **Goal:** reduce calorie intake when dining out.
Monitor and Evaluation

- 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

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Putting it all Together

- **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 $\geq 95\%$ile refer to RD/RN.
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
Utilize current charting format

- Formats Vary—Narrative, SOAP, ADIME, etc.

SOAP Format

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

Slide adapted from CADE NCP webinar 2009
Colorado uses ASPENS system
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
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
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 < 1 oz.
- 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
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

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

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