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The Nutrition Care Process and its
Application to Quality management in
Dietetics

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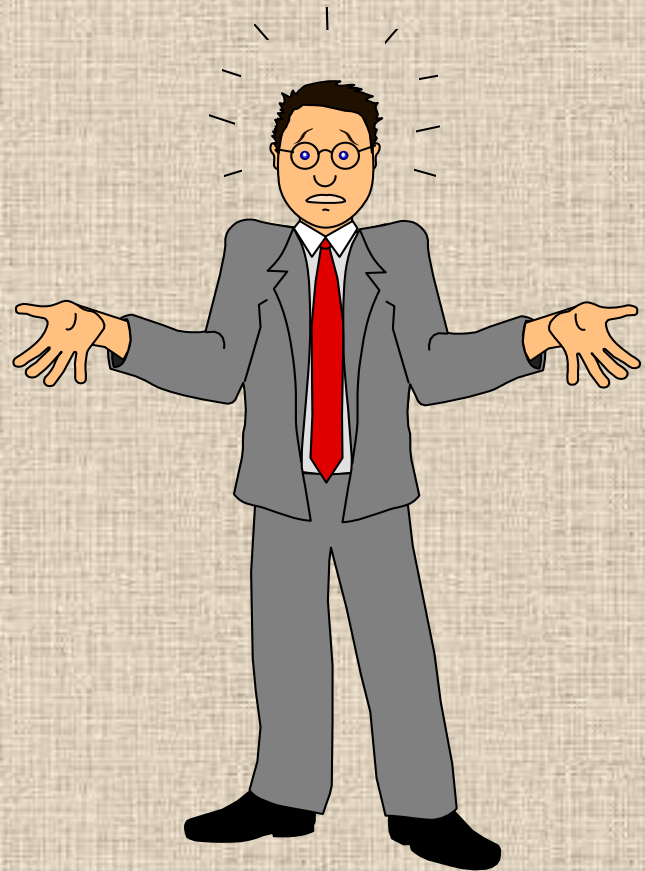
Challenges for the dietetic practitioner in the 21st century

- ❖ *To prevent and reduce the burden of nutrition related illness on the patient, client, and community.*
- ❖ *To Move from Experience-Based to Evidence-Based Practice*
- ❖ *To achieve quality practice*

Challenges for the dietetic practitioner in the 21st century

So, HOW DO WE.....

- ***Ensure quality services***
- ***Demonstrate competence***
- ***Practice consistently***
- ***Show results, measure outcomes***
- ***Create professional accountability***



Today's objectives

At the end of this session you will:

- ✓ ***Understand ADA's Nutrition Care Process and model (NCP) framework***
- ✓ ***Understand how the use of NCP and model enhances the performance of dietetic professionals***

Today's objectives

At the end of this session you will:

continue

- ✓ ***Learn about the common nutrition language***

- ✓ ***Learn about the evidence-based approach to practice and the Evidence Analysis Library***

ADA Practice and Research Initiatives:

Vision: Making ADA Members the Most Valued Source of Food and Nutrition Services

General

Scope of Dietetics Practice Framework

Includes knowledge component, evaluation tools (standards of professional performance, standards of practice and code of ethics), and decision aids

Nutrition Care Manual (NCM)

On-line general reference for diet therapy for many conditions

Nutrition Care Process and Model (NCP)

Systematic process describing HOW dietetics professionals provide care with clients

Application/Tools for Implementation

Evidence Analysis Library (EAL)

On-line reference with synthesis of body of evidence to answer key questions

Evidence Based Guides for Practice

Applies synthesis of evidence of EAL as recommendation for nutrition care for specific population and condition

Standardized Language

Provides common terms to describe Nutrition Care Process

Position Papers

Synthesis of research by consensus to reflect position of the association

Dietetics Practice Based Research Network (DPBRN)

Provides the ability to test and conduct research to answer key questions

INTEGRATING THE CONTENT AND PROCESS OF CARE COMPONENTS

First, The Nutrition Care Process.

*The process and system of care delivery,
the how, the standardized process.*

Second, Medical Nutrition Therapy guides.

*The clinical component, what is done, the
standard of care.*

The Nutrition Care Process and Model is:

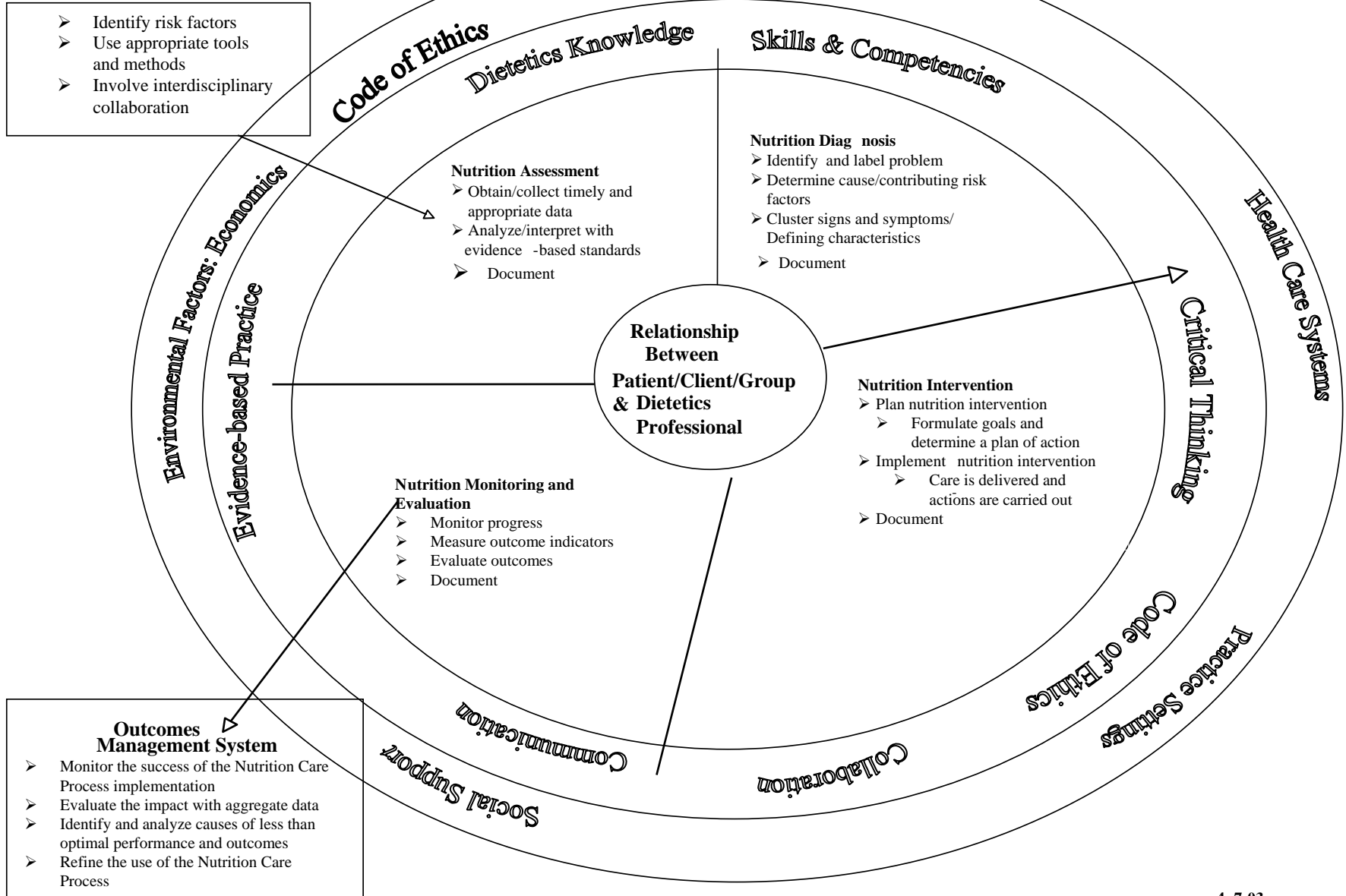
“A road map to quality nutrition care which provides a systematic problem solving method that dietetic professionals use to critically think and make decisions to address nutrition problem and provide safe and effective quality nutrition care.”

Approved by HOD in 2002

NUTRITION CARE PROCESS AND MODEL

Screening and Referral System

- Identify risk factors
- Use appropriate tools and methods
- Involve interdisciplinary collaboration



Support System Screening and Referral

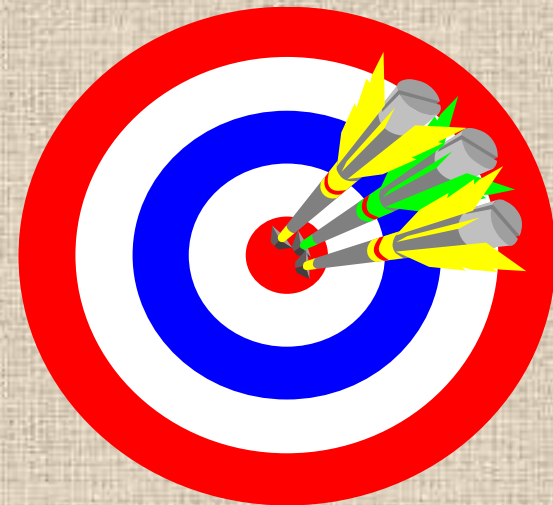
- ✚ *Screening is the **IN** process into NCP and Medical Nutrition Therapy (MNT).*
- ✚ *Through the screening process a decision is made - Who will benefit from nutrition services.*

Support System

Outcomes Management

*Outcomes Management is the **OUT** process from NCP.*

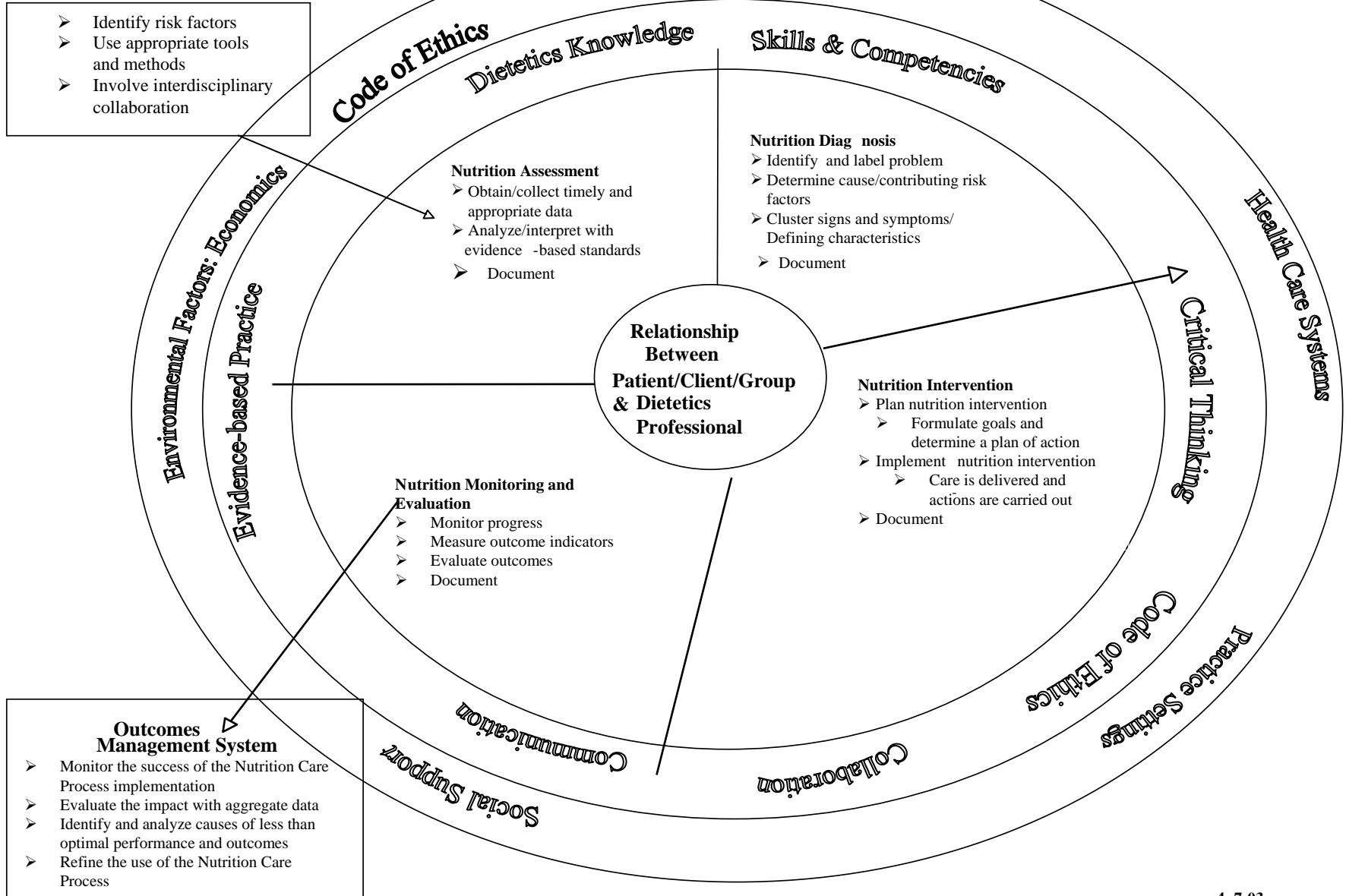
- *Types of outcomes:*
 - *Patient/Client Value-Based*
 - *Direct Nutrition Outcomes*
 - *Clinical & Health Status*
 - *Economic*



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Structure of the Nutrition Care Process and Model

Central Core

At the center are the individual client or community relationship with the dietetic professional. They involve a 4 segment process of interactive components:

- o Nutrition Assessment**
- o Nutrition diagnosis**
- o Nutrition Intervention**
- o Monitoring and Evaluation**

Structure of the Nutrition Care Process and Model

Outer Rings

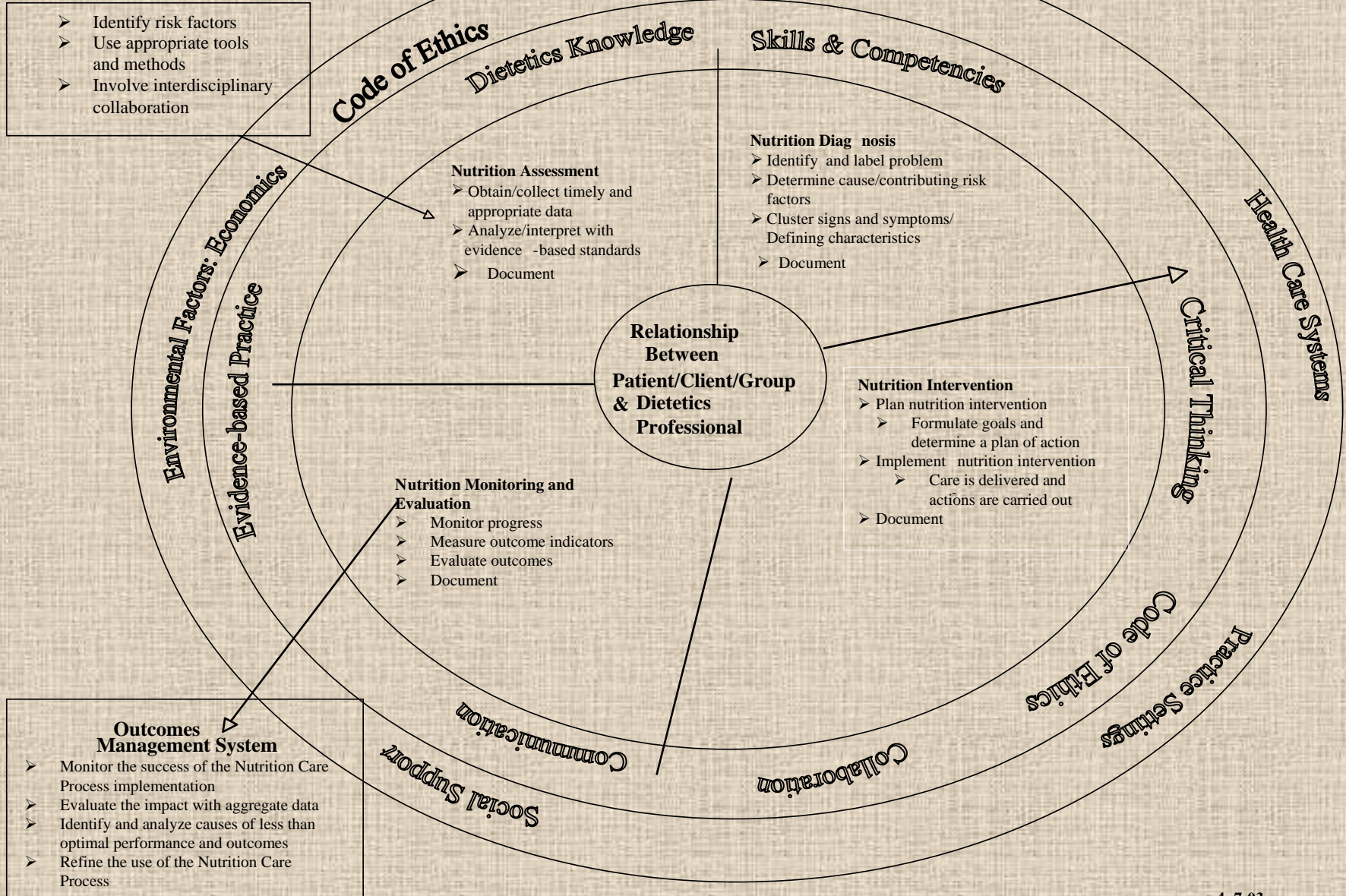
**Inner Ring – Strengths of dietetic
professional Knowledge**

**Outer Ring – Factors of external
environment**

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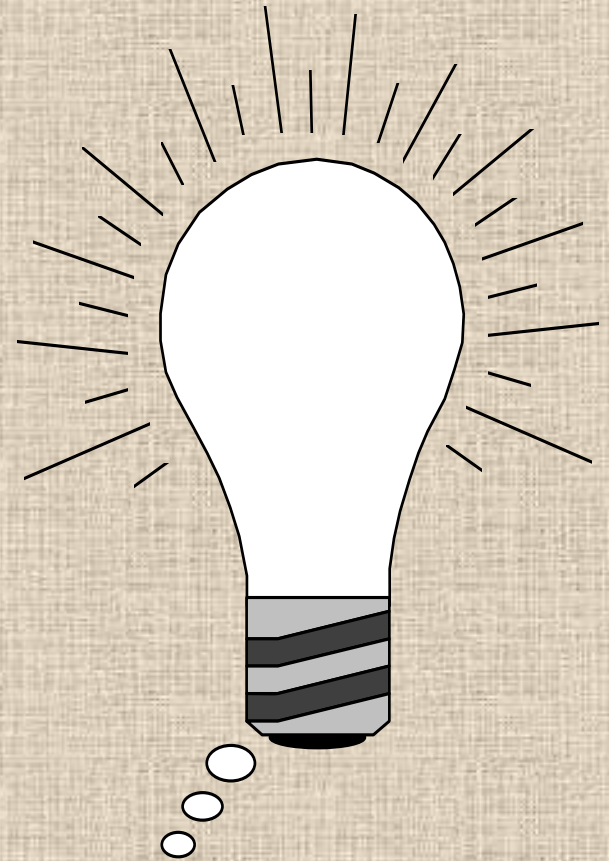
Outcomes Management System

- Monitor the success of the Nutrition Care Process implementation
- Evaluate the impact with aggregate data
- Identify and analyze causes of less than optimal performance and outcomes
- Refine the use of the Nutrition Care Process

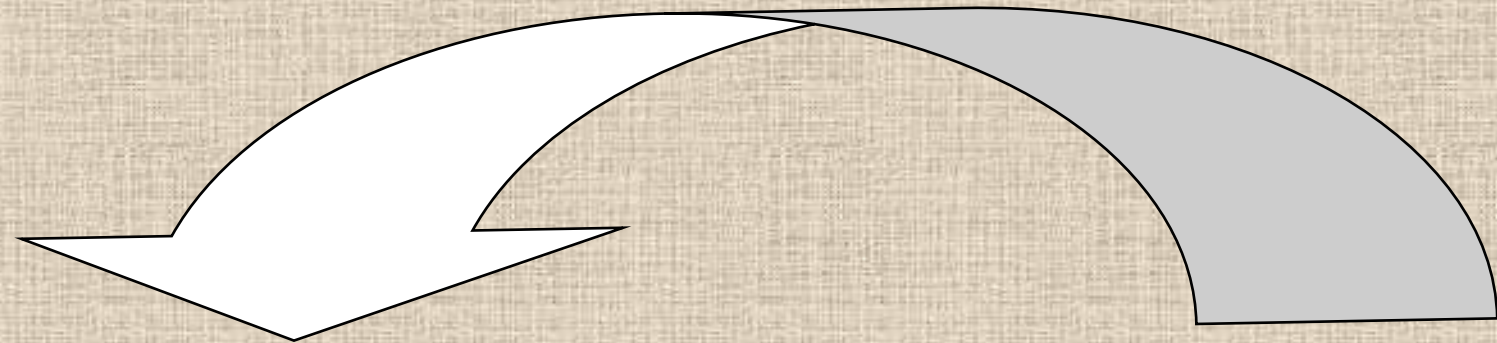
Nutrition Care Process

Critical Thinking

- ➔ *What, if anything, can we do to alter the course of events?*
- ➔ *How do we select the best intervention?*
- ➔ *How do we know if our intervention works?*



Relationships



Nutrition

Nutrition

Nutrition

Nutrition

(re)Assessment

Diagnosis

Intervention

Mon & Eval

Problem

Etiology

Signs & Symptoms



Nutrition Care Process Relationships

Scope of Practice Framework

Includes knowledge component, evaluation tools (standards of professional performance, standards of practice and code of ethics), and decision aids

Nutrition Care Manual (NCM)

On-line general reference for diet therapy for many conditions

Nutrition Care Process and Model (NCP)

Systematic process describing HOW dietetics professionals provide care with clients

Basis for Standards

Incorporated

Framework

Evidence Analysis Library (EAL)

On-line reference with synthesis of body of evidence to answer key questions

Standardized Language

Provides common terms to describe Nutrition Care Process

Position Papers

Evidence Based Guides for Practice

Applies synthesis of evidence of EAL as recommendation for nutrition care for specific population and condition

Dietetics Practice Based Research Network (DPBRN)

Provides the ability to test and conduct research to answer key questions

General References

Application/Tools for Implementation

Nutrition Care Process and Model tools

- 1) **Evidence-Based process to evaluate science and practice**
- 2) **Medical Nutrition Guides for Practice and Protocols**
- 3) **Standard Nutrition Diagnoses Nomenclature (Standardized Diagnoses, Standardized language, Nutrition Codes)**

Evidence Based Practice ADA's Definition/Description

”Evidence-Based Dietetics Practice is the use of systematically reviewed scientific evidence in making food and nutrition practice decisions by integrating best available evidence with professional expertise and client values to improve outcomes.”

- Revised and approved by ADA, 2006

Why Evidence-based Practice?

- *To improve Patient outcomes*
- *To improve safety, quality, efficiency*
- *To take advantage of “exploding” biomedical knowledge*

Evidence Analysis Library – the ADA process:

- **Work groups develop questions pertinent to disease or condition; search and sort the literature.**
- **Trained analysts follow a rigid algorithm, starting with an answerable question; consider the body of published research literature, ending with assigning a grade, and write the conclusion statements.**

Evidence Based Nutrition

Two basic principles of evidence-based Nutrition (EBN) are:

- *A **hierarchy** of strength of evidence behind recommendations.*
- *The **judgment** of the nutrition professional when weighing alternative management strategies, considering patient values and preferences, and societal values.*

Advantages of Evidence-Based Practice

- ✓ **Doing away with practices for which evidence is insufficient**
- ✓ **Realizing that there are some aspects of care that are neither negated nor supported by strong evidence**
- ✓ **Improving clinical practice quality**

Evidence Analysis Library – the ADA process:

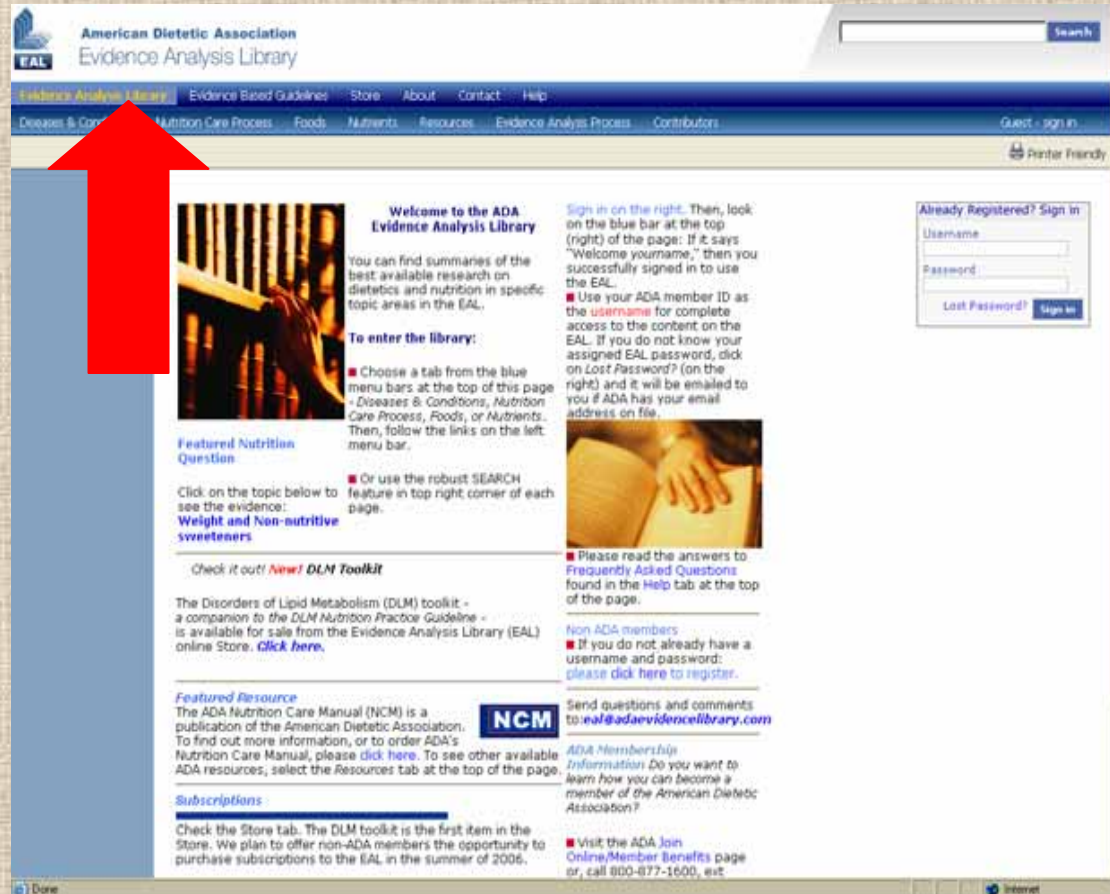
The EAL is an electronic resource that holds evidence-based information about food and nutrition.

The analyzed information is used to develop Evidence-Based Practice guidelines, develop research, and serves members' questions.

ADA Evidence Analysis Library

www.adaevidencelibrary.com

Online Resource with the best available research on important dietetics topics in a practitioner-friendly format



The screenshot shows the homepage of the American Dietetic Association Evidence Analysis Library. The page features a navigation menu with tabs for 'Evidence Analysis Library', 'Evidence Based Guidelines', 'Store', 'About', 'Contact', and 'Help'. Below the menu, there are links for 'Diseases & Conditions', 'Nutrition Care Process', 'Foods', 'Nutrients', 'Resources', 'Evidence Analysis Process', and 'Contributors'. A search bar is located in the top right corner. The main content area includes a welcome message, instructions on how to enter the library, and a featured nutrition question. A red arrow points to the 'Evidence Analysis Library' tab in the navigation menu.

Welcome to the ADA Evidence Analysis Library

You can find summaries of the best available research on dietetics and nutrition in specific topic areas in the EAL.

To enter the library:

- Choose a tab from the blue menu bars at the top of this page - Diseases & Conditions, Nutrition Care Process, Foods, or Nutrients. Then, follow the links on the left menu bar.
- Or use the robust SEARCH feature in top right corner of each page.

Click on the topic below to see the evidence:
Weight and Non-nutritive sweeteners

Check it out! **New! DLM Toolkit**

The Disorders of Lipid Metabolism (DLM) toolkit - a companion to the DLM Nutrition Practice Guideline - is available for sale from the Evidence Analysis Library (EAL) online Store. [Click here.](#)

Featured Resource

The ADA Nutrition Care Manual (NCM) is a publication of the American Dietetic Association. To find out more information, or to order ADA's Nutrition Care Manual, please [click here](#). To see other available ADA resources, select the Resources tab at the top of the page.

Subscriptions

Check the Store tab. The DLM toolkit is the first item in the Store. We plan to offer non-ADA members the opportunity to purchase subscriptions to the EAL in the summer of 2006.

Sign in on the right. Then, look on the blue bar at the top (right) of the page: If it says "Welcome yourname," then you successfully signed in to use the EAL.

- Use your ADA member ID as the username for complete access to the content on the EAL. If you do not know your assigned EAL password, click on Lost Password? (on the right) and it will be emailed to you if ADA has your email address on file.
- Please read the answers to Frequently Asked Questions found in the Help tab at the top of the page.

Non-ADA members

- If you do not already have a username and password: please [click here to register](#).

Send questions and comments to: ef@adaevidencelibrary.com

ADA Membership Information Do you want to learn how you can become a member of the American Dietetic Association?

- Visit the ADA Join Online/Member Benefits page or, call 800-877-1600, ext

Nutrition Care Process and Model tools

- 1) **Evidence-Based process to evaluate science and practice (Evidence Analysis Library, EAL)**
- 2) **Medical Nutrition Therapy Guides for Practice and Protocols**
- 3) **Standard Nutrition Diagnoses Nomenclature (Standardized Diagnoses, Standardized language, Nutrition Codes)**

What are Medical Nutrition Therapy (MNT) services?

“Nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional pursuant to a referral by a physician.”



The benefits of using ADA's Medical Nutrition Therapy Guidelines and Protocols

- **Define best nutrition care practice for a specific diagnosis or condition, according to existing evidence.**
- **Can be used consistently by all RDs working with the same patient population**
- **Are setting specific**
- **Allow for individualization of client care when needed**

Evidence Based Guides (EBG) for Practice MNT Protocols

Current Evidence Based guides:

- *Hyperlipidemia (revised)*
- *Diabetes Type 1 and 2 (currently revised)*
- *Gestational Diabetes (beginning revision)*
- *Chronic Kidney Disease (non-dialysis) (beginning revision)*

** Seven additional guides are in preparation*

The MNT Protocol Components of Nutrition Practice Guides

➤ Theoretical Background

Content:

- ❖ Preface
- ❖ Methods
- ❖ Randomized Control Trials Publications
- ❖ Development and review Panels
- * Introduction
- * Description
- * Discussion
- * Appendix
- * References

The MINT Protocol Components of Nutrition Practice Guides

➤ **Evidence Analysis Methodology**

(Conclusion Statements and Evidence Analysis Worksheets)

Topics (i.e. diabetes):

- ❖ **Self management**
- ❖ **Self monitoring of blood sugar**
- ❖ **Carbohydrates; Proteins**
- ❖ **Physical activity; Weight Management**
- ❖ **Prevention and Treatment of CVD in Diabetes**
- ❖ **Prevention of Type 2 Diabetes**

The MNT Protocol Components of Nutrition Practice Guides

➤ Practice Protocol

Organization:

- ❖ Summary Page
- ❖ Flow Chart
- ❖ Encounter Process
- ❖ Nutrition Progress Notes (forms)

The MINT Protocol Components of Nutrition Practice Guides

In addition, there are:

- Reproducible forms (Client Education)
- Outcomes management:
 - ❖ **Why monitor outcomes**
 - ❖ **Outcomes of Individual client care**
 - ❖ **Aggregate outcomes for a client population**
 - ❖ **Data collection forms and tools**

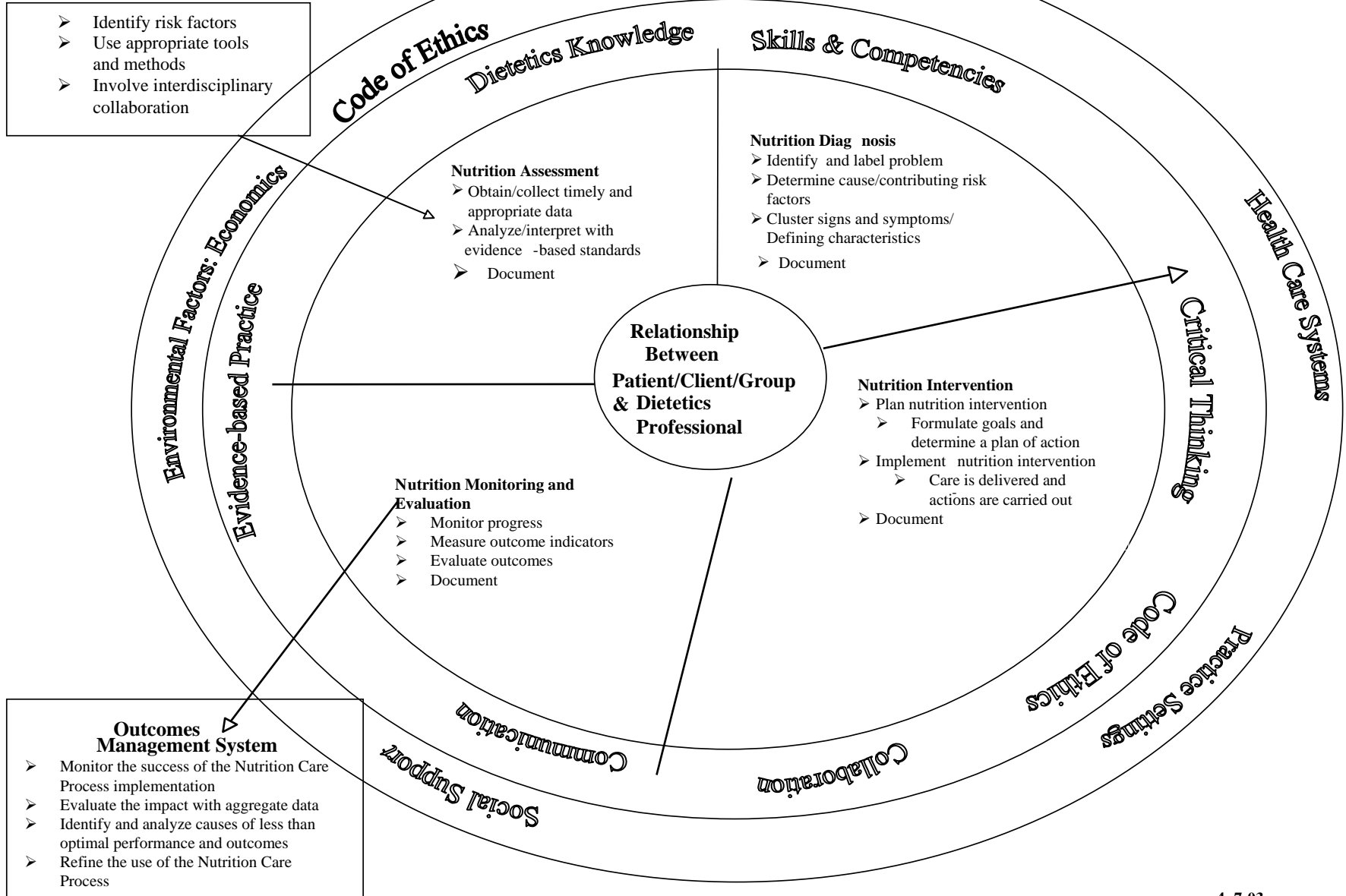
Nutrition Care Process and Model tools

- 1) **Evidence-Based process to evaluate science and practice**
- 2) **Medical Nutrition Guides for Practice and Protocols**
- 3) **Nutrition Diagnostic Terms – Standardized language; Nutrition Codes**

NUTRITION CARE PROCESS AND MODEL

Screening and Referral System

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Outcomes Management System

- Monitor the success of the Nutrition Care Process implementation
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THE NUTRITION DIAGNOSIS

TERMINOLOGY:

- ✓ *Is the identification and naming of the specific nutrition problems that come from the nutrition assessment*
- ✓ *Is intended to be the agreed upon terms that will describe what is occurring in each step of the nutrition care process*
- ✓ *Is the link between assessment and intervention*
- ✓ *Is what the dietetic professionals are responsible for treating independently*

Nutrition Diagnosis

Existing and planned terms:

- *Nutrition assessment terms*
- *Nutrition diagnostic terms*
- *Nutrition intervention terms*
- *Monitoring and evaluation terms*

MEDICAL DIAGNOSIS

NUTRITION DIAGNOSIS

Medical diagnosis describes a disease or pathology of specific organs or body systems that can be treated or prevented.

A medical diagnosis does not change as long as the disease or condition exists.

Nutrition diagnosis is the nutrition or dietary state that affects the patient's health, laboratory finding, medical diagnosis, problem or symptom.

A nutrition diagnosis changes as the response changes.

NUTRITION DIAGNOSIS

**Nutritional Diagnosis is
NOT A MEDICAL DIAGNOSIS !**

Excessive carbohydrate intake
Vs. DIABETES

Medical Diagnosis

Uremic syndrome

Dumping syndrome

Diabetes

CVD

Obesity

Nutrition Diagnosis

Excessive protein intake

*Excessive carbohydrate
intake*

*Knowledge deficit
about diet (food and
nutrition related):*

Carbohydrates

Lipids

high density food

NUTRITION DIAGNOSIS AND DOCUMENTATION

Problem Etiology Signs & Symptoms (PES) STATEMENTS (CHART NOTES)

The P.E.S. statement links the assessment to the actual problem (the diagnosis).

P.E.S statements have a 3 part structure:

P.E.S STATEMENT STRUCTURE

Problem – Actual problem...;

(not potential for..., or risk for...;)

Etiology - Related to...;

Sign & symptoms – As evidenced by....;

Examples of PES Statements

Case sample:

- **67 years old white male, lives alone in apartment, on disability, 173cm, 64kg;**
- **Heart failure diagnosed 2 months ago, weight loss 11kg in the past 2 months;**
- **Suffers from Dyspnea, shortness of breath, inability to consume large meals;**
- **Unable to shop or cook; uses processed foods high in sodium;**

PES Statements - Examples (case study conti.)

PES statement #1

Inadequate energy intake (**P**) related to dyspnea and shortness of breath (**E**), as evidenced by 11kg weight loss (**S**).

PES statement #2

Inadequate food and beverage intake (**P**) related to inability to shop and cook (**E**) as evidenced by calorie intake of ~500 Kcal less than estimated requirements and an 11kg weight loss (**S**).

Evidence-Based Practice and Research

From Practice to Practice-Based Research through aggregate outcomes recording, evaluation and analysis - leading to research type questions.

From basic research and practice-based research data of the best scientific evidence, through translation into general practice guides and protocols.

Research To Support Evidence-Based Practice within ADA

- *HOD Evidence-Based Research Priority Task Force*
- *HOD approval of a motion to make research top priority for the association*
- *Dietetic Practice Based Research Network (DPBRN)*

SO WHAT'S ALL THE FUSS?

Haven't we always done these things?

- Nutrition assessment*
- Intervention*
- Document parameters to show the comprehensiveness of evaluation*
- Monitor progress*

SO WHAT'S ALL THE FUSS?

BUT as a profession...

We haven't used the same words
and haven't used a similar
process to describe what it is we
do.

Ensure Quality of Nutrition Care

Quality is:

“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

***In conclusion, how can we ensure
that we provide quality
nutrition care?***

- o By adhering to an accepted evidence-based care process***
- o By measuring and recording outcomes***
- o By engaging in practice-based research***

THANK YOU



Access information to ADA's tools:

Nutrition Care Manual (MCN) – on ADA's website.

Available by annual subscription only to individuals and groups. ADA and international members' charges are far lower than non members

Evidence Analysis Library – On ADA's website.

Available by registration. Free access to ADA and international members. For non-members, individuals or groups, there is an annual subscription charge.

Standardized Language – the book with all the information can be bought through ADA's bookstore

Medical Nutrition Therapy guides and protocols – **Purchased through ADA's website; lower price for members.**