

Discussion from the May 26, 2020 meeting of Local Agency WIC Nutritionists (LAWN)

Status: Oregon WIC is in the early stages of migrating to a new Management Information System (MIS) and seeking opinions and expertise of local agency Registered Dietitian Nutritionists/WIC Nutritionists regarding high-risk documentation. Current Oregon WIC requirements for high risk individual care plan documentation has not integrated the Nutrition Care Process as supported by the Academy of Nutrition and Dietetics (AND). Many of the local agency dietitians/nutritionists working in WIC have been trained in the NCP model.

The State Agency seeks input on improving high-risk documentation, finding a documentation model that works best for Oregon WIC, and that meets the intent of the Nutrition Care Process.

Background:

In 2003, the American Dietetic Association, (ADA; now called Academy of Nutrition and Dietetics-AND) House of Delegates approved the Nutrition Care Process (NCP) in order to provide registered dietitians nutritionists (RDN) with a framework for critical thinking and decision making.

The Nutrition Care Plan consists of a 4-step care process along with a framework model that describes the factors that impact the ability of the RDN to provide safe, quality care in any setting.

The 4 steps of NCP (referred to as ADIME):

- 1) Assessment
- 2) Diagnosis
- 3) Intervention
- 4) Monitoring and Evaluation

Nutrition Care Process Terminology

In addition to the NCP, ADA developed a standardized terminology that can be used to describe each step of the NCP. The terminology was originally called the International Dietetics and Nutrition Terminology (IDNT) IDNT was renamed in 2014 and is now referred to as Nutrition Care Process Terminology (NCPT). Until the NCP terminology was developed, there wasn't a common healthcare terminology that adequately described the nutrition conditions which RDNs are responsible for diagnosing and treating. Nutrition practitioners are not identifying medical diagnoses but rather identifying or diagnosing the functional problem that has a nutritional consequence. With nutrition intervention, the nutrition diagnosis ideally resolves, or at least the signs and symptoms improve.

Accredited dietetic programs are required to teach the use of NCP, with the nutrition diagnosis being the critical link between the assessment and the intervention. The nutrition diagnosis is written in the Problem/Etiology/Signs and Symptoms (PES or PESS) format. There is a nutrition diagnosis (problem), *related to* (etiology), *as evidenced by* (signs and symptoms). For example: Inadequate weight gain, limited food acceptance *related to* late introduction of advanced textures *as evidenced by* 13 months of age consuming mostly jarred baby food, wt/ht below the 5th%tile.

The role of NCP and PES in WIC

In 2008, the Nutrition Services Section (NSS) of the National WIC Association (NWA) reviewed the NCP framework to determine a model of documentation in WIC. At that same time Value Enhanced Nutrition Assessment (VENA), what is known in Oregon WIC as “Oregon WIC Listens” or Participant Centered Services/Education (PCS/PCE) was being rolled out. The assessment made by NSS:

Pros

- Both VENA and PES consider nutrition assessment to be the first step in the nutrition care process.
- Both VENA and PES expect clear and concise documentation based on an accurate assessment.
- Standard definitions as in WIC Risk factors and in medical/nutrition disease diagnoses used in PES, provide structure.
- Both VENA and the NCP encourage critical thinking to link the assessment information with the nutrition care plan.
- Both VENA and PES can be adapted for use with various staffing patterns in WIC.
- New graduates from dietetic internships are trained in PES rather than SOAP note format for care plan documentation.

Cons

- **Differences in Language and Focus**
VENA moves WIC away from deficiency-oriented assessment and counseling and toward influencing healthy lifestyle behaviors. Documentation of WIC visits will reflect these changes. It is not clear if PES is compatible with this new model or if it is based on finding, addressing and documenting deficiencies.
- **Differences in Staffing**
With WIC staffing varying widely across the country, there is concern that PES was developed with the RD in mind and paraprofessionals may not be qualified to use it.
- **MIS System impact**
Some MIS systems that currently rely on a SOAP format for nutrition care plan documentation might need to be reprogrammed to use PES, incurring a programming cost for the state agency.

NSS recommendation

In 2008, the NSS recommendation was for states to self-select their model of documentation that fit their unique circumstances and that conforms to USDA’s impending documentation guidelines.

Oregon WIC policy regarding high-risk documentation

Policy 840, 9.4: Documentation for high-risk participants individual care plan includes, **at a minimum:**

- Progress made in resolving nutritional risk
- Nutrition-focused education and counseling provided
- Identification of a participant behavior change, whenever possible
- A plan for future intervention that addresses nutritional risk(s)

9.5 The RDN/WIC nutritionist may format the individual care plan however he or she deems appropriate.

Oregon WIC data

24% of local WIC agencies reviewed during the 2018-2019 review cycle did not contain the minimum required components of high-risk care plans per policy.

Current data system:

TWIST uses a Subjective/Objective/Assessment/Plan (SOAP) format. This format aligns with the NCP process as demonstrated in the following crosswalk:

| SOAP note | NCP note (ADIME) |
|--|---|
| <p>S= Subjective Self-reported information, history</p> | <p>A= Assessment data collected: Food and nutrition history, RD and self-reported data, anthropometric, Hgb, age, weeks' gestation comparison to growth standards/percentiles.</p> |
| <p>O= Objective Ht, Wt, Hgb, WIC assigned risk codes</p> | |
| <p>A= Assessment RD assessment of the nutritional history, data, growth, etc.</p> | <p>D= Nutrition Diagnosis: Problem/Etiology/Sign-Symptom (PES) statement.</p> |
| <p>P= Plan/Intervention Counseling/Nutrition Education provided (NE topic), referrals made, plan for follow-up specific to goals and education and plan for future nutrition counseling/ education.</p> | <p>I= Intervention: Nutrition Counseling, motivational interviewing aimed at impacting the diagnosis.</p> <p>Goal: client goal</p> |
| | <p>M= Monitor: Plan to monitor signs and symptoms or E= Evaluation: Progress in achieving goals.</p> |

Adapted from Montana WIC

Local Agency WIC Nutritionists feedback:

Themes:

- RD workforce is trained on NCP/ADIME; Best practices
- Nutrition diagnosis/PES focuses on deficiencies; WIC focuses on strengths/PCS
- Need for flexibility for charting in new data system
- Communication: healthcare partners
- Communication & training: WIC staff
- Considerations for business practices improvements

| Comments | Theme(s) |
|--|--|
| <p>"We learned SOAP and ADIME in my curriculum (2015 grad). I think both are fine except I don't find PES statements helpful - they are instead difficult to write because they're so specific like everyone's said. Like the SOAP/ADIME slide shows, they're comparable. To me, it's just a different acronym to give me the framework to make sure I get the right types of info in there for future reference. I don't recall using PIE (at least not labeled as PIE)."</p> | <p>RD workforce is trained on NCP/ADIME; Best practices</p> |
| <p>"We learned both ADIME and SOAP in school. None of us like ADIME"</p> | <p>RD workforce is trained on NCP/ADIME; Best practices</p> |
| <p>"ADIME is redundant and is more time consuming. It is designed more for clinical settings. The diagnostic codes don't match up with our work in WIC"</p> | <p>Nutrition diagnosis/PES focuses on deficiencies; WIC focuses on strengths/PCS</p> |
| <p>"I was trained in ADIME and found it difficult to transition to SOAP since I never used it before WIC. It seems to be the standard for RD programs, so it would be nice to stay current with the recommendation."</p> | <p>RD workforce is trained on NCP/ADIME; Best practices</p> |
| <p>"I was surprised that we used SOAP since ADIME was drilled into my head in school!"</p> | <p>RD workforce is trained on NCP/ADIME; Best practices</p> |
| <p>"I feel like we are covering all of the ADIME topics in our system, this tends to be a question of organizing the information. I taught ADIME, and NCP, and I agree that the rigid language needed for NCP makes it clunky for use."</p> | <p>Nutrition diagnosis/PES focuses on deficiencies; WIC focuses on strengths/PCS</p> |
| <p>"It seems to me ADIME works better in a system like EPIC which has the fill in chart notes."</p> | <p>Nutrition diagnosis/PES focuses on deficiencies; WIC focuses on strengths/PCS</p> |

Discussion Summary: Oregon WIC High Risk Individual Care Plan Documentation

| Comments | Theme(s) |
|---|---|
| "We are ahead in PCE which needs different formatting than ADIME" | Nutrition diagnosis/PES focuses on deficiencies; WIC focuses on strengths/PCS |
| "My previous interns were very confused and voiced their dislikes for SOAP format)-;" | RD workforce is trained on NCP/ADIME; Best practices |
| "The question is: Will AND enforce the use of ADIME so that all charts will be consistent throughout AND?" | RD workforce is trained on NCP/ADIME; Best practices |
| "I hope not---we don't all practice the same thing." | Need for flexibility for charting in new data system |
| "We could not make appts longer in order to accommodate for longer time to chart. No funding for adding staff for this purpose." | Considerations for business practices improvements |
| "I wonder if NWA can help with stats on what other WIC programs use?" | RD workforce is trained on NCP/ADIME; Best practices |
| "Anything in the Nutrition Services Standards?" | RD workforce is trained on NCP/ADIME; Best practices |
| Would a more clinical charting approach allow for more opportunities for billing? | Considerations for business practices improvements |
| "If we are to use this system for the next 20 years then an open box the way CQUEST has it set up can accommodate for NCP or SOAP and in 10 years - a new one" | Need for flexibility for charting in new data system |
| "We will need to decide who has access to the "high risk" (progress) notes." | Need for flexibility for charting in new data system |
| "one thing I think might be helpful is having a system in place where it would be easier to print something that we can send to their other HCP when they request what the nutrition plan currently is= sometimes they ask and how it is in twist right now is really fragmented not everything in same spot" | Considerations for business practices improvements |
| "Is there a way to create/request a note template/screen that is accessible to RDs to type into, but accessible to all staff to view/read?" | Considerations for business practices improvements |
| "what does Cquest use?" | n/a |
| "the CQUEST cert history (plan) is actually exportable and can be sent to HCP" | Communication: healthcare partners |

| Comments | Theme(s) |
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| <p>"I like having flexibility in charting, so that as new systems emerge, we are not stuck in 1 rigid format. I also am acutely aware of having a very mouse driven system that requires so many clicks that contributes to repetitive use injuries. I think we may need to address incomplete notes through training, not rigid format."</p> | <p>Considerations for business practices improvements</p> |
| <p>"has there been any thought of voice recognition to speed up the documentation of notes?"</p> | <p>Considerations for business practices improvements</p> |
| <p>"I am so glad local agencies RDN get to have input. Thank you!"</p> | <p>n/a</p> |
| <p>"I am a big fan of ADIME, and I feel that WIC already does that somewhat. ADIME is just a system of assessment, diagnosis, intervention, monitoring, and evaluation. These things are already a part of WIC, but I feel that teaching CPAs more about this system and why it works, could improve patient care."</p> | <p>RD workforce is trained on NCP/ADIME; Best practices</p> |
| <p>"I have noticed that my CPA does not always understand the link between picking a nutrition education topic in WIC and setting a goal (the Diagnosis and Intervention). I am also unsure if my CPA follows up at the next WIC visit by re-evaluating progress made on that goal. These are skills I need to evaluate more and review with her (this would be the Monitoring and Evaluation part of the system).</p> | <p>Communication & training: WIC staff</p> |
| <p>I also have issues with the Assessment tools that are integrated into TWIST. Many of these questions are not worded properly or not very probing (thus it can be harder for a CPA to determine risks if they do not do their own dietary assessments/ questions)."</p> | <p>Considerations for business practices improvements</p> |
| <p>"The part I am unsure about is how you would integrate notes into the new system. RD's are trained to use PES (problem, etiology, and symptoms) for notes, and we have our own diagnosis lists. I do not think this would be appropriate for anyone who is not an RD or for patients who are not high risk, but I use them regularly when I chart in the EHR (Electronic Health Record) system at the clinic for high risk patients."</p> | <p>Communication & training: WIC staff (or... Nutrition diagnosis/PES focuses on deficiencies; WIC focuses on strengths/PCS)</p> |
| <p>" ..I want to ask about the use of "ABCDE" in the RD note. My WIC Coordinator has asked us to be consistent and use this format for the assessment section of the SOAP notes. I find it helpful to start with the Assessment note first. I then add Subjective IF I need to add more important information that was said. It allows some creativity in the sub sections for RD's</p> | <p>Communication & training: WIC staff</p> |

| Comments | Theme(s) |
|---|---|
| <p>to add specific growth findings, medical diagnoses (and could add the nutrition diagnosis(es), medications (potential interactions), dietary patterns, etc. It helps summarize the key findings and can be addressed in the Plan section. I am curious if other Dietitians around the state are utilizing this within the SOAP (Assessment) notes sections.”</p> | |
| <p>“...since that is what upcoming RDs are used to it may be wise to change (as long as it is structured appropriately for WIC)”.</p> | <p>RD workforce is trained on NCP/ADIME; Best practices Need for flexibility for charting in new data system</p> |

Next steps: