

A photograph of a roll of white toilet paper and a teal surgical mask lying on a light-colored wooden surface. The toilet paper is partially unrolled, and the mask is positioned to the right of the roll. The entire image has a dark, semi-transparent overlay.

WIC in the time of COVID-19

May 26, 2020 Local Agency WIC Nutritionist Meeting

Agenda

- Roll call
 - Local agency experience of providing WIC services during this pandemic
- State updates
- Work continues
 - Cquest: Local agency RD perspective of data system design sessions
- Discussion topics:
 - High risk nutrition services
 - High risk care plans

Today is the
65th day
of the
Governor's
Stay at Home
order

STAY
HOME

USDA waivers extended: WIC clinics have the option to continue remote services

- Waivers to WIC program rules have provided flexibility for local agencies to serve participants, many newly eligible, while adapting clinic operations to protect participants and staff. The waiver was extended to June 30th. USDA has the authority to extend waivers to Sept. 30th
- The State Agency will notify local agencies ASAP when USDA guidance is released.





Roll call questions

- What has been the most surprising change to your work during this time?
- What is your agency's plan to re-open?



What questions do you have regarding WIC services for the next 3-6 months?



Going forward:
flexibility will be
a key
component

- What changes can remain?
- What modifications will be needed for clinic operations?
- LA review process
- Impacts on training
 - Zoom will replace Skype
 - What are your plans to host dietetic interns in the fall?



State updates

- Risk Inservice
- WIC Nutritionist page
- Nutrition and Local Services Team Manager position
- WIC data system

2020 Nutrition Risk Update



Oregon WIC program



For coordinators,
training supervisors
and nutritionists



[WIC Coordinators](#)

[Training Supervisors](#)

[WIC Nutritionists](#)

[Breastfeeding Peer Counseling Coordinator Resources](#)

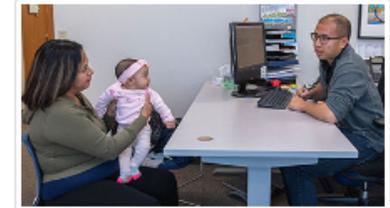
[Formula Warehouse](#)



This page contains a variety of resources for WIC Nutritionists, including both materials for download and links to other websites. For further information about the content on this page, please contact your Oregon WIC Program nutrition consultant directly or visit our [Contact Us](#) page.

On this page

- [Local Agency WIC Nutritionists \(LAWN\) meetings and materials](#)
- [Formula](#)
- [Orientation](#)
- [Roles and Tasks](#)
- [High risk related resources](#)
- [Other resources](#)



[Local Agency WIC Nutritionists \(LAWN\)](#)

[LAWN meetings and materials](#)

[Formula](#)

[Oregon WIC Medical Documentation Form \(MDF\)](#)

[Formulary](#)

WIC Nutritionist page

- Under construction and feedback is welcomed!



Sign In



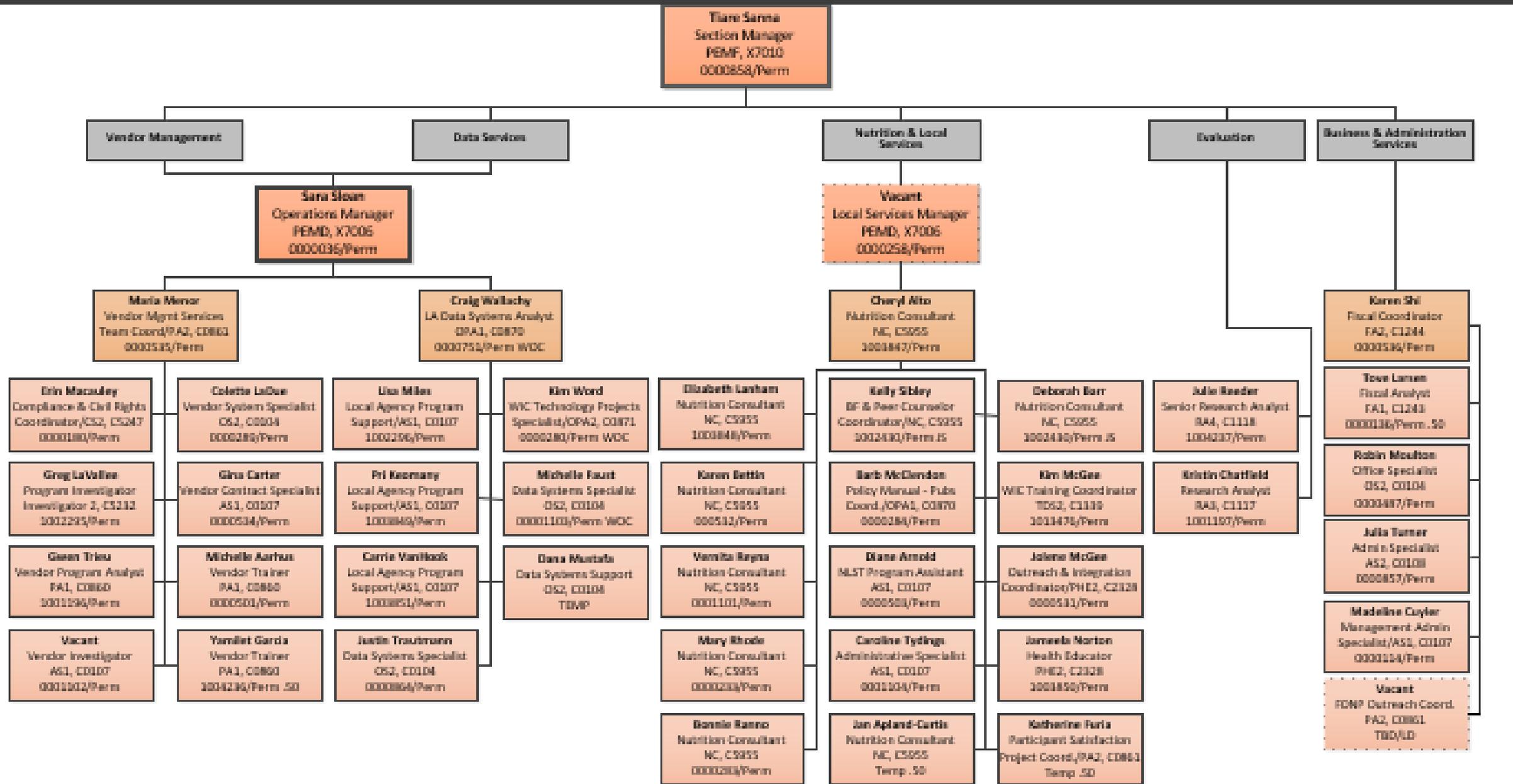
Public Nutrition & Local Services Manager (Principal Executive/Manager D)

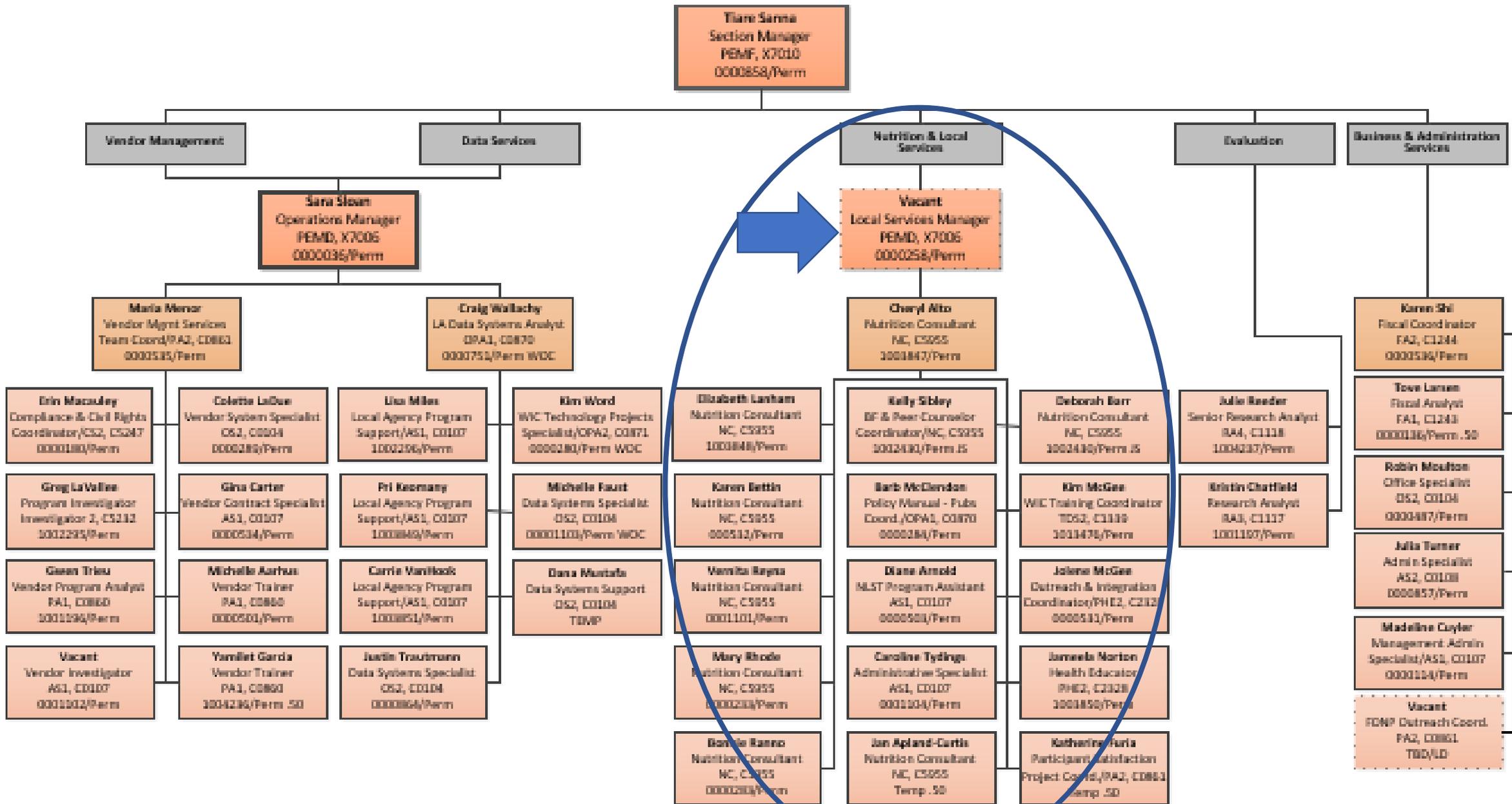
Portland | OHA | Oregon Street

Posted 12 Days Ago

Full time

Hiring Nutrition and Local Services Manager







Interested?

- https://oregon.wd5.myworkdayjobs.com/en-US/SOR_External_Career_Site/job/Portland--OHA--Oregon-Street/WIC-Nutrition---Local-Services-Manager--Principal-Executive-Manager-D-REQ-39793

Contact Information

Cyndi Phipps-Roman

- 503-945-6377

Cquest Design Sessions

- Local agency dietitians participating in the design sessions:
 - Ricki Donato (Multnomah county)
 - Elizabeth Still (Salud)
 - Richard Lau (Washington county)
 - Laura Spaulding (Deschutes county)
 - Lynnetta Doellefeld (Salud)
 - Valarie Molstre (Douglas county/UCAN)
 - Christine Shepard (Josephine county)

Local agency perspective on the design sessions

What are your thoughts
on the new system
related to high risk
services?

Next 1-2 years

- System development
- Local agency input on naming the new system
- Test and refine the new system
- Pilot
- Training
- Statewide rollout





A new data system is
an opportunity for
process improvements

What improvements would you like to see related to high risk services in WIC?

Background: State agency philosophy on the role of the dietitian in WIC services has changed over the past 2 decades

Previous:

- Dietitians did not need to be certifiers
- Many dietitians saw follow up appointments only
- Higher rate of declinations for RD services

Current:

- Role of RD is to manage high-risk caseload
- Dietitians are required to be certifiers
- All high-risk participant records must be reviewed by dietitians
- Increased emphasis placed on high-risk services during local agency reviews

What data do we have regarding high risk services?

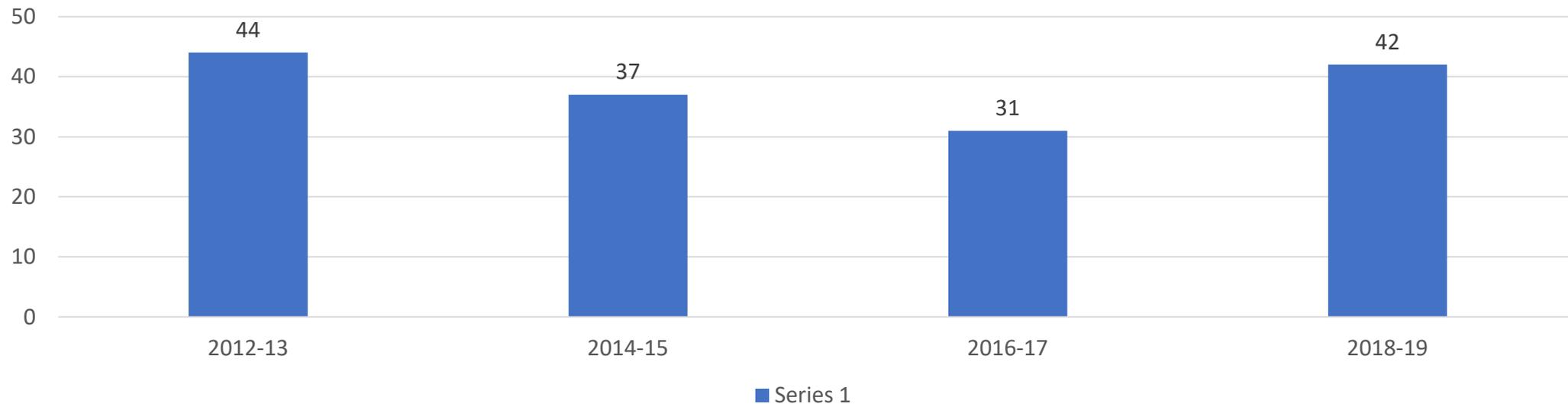
- High risk services is a consistent compliance finding in local agency reviews as demonstrated by 2018-19 data
 - 42% of agencies did not consistently refer to the dietitian.
 - 33% of agencies did not follow their local agency policy for high risk management.



*Consistently is defined as 80% or greater

Patterns over time: 2012-2019 data

Percentage of agencies with compliance finding:
Are high risk participants referred to the WIC Nutritionist/RDN?



New data for 2018-19

- In the 2018-19 local agency review cycle a new question was added to the WIC review tool:
 - Are the required components of high risk care plans included per policy?
- 24% of agencies reviewed did not have the required components of high risk care plans.

What is required by policy?

- 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.



What has kept Oregon WIC from adopting one documentation style?

- Oregon WIC has a greater percentage of paraprofessional certifiers.
 - Emphasis has been on clear communication free of jargon and acronyms.
 - Many of the documentation styles are deficient based with a clinical focus.
-



What has kept Oregon WIC from adopting one documentation style?

- Oregon WIC is participant centered and focused on strengths.
 - TWIST is designed for SOAP format.
 - Oregon WIC is still evolving in our philosophy of RD services and we want local agency dietitians to drive the change.
-

So, what is
appropriate
documentation?



Nutrition Care Process (NCP)

- The Nutrition Care Process (NCP) is a systematic method that nutrition and dietetics practitioners use to plan, provide, and evaluate nutrition care for individuals and populations.
- It involves four steps:
 - 1) assessment,
 - 2) diagnosis (which includes the PES: Problem, Etiology and Signs/Symptoms)
 - 3) intervention, and
 - 4) monitoring and evaluation.
- The NCP is supported with the standardized terminology
- The new terminology is specific to the Nutrition Intervention step, defined as purposefully planned actions intended to positively change a nutrition-related behavior, environmental condition, or aspect of health status for an individual or population.

Common nutrition documentation styles

1. Narrative

2. Subjective, Objective, Assessment, Plan (SOAP)

3. Problem, Intervention, Evaluation (PIE)

4. Assessment, Diagnosis, Intervention, Monitoring, Evaluation (ADIME)

5. Electronic Health Record (EHR)

SOAP

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

PIE

- **Problem** = Nutrition diagnosis/PES statement.
 - **Intervention** = Nutrition prescription (recommendations), interventions and outcomes with measurable goals.
 - **Evaluation** = Monitoring terminology indicators and evaluation criteria are used for follow up at the next appointment to determine success of the nutrition prescription and interventions
-
- **Note:** This documentation style starts with the problem. The assessment data (NCP Step 1: Nutrition Assessment) is usually located in another area of the chart. However, it could be determined and then followed by PIE.

ADIME

Assessment: Food-/nutrition-related history, anthropometric measurements, biochemical data, medical tests, and procedures, nutrition-focused physical findings, history.

Diagnosis: Nutrition diagnosis, written as a PES statement.

Intervention: Nutrition prescription and intervention terminology, with outcomes and measurable goals.

Monitoring and Evaluation: Monitoring terminology indicators and evaluation criteria are used for follow-up at the next appointment to determine the success of the nutrition prescription and interventions.



Bottom line:

If it isn't
documented, it
didn't happen

Desired outcome:

Find a documentation system that meets the needs of WIC dietitians, staff and federal guidelines.



Questions



How do you want to be involved as the new data system (and documentation elements) progress?



What does the State Agency need to know that a local agency review may not show us?



How can we improve the system to make your work easier and more meaningful while preserving quality nutrition services?



What else do you want us to know?

You are

essential

