Nutritional Outcomes in the Community Setting

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Quality Care - for you, with you

Content

- Outcomes….What, Why & How!
- Experience of Outcomes journey
- Examples
- Working examples and practice
- Discussion

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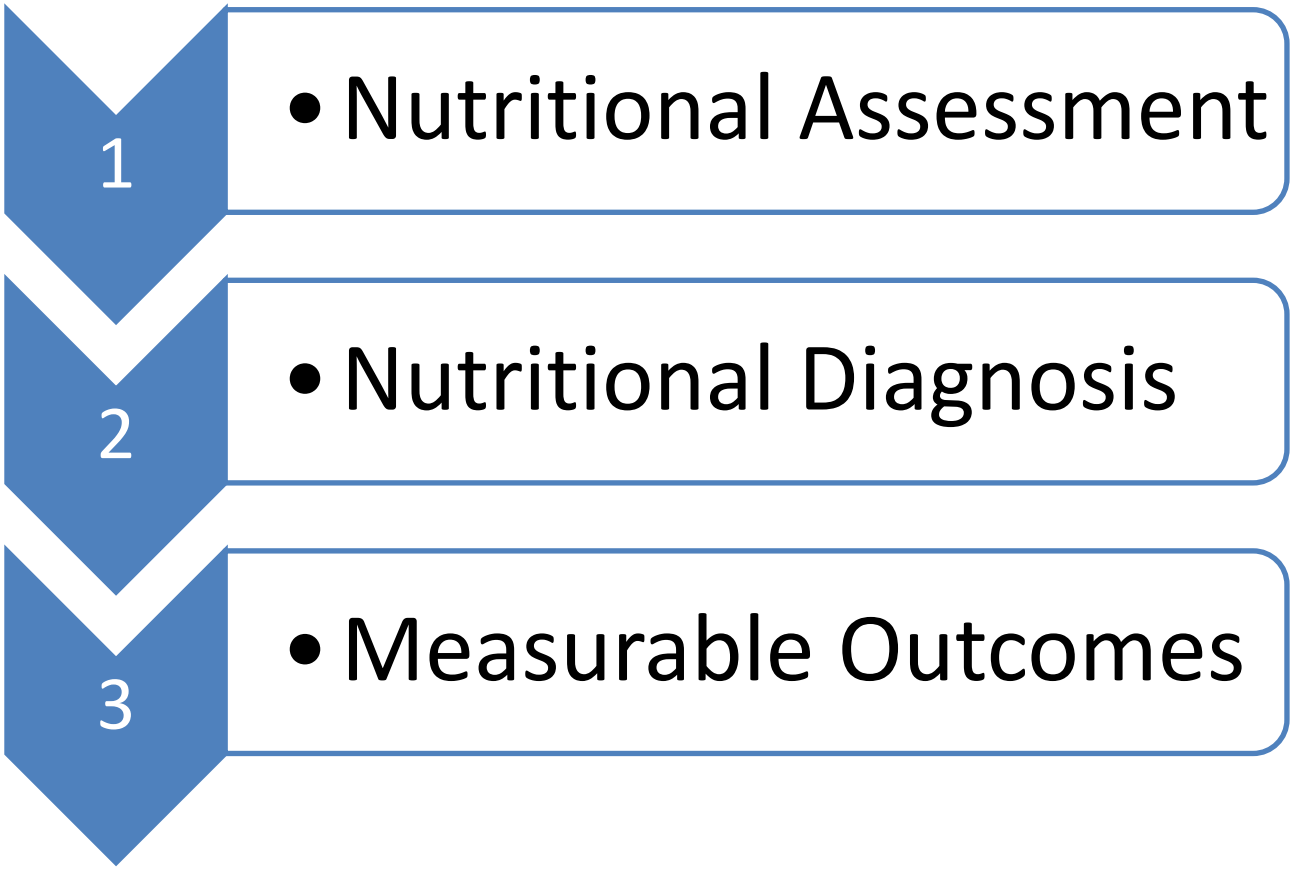
What is the Outcomes process?

- Implementation of the BDA Model and Process for Nutrition and Dietetic Practice
- Process to ensure consistent quality of practice – evidence based
- Provides evidence of achievement in a range of outcomes, thereby indicating benefit & effectiveness of the dietetic intervention
- Ensures consistent record keeping – thereby improving patient care

Why measure Outcomes?

- Provide evidence of professional clinical decision making
- Promote the profession
- Provide evidence to support Dietetics role within team/directorate
- Client centred and focused
- Continuity of care
- Standardised practice
- Embrace the international agenda

How to measure Outcomes?



Journey Experience - Challenges

- Suspend Judgement
- New way of thinking...critical analysis!
  - Finding patterns and relationships among the data and possible causes
  - Making inferences
  - Prioritising the relative importance of problems
- Time consuming initially
  - Ruling in/Ruling out specific diagnoses
  - Establishing the ND
  - Card Structure
  - Altering outcome measures

Journey Experience - Positives

- Standardises practice
- Record cards are structured and succinct
- Focuses on dietetic intervention and targets
- Provides measurable targets
- Patient centred
- Aids review process
- Provides evidence for change of plan/discharge

Staff comments

Initially stressful- new way of thinking

Cuts down writing in care plan

Keeps you more focused with use of clinical judgement

Very useful for review as clear where the focus is

Initially takes more time but gets easier!

Writing Nutritional Diagnosis: PESS

Problem (What?)

- Identify the **nutritional** problem
- *'Risk of' 'Increased' 'Decreased' 'Impaired' 'Ineffective'*

Etiology (Why?)

- Identify **primary** cause of the **nutritional** problem
- 'Related To'

Signs & Symptoms (How do I know?)

- State the **nutritional** Signs and Symptoms
- 'As Evidenced By'

Nutritional Diagnosis: Example

- 78yr old woman: nursing home resident
- *Medical Diagnosis*: Dementia
- *Nutritional Ax:* Weight 50kg, wt loss 5kg x 3/12, BMI 17, behavioural issues at meal times, refusing & pushing food away, pureed diet & stage I thickened fluids. Energy & protein intake 850kcals and 30g protein, fluids 600mls/d

Nutritional Diagnosis: Example

Signs and Symptoms	•Weight loss •BMI 17kg/m^2 •10% weight loss •Meeting 56% estimated energy and 60% protein needs
Nutritional Diagnosis	Unintended weight loss RT inadequate energy & fluid intake AEB food refusal, 10% weight loss x 3/12, BMI 17kg/m^2 and meeting 56% of estimated energy and 60% protein needs
Desired Outcomes	Halt weight loss – maintenance at 50kg Increase fluid intake - 2 extra gls/d c/o ONS

Dietetic Outcomes

- SMART
  - Weight maintenance / Halt weight loss / % gain
  - BMI range
  - Hgb increase to normal range
- Keep to 2 -3 outcomes
- Change as required
- Record how these are to be achieved ...i.e. Food fortification/ONS

Outcome Domain Circle corresponding number of aims chosen	Outcome measure Circle corresponding number (max 2 per domain)	Start Measure Date: (1st assessment)	State overall outcome/ end target	Review Date: Value (A/PA/NA)	Variance	Review Date: Value (A/PA/NA)	Variance	Review Date: Value (A/PA/NA)	Variance
A. PATIENT FOCUSSED **Specific patient focussed aim**	1. Whatever the individual has identified as of importance to them/negotiated plan of care								
B. PSYCHOLOGICAL **Increase importance, motivation, confidence, self esteem and/or knowledge/ understanding**	1. Improved patient/carer importance 2. Improved patient/carer motivation 3. Improved patient/carer confidence 4. Improved self esteem 5. Reported increased knowledge/ understanding of condition (scale 1 – 10)								
C. PHYSICAL **Reduce weight** **Maintain weight** **Increase weight** **Promote growth along centiles**	1. Weight (kg) 2. Clothing Size 3. Triceps skinfold 4. Mid upper arm circumference 5. Grip Strength 6. Waist circumference 7. Growth centile								
Improve wound healing	8. Pressure sore grade / wound healing								
D. BEHAVIOUR CHANGE	1. Intake changed to meet estimated requirements (dietary Ax for calories and protein including ONS if applicable)								
Compliance with dietary manipulation	2. Improved eating pattern / compliance with meal plan								
	3. Improved eating awareness								
	4. Binge eating behaviour improved								
	5. Restrictive eating behaviour improved								
Improved ONS compliance	**6. Volume of ONS consumed**								

Outcome Domain Circle corresponding number of aims chosen	Outcome measure Circle corresponding number (max 2 per domain)	Start Measure Date: (1st assessment)	State overall outcome/ end target	Review Date: Value (A/PA/NA)	Variance	Review Date: Value (A/PA/NA)	Variance	Review Date: Value (A/PA/NA)	Variance
Meet fluid requirements	7. Fluid intake, measured or reported (mls, cups etc.)								
Improved physical activity and/or function	8. Patient-reported changes in physical activity and/or function								
E. SYMPTOMS Improve bowel function/symptoms Improve symptoms nausea/vomiting	1. Improved IBS Symptom Assessment 2. Bristol Stool Scale 3. Improvement in pain 4. Improvement in nausea and/or vomiting 5. Decrease fistula/stoma output 6. Other: specify:								
Reduce allergy symptoms	7. Improved allergy symptoms (e.g. eczema)								
F. BIOCHEMICAL Improve biochemical status	1. Improved urea & electrolytes 2. Improved renal profile 3. Improved inflammatory markers 4. Improved re-feeding bloods 5. Improved full blood count 6. Improved liver functions test's 7. Improved micronutrients 8. Improved lipid profile								
Improve blood glucose levels/control	**9. Reduced hypoglycaemia episode 10. Reduced hyperglycaemia episodes 11. Improved HbA1c 12. Improved BMs**								

A = Achieved, PA = Partially Achieved, NA = Not Achieved

Review

- Use outcome targets as a baseline record
- Identify any further issues
- Re-evaluate Nutritional Diagnosis
- Clinical Effectiveness - Achievement of outcomes
- A –Achieved, PA – Partially Achieved, NA – Not Achieved
- Highlight variances if required, i.e. Non-compliance, unrealistic target
- Alter nutritional care plan and outcome measures subsequently

Variances

Record any variances <u>to the outcome</u>:

1. Unrealistic goals
2. Non compliant
3. DNA
4. RIP
5. Unsafe e.g. patient aggressive
6. Unable to set aims
7. Change of nutritional diagnosis
8. Other

- Remember: Variances apply only if the dietetic outcome is changed
- **Apply Variance** if the initial agreed target weight of 53kg changes to 50kg due to unrealistic goal
- **Don't Apply Variance** if the agreed target weight remains 53kg, but the client has lost weight due to an acute episode of illness

Outcomes Database

Setting: Clinic: C Domi: D Inpatient: I Other: O Specify	Medical Diagnosis	Nutritional Diagnosis	Outcome measures Domain Number e.g. A1/B3	Start date	Date of review/s	Date of next planned r/v D/C RIP	Notes	Audit Date

Case Study - A

- Mrs X had a CVA 2yrs ago, bedbound but stable. Cared for at home. No oral intake. PEG in-situ. Carers report weight gain 6kg x 8/12, 79kg, BMI 31kg/m^2
- PEG feed protocol in place from hospital. Has not been adjusted since then but carers give extra sip feeds via PEG. Not following the feed regime.

Answer: A

- **Nutritional Diagnosis** – Weight gain RT excess nutritional requirements provided AEB additional food and fluids being given by carers despite feed regime in place.
- **Overall Outcome**: Achieve healthy range BMI
- **Measurable Outcomes:**
  - A1: Return to UBW
  - B5: Pt energy and protein requirements discussed and feed regime explained
  - C1: Aim for healthy range BMI or return to baseline wt

Case Study - B

- 84yr old female
- Med Hx: Anaemic Hgb 99, Ferritin 10.3, constipation, cognitive impairment
- Weight hx: 60kg on referral, 59.3kg at assessment, BMI 24kg/m^2
- Medication: Ferrous fumarate, omeprazole, amlodipine, amitriptyline
- Social Hx: Lives alone, uses microwave and toaster for all meals, does not use gas stove due to accident risk, neighbour brings her shopping
- DHx: 1 main meal/d -ready meal, snacks on rice krispies, bread, soup. No fruit, little veg. 700kcals and 24g protein, 800mls fluid/d
- Requirements: 1640kcals/d, 59 -71g protein/d, 1.8L fluid/d
- Pt reports: reduced po intake due to nausea, decreased cooking ability due to unsteadiness on feet and limited knowledge re use of microwave, limited shopping choices, visits one shop only x 1/7. Constipation and nausea her main issues

Answer - B

- **Nutritional Diagnosis:** – Poor nutritional and hydration status RT cognitive impairment, decreased functional domestic ability AEB pt meeting 43% estimated energy, 41% protein & 44% fluid needs, anaemia and constipation.
- **Overall outcome:** Improve dietary variety, 3 regular meals/d
- **Measurable outcomes:**
  - A1: Resolve nausea and constipation
  - B5: Increase fibre, iron knowledge and microwave use
  - D2: 3 meals/d
  - D7: 4-5 gls /d

Case Study - C

- 79yr old lady staff feel pt is deteriorating slowly
- Med Hx: Dementia, CCF, DVT, CKD stage lll, Sacral Sore grade lll, dysphagia
- Social Hx: nursing home resident
- Weight hx: 68.7kg BMI 27kg/m^2 (July 2012), 45.8kg BMI 18kg/m^2 (May 2014)
- DHx: 1200kcals, 48g protein, managing full pureed meals & snacks, ONS 600kcals 18g protein.....appetite excellent
- EER: Protein: 46 -55g/d

Answer - C

- Nutritional Diagnosis: Risk of poor nutritional status RT general deterioration & dysphagia AEB BMI 18kg/m^2, grade lll sacral sore despite meeting 100% estimated energy and protein needs with ONS.
- Overall Outcome: Weight maintenance
- Measurable Outcomes:
  - C1: Weight maintenance
  - C8: Sacral sore improvement
  - D1: Maintain current intake to meet requirements