The Nutrition Care Process and Model – FAQs

1. What is the Nutrition Care Model?

   The Nutrition Care Model is a graphic visualization that illustrates the steps of the Nutrition Care Process (NCP) as well as internal and external factors that impact application of the NCP. The central component of the Model is the relationship of the target patient, client, or group and the RD. One of two outer rings represents the skills and abilities of the RD along with application of evidence-based practice, application of the Code of Ethics, and knowledge of the RD. The second of two outer rings represents environmental factors such as healthcare systems, socioeconomics, and practice setting that impact the ability of the target group or client to benefit from RD services. Screening and referral and outcomes management are also components of the model (and will be discussed later in this document).

2. What is the Nutrition Care Process?

   The NCP is a systematic approach to providing high quality nutrition care. It was published as part of the Nutrition Care Model. Use of the NCP does not mean that all patients get the same care. Use of a care process provides a framework for the RD to individualize care, taking into account the patient's needs and values and using the best evidence available to make decisions. Other disciplines in healthcare, including nurses, physical therapists and occupational therapists have adopted care processes specific to their discipline. In 2003, the House of Delegates (HOD) of the American Dietetic Association (ADA) adopted the NCP in an effort to provide dietetics professionals with a framework for critical thinking and decision-making. Use of the NCP can lead to more efficient and effective care and greater recognition of the role of dietetic professionals in all care settings.

3. What are the steps of the NCP?

   The NCP consists of four distinct, interrelated steps. The process begins with **nutrition assessment**. Data collected during the nutrition assessment guides the RD in selection of the appropriate **nutrition diagnosis** (i.e., naming the specific problem). The RD then selects the **nutrition intervention** that will be directed to the root cause (or etiology) of the nutrition problem and aimed at alleviating the signs and symptoms of the diagnosis. The final step of the process is **monitoring and evaluation**, which the RD uses to determine if the patient/client has achieved or is making progress toward the planned goals. These processes are described in a circle but might also appear to be linear. However, we acknowledge that during the course of an interaction/appointment with a patient/client, the RD will often complete the assessment and diagnosis steps, and may begin a Nutrition Intervention when a patient reveals another piece of new assessment data/information that will cause the RD to re-assess, and re-diagnose and perhaps modify the plan that he/she had started discussing with the client.

4. Is use of the NCP required by ADA?

   ADA strongly recommends incorporation of the NCP by dietitians in all care settings and it is now a required part of dietetic education, however RDs are not required to use the NCP. It is hoped that, once the value of the NCP is realized, RDs will choose to adopt it in their care setting. We are working with healthcare accrediting agencies, such as Joint Commission so that when they evaluate nutrition services they will use the NCP and Model as part of their process. We are also working with the informatics community to incorporate terms used in the NCP in electronic health records.

5. What's in it for me?

   It depends on where and how you practice.

   While there may be a significant time commitment in the initial implementation stages, use of the NCP can eventually save time by serving as a framework for decision-making and documentation regardless of the setting. The NCP will also allow development of large databases of information needed to demonstrate the value of the RD, which may lead to improved reimbursement. Therefore, the payoff to the individual RD is a higher likelihood for reimbursement, increased evidence supporting the value of the RD, and improved daily workflow.

   If you are a clinical RD, the NCP will provide a framework for connecting data collected during nutrition assessment to each of the other steps. Decision-making will be facilitated by use of evidenced-based medicine (EBM). Use of the standardized language of dietetics will simplify documentation and provide a common understanding of the work that RDs do.

   If you are an educator the NCP will provide a framework for teaching dietetics students how they provide nutrition care. It will also serve as a way to structure your student/intern evaluation forms to show that they can adequately address each step in the process.

   If you are in community, you can use the NCP as the way you structure your grant applications by discussing the assessment of the community/population data, the type of nutrition diagnosis (es) (problem(s)) that you need to address, what types of interventions will be employed, and how you will monitor and evaluate the outcomes. The rest of the model will be useful in explaining the contextual factors that impact the whole process (the social systems, healthcare system, practice settings and economics. The second ring can describe the capabilities that a registered dietitian can bring to the project if you are intending to justify RD involvement.

   If you are a Food and Nutrition Service Department director or Clinical Nutrition Manager in healthcare (either acute care or long term care) you will find the NCP and Model useful in describing how the RD contributes to the overall healthcare provided in the institution. It is a pictorial model used to communicate among

healthcare providers what the contributions of the RD are to the healthcare system when they provide nutrition care. It can be used to establish position description activities that are expected and serve as the framework for productivity measurement and performance evaluation of clinical dietetics and ambulatory staff.

If you are a research dietitian you can use the framework to think about the types of data that you will need to collect from each step in the process as well as how you will want to structure your intervention. It will be useful in describing the implications of research to practice.

6. Does the NCP apply to dietitians who are not in clinical practice?

   It depends. The NCP and Model is based on the scientific problem solving method. Many of the principles are transferable, however the application is to those who are involved in providing nutrition care. Because the NCP acts as a framework for critical thinking and decision making, it can be utilized by RDs working in all settings that require these skills, including clinical, management, food service, research, community, and education. Every member of the dietetics profession needs to be able to describe what the NCP and Model is whether they "USE" it themselves on a daily basis, interact with other members of the profession who do or supervise those dietitians who use it daily or not. It describes what over 50% of our members do every day.

7. Will I need to change the way I practice?

   It depends. Advances in practice generally require new knowledge and adjusted behaviors. Adoption of the NCP is no different in that regard. Since the NCP has emerged from the process of nutrition care used by dietitians, it is an enhancement rather than a complete change. The biggest difference is naming a specific nutrition diagnosis/problem and writing it in a special "PES statement" format. If you haven't been used to using a nutrition diagnosis and PES statement, then this will be a change for you. Documentation can also be streamlined by the NCP and the use of the standardized terms. You will likely find that you will need more time to work through the documentation of clinical patient care when you start and therefore you may want to adjust your appointment schedules and workload while you are learning the new terms.

8. What does it cost to implement?

   The main cost is the time necessary to implement and adjust to a new way of approaching nutrition care. Resources are available on the ADA website to help with training and implementation. Many, including slides, sample case studies and forms, can be accessed at no cost to ADA members. The manual, the *International Dietetics and Nutrition Terminology Reference Manual*, is available for purchase from the Evidence Analysis Library.

9. What is the nutrition diagnosis?

   The nutrition diagnosis is the identification and labeling of a nutrition problem that the RD is responsible for treating independently. Standardized terminology for nutrition diagnosis has been developed to facilitate this step. Examples of nutrition diagnoses are: "inadequate energy intake", "overweight/obesity", "food and nutrition related knowledge deficit" and "limited access to food or water". It is suggested that the RD use a PES Statement to communicate the nutrition diagnosis (problem, etiology, and signs/symptoms).

10. What is a PES Statement?

    The PES statement names the **nutrition problem (P)**, identified its cause (or **etiology**) **(E)** and lists the assessment data (**signs and symptoms**) **(S)** that justify the problem. It is written as: nutrition diagnosis term "related to" etiology "as evidenced by" signs and symptoms of the nutrition diagnosis. This is a concise way of describing a nutrition problem that the RD is responsible for treating. A reference manual is available to assist in linking etiology and signs and symptoms with a specific nutrition diagnosis.

11. Must I write a PES statement every time I see a new patient?

    If no nutrition problem is identified, then there is no need to write a PES statement. If you assess a patient that has been identified through a screening process and you determine that there is no immediate problem, then you would document that "there is no nutrition diagnosis identified at this time" and would not initiate an intervention. (Writing Group of the Nutrition Care Process/Standardized Language Committee. Nutrition care process part II: Using the International Dietetics and Nutrition Terminology to document the nutrition care process. *J Am Diet Assoc*. 2008;108:1287-1293)

12. Can I document more than one PES statement for a patient?

    Yes. You can document more than one PES statement for a patient. Although, you can identify more than one nutrition diagnosis for a patient, it may be a good idea to limit them to PES statements that have been or are being addressed through nutrition interventions.

13. How do I document progress in resolving a nutrition diagnosis?

    If you wish, you can determine the appropriate method for documenting progress in nutrition diagnoses based upon your patient population. One approach, developed by UPMC Presbyterian Shadyside:

    - ***"Resolved"***– nutrition diagnosis no longer exists because it has been addressed
    - ***"Improvement shown/unresolved"***– nutrition diagnosis still exists but signs/symptoms showing improvement. Patient making progress.
    - ***"No improvement/unresolved"*** – nutrition diagnosis still exists, little to no improvement shown, still appropriate for patient's condition
    - ***"No longer appropriate"*** – nutrition diagnosis is no longer exists because patient's condition or situation has changed. The focus of nutrition interventions no longer supports the nutrition diagnosis.

14. Can I document that a patient is "at risk of or has the potential for…." a particular nutrition diagnosis?

    There is no data that show a cause-and-effect relationship between nutritional risk and nutrition diagnoses, therefore, these modifiers are not recommended and should not be used.

    Specific predicted problems can be identified based upon observation, experience or scientific reason. Future intake is predicted to be inconsistent with needs or problematic. Examples include study findings for certain populations show intake of energy is low in a specific population subgroup (e.g., cancer chemotherapy patient/clients receiving a specific regimen) may lead the practitioner to infer that an individual or a group who is a member of the population subgroup may also have low energy intake during future planned treatment or therapy.

    The predicted diagnoses are not the same as labeling a patient/client "at risk." Evidence to support a specific predicted problem is necessary to formulate the PES.

15. What is a nutrition intervention?

    The intervention is the purposeful action of the RD aimed at ameliorating or lessening the nutrition diagnosis. Common nutrition interventions have been categorized and defined in the reference manual. They include "supplements", "nutrition related medication management", "nutrition education", and "nutrition counseling".

16. How do I document the monitoring and evaluation step?

    Dietitians should monitor outcome indicators that are relevant to the patient's nutrition diagnosis and intervention goals. The "as evidenced by" signs and symptoms in the PES statement are appropriate things to monitor.

17. Does the NCP affect charting?

    The NCP can be worked into any charting or documentation system, however many dietitians are using the ADI or ADIME format which directly parallels the NCP (Assessment, Diagnosis, Intervention, Monitoring and Evaluation). It is recognized that in many settings the RD might not have the ability to change the format for documentation. In spite of this, use of the NCP will allow RDs to focus their chart notes and make documentation more concise. Examples of how the patient cares would be documented using the ADI, SOAP, and Narrative format are available in the NCP section of the website.

18. Will physicians understand the NCP and the way it is documented?

    To date, feedback from physicians in various settings has been positive. More concise documentation with an explicitly stated nutrition diagnosis/problem and intervention plans to address the problem clarifies the dietitian's unique role in the patient's care. Use of the standardized terminology of dietetics has the potential

to improve communication with physicians and other healthcare professionals through use of consistent definitions of terms used across settings. Many physicians are using electronic health record systems that incorporate standardized terminologies and thus may have increased appreciation for dietitians' need for standardized terminology.

19. Why is screening not included in the NCP?
    Nutrition screening is a means by which patients/clients are identified for nutrition care. Screening can be done by many different personnel, it does not require a dietetic professional, and therefore it is not part of the NCP. Nutrition screening is considered an "entry" step to the NCP and is included in the overall "Model", however it is not always completed by the RD or dietetic staff and therefore not part of the dietitian unique Nutrition Care Process.

20. What is the role of the DTR in the NCP?
    The DTR works within their scope of practice and under the direction and clinical supervision of the registered dietitian in accordance with both state and federal guidance. Refer to the Scope of Dietetics Practice Framework for additional information.

21. Will using the NCP make my work more effective and efficient?
    Some have noted a temporary decrease in productivity as staff learns the process. However, once the NCP is fully implemented, dietitians report improvements in organization and prioritization of daily tasks resulting in greater efficiency. Improved effectiveness comes when the more systematic approach to care produces better outcomes which are brought to light through the monitoring and evaluation step.

22. What is meant by standardized terminology? Do I have to learn a new language to describe the work I do?
    With the advent of nutrition diagnosis, work began on the development of a standardized language for the NCP. Terms used for all four steps in the process (nutrition assessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation) have been identified, organized and defined and are available in the reference manual. Using standard terminology allows dietitians in all settings to use the same words to describe things resulting in more precise and effective documentation and communication. Standardized terminology is also essential for electronic health records and billing forms. Standardized language will also facilitate legislative efforts.

23. Where do ADA's Evidence Analysis Library and Guides for Practice fit in?
    ADA's Evidence Analysis Library and Evidence Based Guides for Practice are valuable resources that RDs can use throughout the NCP. They provide information that can guide selection of assessment methods and criteria and provide evidence for choosing the most effective intervention strategies and deciding what indicators to monitor. Evidence-Based Guides for Practice Toolkits

that are available for purchase to support the Evidence Based Guidelines. Toolkits also contain sample forms that can be used for assessment, nutrition education and counseling, and documentation that follow the Nutrition Care Process and incorporate the standardized language.

24. Can I get paid more? Will this improve the chances that the hospital administration will recognize my value?

    It is difficult, if not impossible to determine the impact of the NCP on RD salary levels. However, there is certainly the opportunity to use the NCP to demonstrate to administrators the positive outcomes associated with medical nutrition therapy by the RD. The hope is that someday we will have enough research/data to connect the various Nutrition Diagnoses and Interventions to outcomes and can begin to address the resources needed. Dietitians can then follow the model of the Medical Diagnostic codes which have been bundled and used to identify estimates of reasonable costs. We should be able to capture the complexity of the NUTRITION issues and corresponding resources needed to address them. When this occurs, then we will have sufficient data to address the reimbursement and payment systems.

25. How can I get more information?

    ADA's website front page has a link to many more documents and many resources for those interested in learning more about the Nutrition Care Process! Also, contact ncpslpermissions@eatright.org for more information or questions.