A quest to improve the quality of Nutrition Care Process documentation

# Nutrition Care Process-Quality Evaluation and Standardization Tool (NCP-QUEST)

A Manual of Instructions

# *Nutrition Care Process-Quality Evaluation and Standardization Tool (NCP-QUEST) Manual*

## Table of Contents


NCP-QUality Evaluation and Standardization Audit Tool (NCP-QUEST) ... 3
NCP-QUality Evaluation and Standardization Tool (NCP-QUEST) Summary Instructions ... 4
Clarification of Terms ... 5
Data or Indicator ... 5
Comparative standards ... 5
Nutrition Monitoring ... 5
Nutrition Evaluation ... 5
Nutrition Care Outcomes ... 5
NCP Linking Chains ... 5
Table 1.0 NCP Linking Chains ... 6
NCP-QUality Evaluation and Standardization Tool (NCP-QUEST) Instructions ... 6
Nutrition Assessment ... 6
Nutrition Diagnosis ... 10
Nutrition Intervention ... 13
Nutrition Monitoring/Evaluation ... 16
Monitoring ... 16
Evaluation ... 17
Table 2.0 Addressing the ND status using standardized terminology ... 18
Table 3.0 Goal Evaluation ... 20
Overall Quality Aspects ... 21
References ... 22
Appendix A: Sample Documentation Notes ... 23
High Quality Note ... 23
Medium Quality Note ... 24
Low Quality Note ... 25
Appendix B: Sample Facility Specific Guidelines for using NCP-QUEST for Peer Review ... 28
Appendix C: NCP-QUality Evaluation and Standardization Audit Tool (NCP-QUEST) Print ... 34

## *Nutrition Care Process-Quality Evaluation and Standardization Audit Tool (NCP-QUEST)*

| *Criteria* | Initial Assessment | Re-assessment |
|---|---|---|
| **NA – NUTRITION ASSESSMENT – EVIDENCE – 4 points** | Yes=1 | |
| NA 1. Documents assessment data that is outside of accepted standards, recommendations and/or goals | | |
| NA 2. Uses comparative standards in the NA that are essential to the ND, when applicable | | |
| NA 3. Measurable assessment data provides evidence that a nutrition diagnosis is present | | |
| NA 4. Assessment data is succinct and relevant | | |
| **ND - NUTRITION DIAGNOSIS - 4 points** | | |
| ND 1. **Problem:** label of the PES uses standardized terminology (or approved synonym) | | |
| ND 2. **Etiology:** is the root cause of the ND that a nutrition provider can resolve or mitigate S/Sx | | |
| ND 3. **Etiology:** in addition to free text etiology, documents the etiology matrix category | | |
| ND 4. **S/Sx:** provide evidence that the ND exists | | |
| **NI – NUTRITION INTERVENTION – 6 points** | | |
| NI 1. Each NI has an action consistent with the goals of care | | |
| NI 2. A nutrition prescription is written | | |
| NI 3. Directs NI to resolve the etiology and/or improve the S/Sx | | |
| NI 4. There is at least one NI for each etiology listed in PES | | |
| NI 5. Uses standardized terminology to document NI | | |
| NI 6. Documents a specific reassessment plan and timeline (i.e., Follow-up in 1 month/discontinuation) | | |
| **NM – NUTRITION MONITORING SECTION – 2 points** | | |
| NM 1. Uses standardized terminology to document indicators (e.g. weight, glucose, total energy estimate intake in 24 hours) that reflect the S/Sx to monitor upon reassessment | | |
| NM 2. Documents specific criteria for each indicator (e.g., weight less than 250# (113 kg) within 1 month) | | |
| **NE – NUTRITION EVALUATION – REASSESSMENT SECTION - 6 points** | | |
| NE 1. Restates the ND in the reassessment documentation | | |
| NE 2. Addresses the status of ND using standardized terminology (e.g., resolved/active) | | |
| NE 3. Documents intervention success or barriers to implementation/reasons for delay in the application of each intervention | | |
| NE 4. Reassesses the nutrition indicator/assessment data (e.g., weight) from previous interaction (encounter) | | |
| NE 5. Evaluates the goals (actions of the intervention) established at last visit using standardized terminology (e.g., goal achieved, goal not achieved) | | |
| NE 6. Documents the effectiveness of each NI or modifies NI when there is no evidence that the intervention has been effective | | |
| **OVERALL QUALITY ASPECTS – 2 points** | | |
| OQ 1. Uses clear language in documentation | | |
| OQ 2. All NCP links are present (when assessment and reassessment notes are available)* | | |
| Total Points (Assessment) (Assessment+Reassessment) | 0 /18 | 0 /24 |

| Quality Rating | Initial | Initial plus Reassessment |
|---|---|---|
| Level A (high quality) | 14-18 | 19-24 |
| Level B (medium quality) | 10-13 | 13-18 |
| Level C (low quality) | ≤9 | ≤ 12 |

*Assessment: If ND2, ND4, NI1, NI3 all have 1 point
Reassessment: If ND2, ND4, NI1, NI3, NE2 all have 1 point

Abbreviations: NA-Nutrition Assessment; ND-Nutrition Diagnosis; NI-Nutrition Intervention; NM-Nutrition Monitoring; NE-Nutrition Evaluation; PES-problem/etiology/signs and symptoms; S/Sx-signs and symptoms

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## NCP-QUality Evaluation and Standardization Tool (NCP-QUEST) Summary Instructions

- To improve standardization and inter-rater reliability, use this manual concurrently with the Nutrition Care Process Quality Evaluation and Standardization Tool (NCP-QUEST) while auditing nutrition and dietetics providers' (hereafter referred to as 'provider') documentation in client/patient records.
- The NCP-QUEST is only to be used for assessment and subsequent reassessment notes where a nutrition problem is documented.
- Use this NCP-QUEST for each nutrition diagnosis identified within nutrition documentation. If a note has two nutrition diagnoses, two separate forms will be used.
- Using this NCP-QUEST assumes knowledge of dietetics, corresponding to the dietetics program, and knowledge of the Nutrition Care Process.
- For more detailed descriptions of the terms used in the instrument and the manual please refer to the Nutrition Care Process Model and Terminology.[1,2]
- Auditing with NCP-QUEST relates only to the quality of documentation and does not reflect the quality of nutrition care. However, quality documentation may indicate higher levels of critical thinking and may result in improved outcomes.
- Read through the entire assessment and subsequent reassessment notes prior to auditing and scoring.
- When in doubt about what to score for a specific item, assign zero point.
- Appendix A contains samples of three nutrition documentation evaluated using the NCP-QUEST, one for each quality category. These samples are intended to identify examples of how to apply the tool. These examples are provided for reference only and are not to be perceived/used as prototype notes.
- Appendix B contains a sample site specific tool that is used by Clinical Nutrition Managers to guide providers for peer-review audits using the NCP-QUEST. Local modifications are recommended to meet facility needs.
- The NCP-QUEST can be used on an assessment note alone.
- Optimally, use the NCP-QUEST with an assessment and subsequent reassessment note to fully evaluate all NCP components including the NCP linking chains.

**The score categories are as follows:**

| Quality Category | Initial | Initial and Reassessment |
|---|---|---|
| Level A (high quality) | 14-18 | 19-24 |
| Level B (medium quality) | 10-13 | 13-18 |
| Level C (low quality) | ≤ 9 | ≤ 12 |

## Clarification of Terms

Data or Indicator - The nutrition assessment (NA) standardized language includes a comprehensive list of data or indicators which are standard terms collected during a nutrition assessment. For example, in the domain of anthropometrics, the data/indicator reviewed may be *measured height, stated weight, and body mass index (BMI)*. These data/indicators are clearly defined markers that can be observed and measured. These terms can be used in the NA and NM (Nutrition Monitoring) documentation sections. The monitoring section will determine if nutrition interventions are changing the data in the direction that improves or resolves the nutrition problem.

Comparative standards - Accepted standards, recommendations, or goals used for comparison of nutrition assessment data. The standards may be national, institutional, or regulatory.

Nutrition Monitoring - Planned review and measurement of selected nutrition care indicators of client's status relevant to the defined needs, nutrition diagnosis, nutrition intervention, and outcomes.

Nutrition Evaluation - The systematic comparison of current findings with the previous status, nutrition intervention goals, recommendations, effectiveness of overall nutrition care, or a reference standard.

Nutrition Care Outcomes - The results of nutrition care that are directly related to the nutrition diagnosis (Nutrition Diagnosis Status Labels) and the goals of the intervention plan (Intervention Goal Status Labels).

NCP Linking Chains - The NCP is a process with many levels and linkages between steps that may influence the success of the implementation process. Determination of a nutrition diagnosis involves a significant amount of critical thinking. Documenting each step of the NCP demonstrates the clinical reasoning (or RDN's judgement) linking each of the steps.[3] Hakel-Smith and Lewis[4] describe six clinical judgement components for critical thinking and they include: collecting evidence, determining diagnosis, determining etiology, establishing goals, determining and implementing interventions, and measuring and evaluating patient outcomes. This line of thinking has recently been referred to as "the NCP chains concept" or "chains framework".[3,4] Completed chains include all the steps in the linkage. Interrupted chains leave gaps in delivering the NCP and therefore are important to evaluate during quality documentation evaluation as shown in the below table 1.0.

Table 1.0 NCP Linking Chains

| Chain Link | Successful Linkage | NCP Audit Tool Item |
|---|---|---|
| **Evidence-Diagnosis** | At least one selection from the signs and symptoms in PES matched a reported assessment term | ND4 |
| **Diagnosis-Etiology** | At least one etiology was assigned to the diagnosis | ND2 |
| **Etiology-Intervention** | At least one intervention term was assigned to the etiology | NI3 |
| **Intervention-Goal** | One goal must be specified for the intervention | NI1 |
| **Diagnosis-Outcome** | Evaluation of the nutrition diagnosis and goals are documented | NE2 |

## NCP-QUality Evaluation and Standardization Tool (NCP-QUEST) Instructions

### Nutrition Assessment

**Nutrition assessment (first encounter) and reassessment (subsequent encounter)**

1. **NA1. Documents assessment data that is outside of accepted standards, recommendations, and/or goals.**
    a. It is expected that during the initial NA, the provider will review all domains of the NA and during that time will identify and document components of the NA that are outside of normal limits, accepted standards, recommendations, and/or goals.
    b. Data that is out of normal limits should be within the appropriate time frame pertinent to the encounter (i.e., data that is old and no longer appropriate should not be included).
    c. Not all domains need or should be present in the documentation. Only data/findings that are out of the normal limit or are required by national, institutional, or regulatory standards as shown below should be documented in the NA.
        i. National standards for populations or client groups: dietary reference intake standards (e.g., Dietary Reference Intakes [DRIs]) or other reference intakes; national food guidelines (e. g. US Dietary Guidelines); or guidelines for specific treatment or disease condition such as those developed by the American Society of Parenteral and Enteral Nutrition (ASPEN), the European Society of Parenteral and Enteral Nutrition (ESPEN), and/or people-centered care focus as developed by the World Health Organization.

ii. Institutional standards: e.g., established guidelines specifying how to evaluate weight change in geriatric clients.
iii. Regulatory standards: laws with nutrition care guidelines for a certain population, such as community nutrition programs, long-term care, or accreditation and certification standards such as those developed by health care accrediting bodies (e.g., Joint Commission).

**Tips for scoring NA1:**

| Examples | Credit Awarded |
|---|---|
| Labs that are abnormal and relate to the ND are listed in the NA | 1 point |
| Medications documented are relevant to ND or are required by local policy (i.e., Drug Nutrient Interaction) and are listed in NA | 1 point |
| The ND is “excessive sodium intake” and there is no summary of estimated daily intake of sodium levels or list of commonly consumed foods high in sodium in the NA | 0 point |
| The NA includes abnormal labs from several years ago and does not include documentation that the lab data remains relevant | 0 point |
| The NA includes a low B12 level from several years ago and the provider notes that there is no history of B12 supplementation and may need to be reassessed | 1 point |

2. **NA2. Uses comparative standards in the NA that are essential to the ND, when applicable.**
    a. Each facility may desire to develop a site-specific tool to guide providers on what is expected to be included in comparative standards. Appendix B provides an example for reference.
    b. Comparative standards are needed to evaluate progress on specific monitoring indicators. (for example: if estimated energy intake will be monitored then there should be a comparative standard for estimated energy goals listed in the NA section).
    c. Criteria for comparison of data that may be used to determine accepted standards, recommendations, and/or goals:
        i. Reference standards (e.g., national, institutional, and/or regulatory standards).
        ii. Recommendations (e.g., practice guidelines, nutrition prescription).
        iii. Goals (e.g., behavior).
    d. It is expected that the provider will utilize the most up-to-date practice guidelines and literature to determine the “normal limit” of any data reviewed.
        i. For example, evidence suggests that the normal limits for an adult BMI (age < 65yrs) in the US is between 18 – 25 kg/m2. Sources of

comparative standards are Academy of Nutrition & Dietetics Evidence Analysis Library, Nutrition Care Manual, KDOQI guidelines, etc. When appropriate or necessary, the comparative standard (e.g., Mifflin St. Jeor) is documented.

ii. Selecting assessment tools and procedures that match the situation. For example, assessment of muscle loss would not provide accurate data for client with degenerative disease such as ALS or Parkinson's.

iii. Applying assessment tools in valid and reliable ways.

iv. During subsequent reassessment, data should be compared to the assessment standard or goal.

**Tips for scoring NA2:** A point is awarded in NA2 if relevant comparative standards are documented specific to the Nutrition Diagnosis.

| **Examples** | **Credit Awarded** |
|---|---|
| Nutrition problem states: "inadequate energy intake" and in NA the following comparative standard is stated: Estimated Energy Needs: 2000 kcal/d (25 kcal/kg) or 8400 kJ/d (105 kJ/d) | 1 point |
| Nutrition problem states: "inadequate energy intake" and the estimated energy needs are not listed | 0 point |
| Nutrition problem states: "overweight status" for a 68-year-old client. NA data indicates that BMI is 25 | 0 point – based on practice guidelines for elderly this is not an appropriate comparative standard because the BMI is not outside of normal limits |
| A well-nourished patient with CKD not on dialysis was referred to the RD for nutrition evaluation. The nutrition problem states: "excessive protein intake." NA data reflects the summary diet recall and food frequency findings that estimated protein intake is 85 g/day or (1.1 g/kg per day) and the comparative standard for estimated protein needs is approximately 50 g/day or (0.6 g/kg/day) as recommended for CKD stages 3-4. | 1 point - The Kidney Disease Outcomes Quality Initiative (KDOQI) recommends: *adults with CKD stages 3-4 who are metabolically stable, protein needs providing 0.55 g to 0.60 g protein/kg body weight/day* |

3. **NA3. Measurable assessment data provides evidence that a nutrition diagnosis is present.**

   a. Data/indicators/observations that are documented in the NA should be aligned to the ND generally through the evidence portion of the nutrition diagnostic statement signs and symptoms (S/Sx).

b. The selected measurable data will provide a set-point to evaluate ND improvement or worsening upon follow-up.
c. Points are awarded for NA 3 when the following two components have been met:
    i. NA is linked to the PES.
    ii. NA data provides specific measures that can be evaluated again at reassessment.

**Tips for scoring NA3:**

| Examples | Credit Awarded |
|---|---|
| ND states: "inadequate fluid intake" and NA contains a diet recall that summarizes the estimated fluid intake in 24 hours to be 75% of needs. Estimated fluid requirements are noted in comparative standards | 1 point |
| ND states: "inadequate fluid intake" and NA contains a diet recall without a summary of the fluids in 24 hours and comparative standards only lists energy needs | 0 point |
| ND states: "excessive fat intake" and NA includes summary of diet recall that states "very rich fatty foods" yet lacks analysis of fat intake | 0 point |
| The etiology of the ND relates to knowledge deficit. Knowledge level of the client is shown in the NA section as "client states that they are unaware of high carbohydrate foods" | 1 point |

4. **NA4. Assessment data is succinct and relevant.**
    a. Succinct –brief and clear documentation of the NA Data.
    b. Relevant – data that supports the ND.
        i. Extra data that is not required by policy or to provide evidence of the problem is not relevant and should not be documented. Data that is within normal limits does not need to be included in the NA portion of the note unless local policy requires this.
            1. Examples of policy requirements include long-term care documentation regarding swallowing difficulty; local policy requirement to include medications with food-drug nutrient interactions.
            2. Nutrition consult requests action or care despite normal NA data.

**Tips for scoring NA4:**

| Examples | Credit Awarded |
|---|---|
| Complete medication list is imported into note and is *not* required by local policy or other regulatory standards and there is no reference to medications in ND or NI | 0 point |
| Lab data includes elevated LDL cholesterol readings from 3 years ago and is not related to the new nutrition problem of "inadequate fluid intake" | 0 point |
| All assessment data is related to the ND without extraneous data | 1 point |
| Nutrition consult for patient preparing to go through chemoradiation who has no weight change at present and energy intake is adequate. NA data includes all normal data. Nutrition problem states: "predicted inadequate energy intake" rt expected {treatment} side effects…… | 1 point |

## Nutrition Diagnosis

NCP-QUEST audit tool is used for each nutrition diagnosis

5. **ND1. Problem label of the PES uses standardized terminology (or approved synonym).**
    a. This must contain the problem term and not just the domain term.
    b. If you are utilizing increased energy expenditure as a diagnosis.
        - Intake (NI) is the domain,
        - Energy Balance (1) is the class name,
        - Increased energy expenditure (NI 1.1) is the term.
    c. Each term is designated with an alpha numeric NCPT hierarchical code followed by a five digit number called Academy of Nutrition and Dietetics unique identification number (ANDUID). Neither coding system should be entered/written in nutrition documentation.

**Tips for scoring ND1:**

| Examples | Credit Awarded |
|---|---|
| Nutrition problem documented: inadequate fat intake NI – 5.1 | 0 point – because NI-5.1 is documented |
| Nutrition problem: malnutrition disorders | 0 point - this is a class name within a domain |

| | |
|---|---|
| Nutrition problem: starvation related malnutrition | 1 point - the term malnutrition has an ANDUID number and therefore is given full credit |

6. **ND2. Etiology is the root cause of the ND that a nutrition provider can resolve or mitigate S/Sx.**
    a. Correction of the etiology will likely resolve the ND or improve S/Sx.
    b. Etiology should be something that the provider can intervene and change in order to either resolve the nutrition problem or improve the S/Sx experienced by an individual or population. Medical diagnoses should not be the etiology. However, symptoms of a medical diagnosis may be contributing to the nutrition problem and can be lessened with nutrition intervention.
        i. For example, chemotherapy, may be inducing taste alterations and odynophagia. The chemotherapy is not the etiology (the nutrition provider does not alter the chemotherapy). Treatment related side effects such as taste alterations and odynophagia may be the contributing cause of the problem and the provider may be able to intervene to lessen the effects by making recommendations to improve taste or lessen the odynophagia.

**Tips for scoring ND2:**

| Examples | Credit Awarded |
|---|---|
| Etiology states: "physiologic condition" with no other descriptors | 0 point |
| Etiology states: "related to physiologic condition of acute renal failure causing poor appetite" | 1 point |
| Etiology states: "related to COPD diagnosis" | 0 point |
| Etiology states: "related to COPD diagnosis causing shortness of breath that limits meal amount" | 1 point |
| Etiology and S/Sx states: "swallowing difficulty AEB 3 episodes of aspiration in the past 6 months" | 1 point – intervention may not resolve etiology but may reduce S/Sx of aspiration |

7. **ND3. Etiology: in addition to free text etiology, documents the etiology matrix category.**
    a. The NCPT provides examples for etiologies within each nutrition diagnosis reference sheet. These examples may be appropriate to include in the free text PES. However, not all etiologies can be listed in the NCPT and the provider should utilize their critical thinking skills.

b. Ten etiology categories exist and will allow for a more defined and structured method to collect data that will eventually determine appropriate interventions for the nutrition problem/s.

**Tips for scoring ND3:**

| Examples | Credit Awarded |
|---|---|
| Etiology: reduced physical activity [behavior etiology] | 1 point |
| Etiology: reduced physical activity | 0 point |
| Etiology: poststroke complications including dysphagia [physiologic-metabolic etiology] | 1 point |
| Etiology: poststroke complications | 0 point |
| Etiology: reduced appetite, altered taste, pain, and sore mucosa due to radiotherapy treatment [treatment etiology] | 1 point |

8. **ND4. S/Sx provide evidence that the ND exists.**
    a. Signs are the observations of a trained provider.
    b. Symptoms are changes reported by the client.
    c. **ALL** S/Sx should be measurable however specific quantification is not required if the data is represented in the NA or is measured in the NM section.
    d. Improvement in one or more S/Sx would indicate that the problem is improving.

**Tips for scoring ND4:**

| Examples | Credit Awarded |
|---|---|
| S/Sx state: "AEB diet recall." No summary details from the diet recall are included in the NA | 0 point |
| S/Sx state: "AEB diet recall." NA data includes a 24-hour recall with summary of estimated energy intake AND comparative standards includes estimated energy needs | 1 point |
| S/Sx state: "AEB patient report of 6 watery stools per day" | 1 point |
| S/Sx state: "AEB muscle wasting." The nutrition monitors include: Strength: handgrip strength and midarm muscle circumference percentile | 1 point – monitors include measurable indices |
| S/Sx state: "AEB orbital fat wasting." Nutrition monitors include: "weight change" | 0 point – degree of wasting is not noted and cannot be objectively monitored for improvement |

9. **NI1. Each NI has an action consistent with the goals of care.**
    a. Each intervention is linked to a specific intervention goal and should be SMART (specific, measurable, attainable, realistic and time specific) when possible.
    b. There is flexibility in the approach to documenting goals. The nutrition goals may be documented in the Nutrition Monitoring and Evaluation step or accompanying the specific nutrition goals in the reassessment.

**Tips for scoring NI1:**

| Examples | Credit Awarded |
|---|---|
| ND: inadequate enteral nutrition (EN) infusion RT intolerance to bolus infusion. NI: modify rate of EN goal stated: titration schedule goal includes slow advancement from 30 ml/hr to 50 ml/hr in next 24 hours to meet daily energy needs | 1 point |
| ND: inadequate enteral nutrition infusion RT intolerance to bolus infusion and intervention does not provide plan or goals to improve tolerance | 0 point |
| Overall goal of care is to increase average daily energy intake. Commercial beverage is one of the interventions. The intervention has a goal to consume at least one supplement per day in order to assist with increasing total energy intake | 1 point |
| Patient with excessive CHO intake with overall goal to decrease total CHO intake in 24 hours. The intervention provided included nutrition counseling using the self-monitoring strategy with a goal of maintaining a food log 3 times per week | 1 point |
| Patient with excessive CHO intake related to knowledge deficit. Nutrition education was provided. Goal was to "decrease CHO intake" | 0 point<br>Notes: Knowledge interventions should have some type of knowledge goal. Decrease CHO intake is a behavior goal and does not always determine if the knowledge deficit has resolved |
| Patient with excessive CHO intake related to knowledge deficit. Nutrition education was provided. Goal states "client to be able to list 3 foods with CHO from diet recall" | 1 point |
| Coordination of Care Example. ND of increased nutrient needs (thiamine) Intervention: collaboration by nutrition professional with other providers (Medical team) to begin thiamine infusion prior to enteral feeding. | 1 point |

| Goal of intervention: thiamine infusion will be provided at least 3 hours prior to nutrition initiation | |
|---|---|

**10. NI2. A nutrition prescription is written.**

a. Documentation of a nutrition prescription is based on a client's individualized recommended intake of energy and/or selected foods or nutrients based on current reference standards and dietary guidelines. Example, Cardioprotective pattern with approximately 1,800 kcal (or 7500 KJ)/day.
b. NPO may be recommended as part of a nutrition prescription.

**Tips for scoring NI2:**

| Examples | Credit Awarded |
|---|---|
| Nutrition Rx: 1800 kcal/day (7500 kJ/d), 85 g protein/day | 1 point |
| Nutrition Rx: NPO | 1 point |
| Nutrition Rx: (no data listed under the heading) | 0 point |
| Nutrition Rx: "See below" – and the specific nutrition recommendations are detailed in the Nutrition interventions that includes the meal patterns and nutrients recommended | 1 point |
| Nutrition Rx: Formula name goal rate of 100 ml/hr | 1 point |
| Nutrition Rx: Client's desired goal energy intake of 1500 kcal/day (6300 kJ/d) to provide goal weight loss of 1 pound (0.5 kg) per week | 1 point |

**11. NI3. Directs NI to resolve the etiology and/or improve the S/Sx.**

a. The intervention correlates with the etiology of the ND. For example, if the etiology of the problem is related to knowledge then education is the best intervention that correlates with the etiology.

**Tips for scoring NI3:**

| Examples | Credit Awarded |
|---|---|
| Etiology is "nutrition-related knowledge deficit" and Intervention is nutrition education content | 1 point |
| Etiology and S/Sx: "swallowing difficulty" AEB 3 episodes of aspiration in the past year. Intervention is enteral nutrition – modify rate of enteral infusion | 1 point. Although intervention may not resolve swallowing difficulty it may prevent further episodes of aspiration |
| Etiology is "nutrition-related knowledge deficit" and Intervention is nutrition counseling on self-monitoring | 0 point. Intervention should be Education first – Counseling may follow when knowledge deficit is resolved |

**12. NI4. There is at least one NI for each etiology listed in PES.**

a. Each nutrition-related etiology will have at least one plausible intervention.
b. Some interventions will address more than 1 etiology.

**Tips for scoring NI4:**

| Examples | Credit Awarded |
|---|---|
| Knowledge deficit was stated as an etiology, interventions may reflect the following Nutrition Education Content<br>- Content-related nutrition education (Educated about high fat foods and how to read a food label): Client will be able to identify high fat foods on a sample food label at next visit | 1 point |
| Knowledge deficit related to carbohydrate needs and physical inactivity were identified as etiologies, intervention states:<br>Nutrition Education Content<br>- Client to start exercising 3 days a week | 0 point – There needs to be 2 separate interventions for these 2 etiologies. Content Related Nutrition Education and Physical Activity Guidance and each would then have a goal. |
| Etiology states: "related to poor appetite and xerostomia as a result of chemoradiation to the mouth (treatment)." Intervention includes: Commercial beverage: 3 supplements per day to provide moist nutrient dense options while appetite is reduced" | 1 point – the nutrition supplement intervention can address both a poor appetite and xerostomia |

**13. NI5. Uses standardized terminology to document NI.**

a. Standardized language is required for each intervention.
b. It is required to use an NCP term that has an assigned NCPT code or ANDUID but avoid documenting the numbers (NCPT code or ANDUID) associated with the terms.
c. At subsequent visits, revising strategies based on changes in condition or response to interventions should be clearly documented.
d. Interventions that are mentioned in free text documentation should also be included using standardized terminology for NI.

**Tips for scoring NI5:**

| Examples | Credit Awarded |
|---|---|
| Two interventions documented:<br>• Meals and Snacks: General healthful diet<br>• Collaboration by nutrition professional with other providers: discussed with nursing the benefit of small frequent meals | 1 point |
| Two interventions documented:<br>• Meals and Snacks: General healthful diet<br>• Discussed with nursing the benefit of small frequent meals | 0 point |

**14. NI6. Documents a specific reassessment plan and timeline (i.e., Follow-up in 1 month/discontinuation).**

a. Define time and frequency of care, including intensity, duration, and follow-up. Timelines should be realistic and available to the clinician and client.
b. Sometimes, the plan for follow-up may be documented in the M&E section. This is acceptable and can be counted as meeting the criteria for NI6.

**Tips for scoring NI6:**

| Examples | Credit Awarded |
|---|---|
| Will follow with team | 0 point |
| Follow-up in 1 month | 1 point |
| Follow-up per policy | 1 point |
| Follow-up (return to clinic) as desired by patient | 1 point |

## Nutrition Monitoring/Evaluation

### Monitoring

**15. NM1. Uses standardized terminology to document indicators (e.g., weight, glucose, total energy estimate intake in 24 hours) that reflect the S/Sx to monitor upon reassessment.**

a. During interactions/visits/encounters, appropriate data/indicators are selected to be monitored and evaluated at the next interaction.
b. Standardized language should be used for the indicators selected.

**Tips for scoring NM1:**

| Examples | Credit Awarded |
|---|---|
| Will monitor free water estimated intake from enteral nutrition in 24 hours | 1 point |
| Will monitor food/nutrition-related history, Anthropometrics and NFPE | 0 point |
| Will monitor diet recall | 0 point |
| Will monitor food intake or food variety | 1 point |
| Will monitor weight history | 0 point |
| Will monitor measured weight or weight or weight change, etc. | 1 point |

16. **NM2. Documents specific criteria for each indicator (e.g., Weight less than 250 # (113 kg) (within 1 month).**
    a. Criteria for how the indicator will be measured needs to be SMART (specific, measurable, attainable, realistic and time specific).
    b. Example: BMI (indicator) will decrease to healthy range of 25 (criterion) within 6 months.

**Tips for scoring NM2:**

| Example | Credit Awarded |
|---|---|
| Will monitor measured weight<br>Criteria (or Goal): weight less than 250 # within 1 month | 1 point |
| Will monitor measured weight<br>Criteria (or Goal): weight loss | 0 point |
| Will monitor for adequate enteral intake | 0 point |
| Will monitor energy measured from enteral nutrition in 24 hours<br>Goal: >90% of enteral intake within 48 hours | 1 point |
| Multiple monitors listed:<br>Will monitor weight: goal is weight between 150-160 # (68-73 kg)<br>Will monitor muscle and fat status | 0 point – 1 criterion to measure is specific and the next is not. |

## Evaluation

17. **NE1. Restates the ND in the reassessment documentation.**
    a. If the PES has changed (e.g., etiology has changed) then an updated PES will need to be documented.
    b. Full original PES should be noted at reassessment.

**Tips for scoring NE1:**

| Examples | Credit Awarded |
|---|---|
| Initial PES: New ND: Predicted Excessive Energy Intake related to reduced physical activity [behavior etiology] as evidenced by estimated energy intake more than estimated needs at new lower physical activity level<br>Reassessment PES: Resolved ND: Predicted Excessive Energy Intake related to reduced physical activity [behavior etiology] as evidenced by estimated energy intake more than estimated needs at new lower physical activity level | 1 point |
| Initial PES: New ND: Malnutrition RT homeless situation preventing access to food (access etiology) AEB 20% wt. loss in 5 months and energy intake 50% of needs<br>Reassessment PES: Malnutrition | 0 point – full PES needs to be restated in reassessment |

**18. NE2. Addresses the status of ND using standardized terminology (resolved/active).**

Table 2.0 Addressing the ND status using standardized terminology

| Label | Definition |
|---|---|
| New nutrition diagnosis | Problem identified in nutrition diagnosis was not identified in any nutrition diagnoses made in the previous assessment |
| Active nutrition diagnosis | The signs and symptoms in the nutrition diagnosis require nutrition intervention and monitoring and evaluation to meet the goal |
| Resolved nutrition diagnosis | The signs and symptoms identified in the nutrition diagnosis have met or exceeded the goal |
| Discontinued nutrition diagnosis | The nutrition diagnosis no longer exists because the client's condition or situation has changed. The client's current assessment data no longer support this nutrition diagnosis |

**Tips for scoring NE2:**

| Examples | Credit Awarded |
|---|---|
| Initial PES: Predicted Excessive Energy Intake related to reduced physical activity [behavior etiology] as evidenced by Estimated energy intake more than estimated needs at new lower physical activity level<br><br>Reassessment PES: Resolved ND: Predicted Excessive Energy Intake related to reduced physical activity [behavior etiology] as evidenced by Estimated energy intake more than estimated needs at new lower physical activity level | 1 point |

| | |
|---|---|
| Initial PES: Predicted Excessive Energy Intake related to reduced physical activity [behavior etiology] as evidenced by Estimated energy intake more than estimated needs at new lower physical activity level<br><br>Reassessment PES: Predicted Excessive Energy Intake related to reduced physical activity [behavior etiology] as evidenced by Estimated energy intake more than estimated needs at new lower physical activity level<br>Status of Nutrition Diagnosis: Ongoing | 0 point |

19. **NE3. Documents intervention success or barriers to implementation/reasons for delay in the application of each intervention.**
    a. Interventions are purposely planned actions carried out by the provider or client. Documentation reflects that the NI was implemented.

**Tips for scoring NE3:**

| Examples | Credit Awarded |
|---|---|
| Medical nutrition supplement commercial beverage was ordered on (date) and patient/client reports consuming 2 per day (goal achieved) | 1 point |
| Self-Monitoring Strategy (maintaining a food log) was discussed at last visit and client states that he was not sure how to determine portion sizes (some progress toward goal) | 1 point |
| Did not consume oral supplement | 0 point – no barrier listed and status label is missing |
| Unable to complete food log | 0 point – no barrier listed and status label is missing |

20. **NE4. Reassesses the nutrition indicator/assessment data (e.g., weight) from previous interaction (encounter).**
    a. The NA data are needed to identify whether a nutrition-related problem exists and to establish a plan for continuation for care. Reassessment data should identify or reflect changes affecting the nutrition diagnosis. The M&E data are necessary for evaluating the outcomes of nutrition interventions. If data is not available this should be documented in order to receive a full point.

**Tips for scoring NE4:**

| Examples | Credit Awarded |
|---|---|
| Reassessment data includes: weight history without documenting interpretation of trend as relates to previous indicator/goal | 0 point |
| Reassessment data includes: weight: new result unavailable – unable to assess weight goals | 1 point |
| Initial assessment states: Client's measured weight is 182 # (83 kg), which is 7 # (3 kg) less than weight 2 weeks ago. Will monitor measured weight at the next encounter<br>Reassessment after nutrition intervention: Measured weight goal not achieved, as client's weight is now 179.9 # (81.6 kg) | 1 point |

**21. NE5. Evaluates the goals (actions of the intervention) established at last visit using standardized terminology (e.g., goal achieved, goal not achieved).**

Table 3.0 Goal Evaluation

| Label | Definition |
|---|---|
| New goal | The goal is identified in Nutrition Intervention planning and was not identified in the previous Nutrition Intervention planning |
| Goal achieved | The goal has been met |
| Goal discontinued | The need for the goal no longer exists because the conditions or situation has changed, and goal is no longer appropriate |
| Goal not achieved | No overall progress toward or away from a goal |
| Some progress toward goal | Any progress toward the goal |
| Some digression away from goal | No overall progress toward the goal and progress overall is worsening |

**Note:** There is flexibility in the approach to updating the client goal. The nutrition goals update (such as goal achieved, goal not achieved) may be documented in the Nutrition Monitoring and Evaluation step or accompanying the specific nutrition goals in the reassessment.

**Tips for scoring NE5:**

| Examples | Credit Awarded |
|---|---|
| Weight less than 250 # (113 kg) within 1 month – goal achieved | 1 point |
| >90% of enteral intake within 48 hours - Progress made or progress toward goal | 1 point |

| Assessment states: Client's measured weight is 182 # (83 kg), which is 7 # (3 kg) less than weight 2 weeks ago. Will monitor measured weight at the next encounter<br>Reassessment: Weight: 179.9 # (81.6 kg) | 0 point – because success was not defined and status label is missing |
|---|---|

22. **NE6. Documents the effectiveness of each NI or modifies NI when there is no evidence that the intervention has been effective.**
    a. If a specific nutrition intervention goal has not been achieved, the provider should alter the nutrition intervention.

**Tips for scoring NE6:**

| Examples | Credit Awarded |
|---|---|
| During initial nutrition interaction, a self-monitoring goal of keeping a food record at least 3 days out of the week was agreed upon between the client and provider. Upon reassessment, the client reported that he tried to do this, but it is not realistic for him due to his work schedule. The reassessment documentation was adjusted to include a new goal for self-monitoring which would include a photo diary of each meal for 3 days out of the week | 1 point |
| During initial assessment, an intervention to support weight gain (started on an oral nutrition supplement) was provided; upon reassessment weight was unchanged and patient not consuming oral supplement, yet reassessment intervention documentation was not adjusted to update plan of care nor was noted to continue current plan | 0 point |

## Overall Quality Aspects

23. **OQ1. Uses clear language in documentation.**
    a. The documentation is written in clear language with no ambiguities such as incorrect units, unapproved abbreviations, or overt grammar errors.
    b. Each facility may desire to develop a site-specific tool to guide providers on what is expected to meet this item's standard. Appendix B provides an example for reference.

**Tips for scoring OQ1:**

| Examples | Credit Awarded |
|---|---|
| Abbreviations listed yet not on local approval list | 0 point |
| The documentation has no misspelled words | 1 point – according to local facility policy less than 3 spelling errors are acceptable |

| The documentation includes the wrong enteral prescription including the incorrect feeding tube device or states "Bolus" when the feeding is continuous infusion | 0 point |
|---|---|

**24. OQ2. All NCP links are present.**

a. As noted in the introduction, quality documentation will be void of gaps in the NCP linking chains. Therefore, several key audit tool items should be scored a yes or 1 point in order to receive a full point for item OQ2.
   i. If scoring only an assessment note, then only the following items must be scored as a yes to get 1 point for OQ 2: ND2, ND4, NI1, NI3.
   ii. If scoring an assessment with a subsequent reassessment then the following items must be scored as a yes to get 1 point for OQ 2: ND2, ND4, NI1, NI3 and NE2.

## References


1. Swan WI, Pertel DG, Hotson B, et al. Nutrition Care Process (NCP) Update Part 2: Developing and Using the NCP Terminology to Demonstrate Efficacy of Nutrition Care and Related Outcomes. *Journal of the Academy of Nutrition and Dietetics.* 2019;119(5):840-855.
2. Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition Care Process and Model Update: Toward Realizing People-Centered Care and Outcomes Management. *Journal of the Academy of Nutrition and Dietetics.* 2017;117(12):2003-2014.
3. Murphy WJ, Yadrick MM, Steiber AL, Mohan V, Papoutsakis C. Academy of nutrition and dietetics health informatics infrastructure (ANDHII): A pilot study on the documentation of the nutrition care process and the usability of ANDHII by registered dietitian nutritionists. J Acad Nutr Diet. 2018;118(10):1966-1974. doi: S2212-2672(18)30353-8 [pii].
4. Hakel-Smith N, Lewis NM. A standardized nutrition care process and language are essential components of a conceptual model to guide and document nutrition care and patient outcomes. J Am Diet Assoc. 2004;104(12):1878-1884.
5. Lovestam E, Bostrom AM, Orrevall Y. Nutrition care process implementation: Experiences in various dietetics environments in sweden. *J Acad Nutr Diet*. 2017;117(11):1738-1748. doi: S2212-2672(17)30113-2 [pii].

## Appendix A: Sample Documentation Notes

### High Quality Note

| Initial interaction | Audit Item | Score Yes 1 point |
|---|---|---|
| ***Nutrition assessment:*** Client with stage 4 oropharyngeal cancer & completed 3 weeks of chemoradiation therapy**.** Based on 24-hour recall, client *total energy estimated intake from oral nutrition in 24 hours* averages 1200 kcal/day (or 5000 kJ/day) (50% of estimated total energy needs of 2400 kcal/day) (or 10000 kJ/day). Client reports foods lack taste and there are sores in his mouth. *Measured weight* is 182 # (or 83 kg) which is 7 # (or 3 kg) less than last 2 weeks or UBW of approx. 190 # (or 86 kg). | NA 1<br>NA 2<br>NA 3<br>NA 4 | 1<br>1 – blue font<br>1<br>1 |
| ***New nutrition diagnosis:*** *Inadequate oral intake* related to altered taste and odynophagia due to chemoradiation therapy (*treatment etiology*) as evidenced by 4% weight loss in 2 weeks and consuming 50% of estimated total energy needs. | ND 1<br>ND 2<br>ND 3<br>ND 4 | 1 – red font<br>1<br>1 – red font<br>1 |
| ***Nutrition intervention:*** *New goal* identified—Client establishes short-term goal increase oral energy intake over the next week by drinking a commercial beverage of at least 2 per day. Nutrition prescription is 2400 kcal/day (or 10000 kJ/day). Long-term goal is to maintain weight during chemoradiation treatment. *Content related nutrition education* was provided on total energy needs to prevent weight loss and tips for increasing flavor in foods and *Nutrition Supplement Therapy* (commercial beverage) was ordered through pharmacy (BID). Client agreed to meet with provider in 2 weeks to reassess. [BID= twice per day] | NI 1<br>NI 2<br>NI 3<br>NI 4<br>NI 5<br>NI 6 | 1 – blue font<br>1 – green font<br>1<br>1<br>1 – red font<br>1 – purple font |
| ***Nutrition monitoring and evaluation:*** *Total energy estimated intake and nutritionally complete liquid supplement estimated intake in 24 hours* will be monitored with goal of 2 per day and >1200 calories/day. *Measured body weight* will be monitored with the goal of no further weight loss from current weight of 182lbs. Will monitor at next interaction by reviewing 24-hour diet recall and weight. | NM 1<br>NM 2 | 1 – red font<br>1 – green font |
| **Overall Quality** | OQ 1<br>OQ 2 | 1<br>1 |
| **Follow-up interaction – 2 weeks later** | | |
| ***Nutrition reassessment****: Some progress toward goal*—Based on 24-hour diet recall, client total energy estimated intake is 1850 kcal/day (or 7750 kJ/day) (increase of 650 kcals/day (or 2700 kJ/day) since last evaluation and 85% of updated estimated energy needs of 2200 kcal/d (or 9200 kJ/day); drinking 2 oral nutrition supplements in 24 hours (100% of prescribed supplement). Weight goal not achieved (measured weight today is 179.9 # (or 81.6 kg). Client reports | NE 3<br>NE 4<br>NE 5 | 1 – blue font<br>1 – highlight<br>1 – red font |

| | | |
|---|---|---|
| worsening of the mouth pain but drinking the liquids helps and he has decreased more solid foods. | | |
| *Active* ***Nutrition diagnosis:*** *Inadequate oral intake* related to altered taste and odynophagia due to chemoradiation therapy (*treatment etiology*) as evidenced by 5% weight loss in 4 weeks and consuming 85% of estimated total energy needs. | NE 1<br>NE 2 | 1 – highlight<br>1 – red font |
| ***Nutrition intervention:*** Provided *nutrition counseling based on problem solving strategy* to identify options for optimizing intake with increasingly sore mouth. *New goal* identified—Client established goal that he will increase supplements to 3/day. Intervention modified to include change in commercial beverage to 3/day. | NE 6 | 1 - highlight |
| ***Total NCP-QUEST Score***<br>***Quality Category*** | 24<br>A high quality | |

## Medium Quality Note

| **Initial interaction** | **Audit Item** | **Score Notes** |
|---|---|---|
| ***Nutrition assessment:***<br>45-minute initial visit for 55 yo with diabetes and obesity. Pt reports no matter what he eats, it spikes his blood sugar.<br>Labs: HbA1c 7.1, Glu range 80-237mg/dL Chol 182 (wnl) Albumin 4 (wnl)Diet hx: high fat foods, large portion sizes; 3 meals + snacks (chips) – estimated intake 3000 kcal/d (or 12550 kJ/day).<br>Medications: Omeprazole, Dulcolax<br>HT: 69" Wt: 231 lbs (or 105 kg) BMI: 34 Wt Hx: Highest wt 285 lbs (or 129.3 kg) (10/2017 -> trending down x 2 yrs)<br>Estimated daily energy needs: 2440 kcal/day (or 10200 kJ/day) (Mifflin St. Jeor x 1.3 activity factor) [wnl= within normal limits] | NA 1<br>NA 2<br>NA 3<br>NA 4 | 1<br>1 – blue font<br>1<br>0 – highlight items not relevant to ND |
| ***New nutrition diagnosis:***<br>*Excessive energy intake* r/t food and nutrition related knowledge deficit AEB BMI/obesity Grade 1, overconsumption of calorie-dense food or beverage, elevated Hgb A1c. | ND 1<br>ND 2<br>ND 3<br>ND 4 | 1 – red font<br>1<br>0 – missing<br>1 |
| ***Nutrition intervention:***<br>*Content related nutrition education:* Educated on healthy eating for DM and wt reduction. Discussed what pt thought was realistic for his lifestyle given hesitation to making changes. Educated on CHO counting to help improve understanding of carb content, pt agreeable to complete food record (reviewed how to | NI 1<br>NI 2<br>NI 3<br>NI 4<br>NI 5 | 1 – highlight<br>0 – missing<br>1<br>1<br>1 – red font |

| | | |
|---|---|---|
| complete). Handouts provided: Diabetes Meal Planning, Calorie King book, Food Record sheets.<br>*Nutrition Counseling: Theoretical Basis/Approach:* Nutrition counseling based on TTM stages of change approach: Preparation<br>Strategies: Nutrition counseling based on *motivational interviewing strategy*<br>*Goal Setting:* Client agrees to complete food records 3x/week | NI 6 | 1 – noted in M&E blue font |
| ***Nutrition monitoring and evaluation:***<br>Weight loss; Labs: HgbA1c<7.1%; Carbohydrate amount<br>Complete food log to include carbohydrate content<br>Follow up in 1 month. | NM 1<br><br>NM 2 | 0 – no standard terms<br>0 –not specific |
| **Overall Quality** | OQ 1<br>OQ 2 | 1<br>0 |
| ***Nutrition assessment:*** Veteran reports completion of food records, but unable to find some of the carbs to log, requests further review. Likes Calorie Reference book, now realizes portions have been too large in the past. Weight = 227 lbs, down 4lbs x 1 month. No new labs to assess. | NE 3<br>NE 4<br>NE 5 | 1 – blue font<br>1<br>0 – missing |
| ***Nutrition diagnosis:*** Excessive energy intake r/t food and nutrition related knowledge deficit (knowledge etiology) AEB BMI/obesity Grade 1, overconsumption of calorie-dense food or beverage, elevated A1c (Some Progress/Ongoing) | NE 1<br>NE 2 | 1 – highlight<br>0 – incorrect label used – green font |
| ***Nutrition intervention:*** *Content related nutrition education:*<br>Nutrition Education: Content Educated on CHO counting, Veteran demonstrated understanding by planning meal, counting carbs<br>No change, continue current plan | NE 6 | 1 – modified – same terms fine |
| ***Total NCP-QUEST Score***<br>***Quality Category*** | 16<br>B medium quality | |

## Low Quality Note

| Initial interaction | Audit Item | Score Notes |
|---|---|---|
| ***Nutrition assessment:***<br>Received consult to see patient today to education on low fat diet to reduce triglycerides. Patient reports poor appetite after surgery and is not in the mood to discuss his cholesterol. Denies chewing or swallowing difficulty but admits he has lost about 20 pounds in the past 3 months. Patient reports following a low fat, low cholesterol diet at home and denies the need for further education.<br>Ht: 66 inches | NA 1<br>NA 2<br>NA 3 | 1<br>0 – missing<br>0 – no evidence on need for intervention<br><br>0 – extra highlighted |

| | | |
|---|---|---|
| Wt: 145 pounds<br>PMHX: Hyperlipidemia, GERD<br>Admitted for pancreatitis | NA 4 | Relevant not addressed in blue font |
| ***New nutrition diagnosis:*** Food and nutrition-related knowledge deficit related to hyperlipidemia as evidenced by elevated triglycerides. | ND 1<br>ND 2<br><br>ND 3<br>ND 4 | 1 – red font<br>0 – medical dx<br>0 – missing<br>0 – no trig labs |
| ***Nutrition intervention:***<br>***Nutrition Prescription:*** Healthy Diet (2200 kcals (or 9200 kJ/day), 70 g Fat, 1000 mg Na)<br>*Content related nutrition education:* Educated on DASH Diet<br>Provided patient with Heart Healthy Diet Guidelines. Will refer to outpatient dietitian upon discharge for continued monitoring. | NI 1<br>NI 2<br>NI 3<br><br>NI 4<br>NI 5<br>NI 6 | 0 – missing<br>1<br>0 – etiology is medical<br>0<br>1 -red font<br>1 – blue font |
| ***Nutrition monitoring and evaluation:***<br>Will monitor appetite and weight during the hospital admission. | NM 1<br>NM 2 | 0 – missing<br>0 - missing |
| **Overall Quality** | OQ 1<br>OQ 2 | 1<br>0 – missing etiology, labs and pertinent client history in initial note |
| **Follow-up interaction – 1 month later** | | |
| ***Outpatient Nutrition Visit –***<br>***Nutrition assessment:*** Patient referred to outpatient dietitian to monitor post hospital discharge s/p pancreatitis.<br>During hospital admission the patient experienced high triglycerides due to excessive alcohol intake as reported in the discharge summary. Patient was referred to alcohol and drug counseling program and has abstained from alcohol in the past month. Patient has a long history of hyperlipidemia which has been controlled with a DASH diet and he is very aware of this diet and per teach back method he was able to state foods high in fat, cholesterol and sodium. Patient reports that his appetite is fair and he is more concerned about his recent weight loss that resulted from his binge drinking episodes and hospital admission. His appetite has improved and he is about 70% back to his normal eating habits. He reported that during his binge episodes he drank 6 shots of hard liquor per day and skipped most meals – 1 small snack per day was his average daily routine.<br>Ht: 66 inches | NE 3<br>NE 4<br>NE 5 | 1 – highlight<br>1 – blue font<br>0 – missing goals on initial note |

| | | |
|---|---|---|
| Wt: 140 pounds Usual Weight: 160-165 pounds (3 months ago)<br>Triglycerides: 135 mg/dL (WNL now) | | |
| ***Nutrition diagnosis:***<br><br>Food and nutrition-related knowledge deficit related to hyperlipidemia as evidenced by elevated triglycerides – has **Resolved**<br><br>**New Nutrition Diagnosis:** Unintended weight loss related to history of excessive alcohol intake with decreased overall nutrient dense foods as evidenced by 20 # (9 kg) weight loss in past 3 months (12.5%) | NE 1<br>NE 2 | 1 – highlight<br>1 – red bold |
| ***Nutrition intervention:***<br>Nutrition Education on Hyperlipidemia is no longer required as patient's knowledge goals have been met. New Intervention for new active problem planned below.<br>Nutrition Education: Content Educated about nutrient dense foods to meet estimated nutrient needs. Patient agreed that his goal would be to improve his diet quality while in recovery and to meet goal weight of 150 # (68 kg) which is where he feels the healthiest.<br>Will follow-up in 2 months to reassess weight | NE 6 | 1 – highlight |
| ***Total NCP-QUEST Score***<br>***Quality Category*** | 11<br>Level C low quality | |

## Appendix B: Sample Facility Specific Guidelines for using NCP-QUEST for Peer Review

| Tool Item | Expectations |
|---|---|
| **Nutrition Assessment** | |
| NA1. Documents assessment data that is outside of accepted standards, recommendations and/or goals | **General Requirements:**<br>- Reason for visit (consult/rounds/patient request/nurse)<br>- MST score or another validated tool used and score<br>**Client History**:<br>- Age, Gender<br>- PMHX: Only nutrition-related Dx, procedures or surgeries that are pertinent to nutrition problem.<br>- Labs: only abnormal labs that will be addressed in the note<br>- Meds: only meds that pertain to care in the note<br>**Food- Nutrition-Related History**<br>- Items from Assessment that relate to Nutrition Problem.<br>- If sharing a Diet Recall – do not only list meal items but summarize the estimated 24-hour intake of nutrients pertinent to the problem.<br>**Anthropometrics**<br>- Height, Weight, BMI, Weight History (include only weights that relate to the dx such as past month, 3 months/6mo etc.).<br>- If malnutrition is determined on subjective assessment, if possible, objective findings should be documented: handgrip, MAMC, Ultrasound, BIA others – as a method to monitor if the goal is realistic to improve the malnutrition (i.e. not in hospice)<br>**Biochemical/Tests/Procedures**<br>- All that pertain to Nutrition Problem or Signs/Sx<br>Examples: gastric empty study, radiologic findings of ascites, hgb A1C or labs being addressed in nutrition care<br>- It is encouraged that the RD look for tests or other labs that can verify proof of the nutrition problem.<br>**NFPE**<br>Patients with any of the following: reduced intake, fluid accumulation, weight loss, high risk meds (per local facility pocket guide) risk of maldigestion/absorption or high-risk lifestyle (per local facility pocket guide) will receive a full NFPE:<br>Document Comprehensive NFPE includes:<br>- Method (inspection/observation, palpation and measurements)<br>- Findings (negative or positive) for Overall Findings; Fat loss; muscle loss; fluid status; hair, skin, intraoral, tongue, eyes and nails.<br>If NFPE is not completed, please document reasons.<br>Some cases do not need a full examination. Example documentation: *“patient with stable weight, stable nutrient intake* |

| | |
|---|---|
| | *and fluid status and does not present with any clinical signs of malnutrition"* |
| NA2. Uses Comparative Standards in the NA that are essential to the ND, when applicable | - Standard language for CS includes: Estimated energy needs; fat; protein; CHO; fiber; fluid; micronutrient or mineral needs. These should be included when it pertains to the nutrition problem<br>- Method of calculation or reference standard should be used when available<br>- This section can be combined with the Nutrition Prescription if they are the same. For example: Estimated Nutritional Needs/Nutrition Prescription<br>- The term "Comparative Standards" does not need to be documented<br>- Comparative Standards for specific conditions can be found in the Nutrition Care Manual, ASPEN, KDOQI, and local evidence library that is updated annually. |
| NA3. Measurable assessment data provides evidence that a nutrition diagnosis is present | - Data found during the nutrition assessment needs to be "abnormal" – if data is wnl but utilized the reason should be documented: For example – patients BMI is wnl however patient's goal is to be closer to the low normal due to his family history."<br>- If there is no data or documentation that supports a nutrition problem, then the score will be a zero for NA 3 |
| NA4. Assessment data is succinct and relevant | **Items that will produce a zero for NA4:**<br>- Excessive list of weights for weight history<br>- Normal Labs (chol, Tg, Glucose, electrolytes) except for Home Care or Long-term Care requirements for hydration assessment.<br>- Full medication list<br>- Full Problem list<br>- Assessment items that are not addressed in the Interventions<br>- Assessment items that are not relevant to the population<br>- Exceptions are noted in NFS policies (e.g. Long-Term Care) |
| **Nutrition Diagnosis** | |
| ND1. Problem: label of the PES uses standardized terminology (or approved synonym) | Full Standard Language is required. Domains and Classes are not counted: Terms in the NCPT that have an NCP code or ANDUID # will count for 1 point – otherwise a zero. The ANDUID # is not documented |
| ND2. Etiology: is the root cause of the ND that a nutrition provider can resolve/mitigate S/Sx | - Etiology will be free text – this step should represent a comprehensive critical review of the problem<br>- Examples provided in the NCPT may require additional text – for example, "physiological causes" is not enough. Example: inadequate oral intake related to catabolic illness causing poor appetite<br>- Medical Diagnosis used in Etiology and S/Sx = zero points |

| ND3. Etiology: in addition to free text etiology, documents the etiology matrix category | - After free text is completed then using best judgement and the NCPT etiology matrix, add the appropriate etiology category in parenthesis. Ten categories: Access * Behavior * Beliefs-Attitudes * Cultural * Knowledge * Physical Function * Physiologic-Metabolic *Psychological * Social-Personal *Treatment |
|---|---|
| ND4. S/Sx: provide evidence that the ND exists | - Signs and Symptoms need to be specific<br>Zero point example:<br>- per diet recall (lacks data that you can measure at f/u); weight history (what about the history – do not make the reader look or calculate themselves)<br>Full point examples:<br>- estimated fat intake 150% of recommended daily needs; 15% weight loss in the past 2 months<br>- Be cautious of using muscle wasting in S/Sx unless you provided a measurement that you can monitor – such as AMA or Ultrasound/BIA. Subjective evaluation is not easy to monitor between clinicians |
| **Nutrition Intervention** | |
| NI1. Each NI has an action consistent with the goals of care | **Goals of Care** = expected outcome of the nutrition intervention (e.g., weight gain to UBW of 160 # (72.5 kg); Daily energy intake less than 1800 kcal) (or 7500 kJ)<br>**Action** = a planned activity that will help meet the expected outcome.<br>Full point example:<br>- ONS is ordered for a patient with a goal of consuming 2 supplements per day (action) will be consumed to improve daily energy intake (goal of care) to 1800 kcal/day (or 7500 kJ/day)<br>Zero-point example:<br>- Excessive CHO intake is the problem and the RDN counsel's patient using self-monitoring strategy (intervention)<br>Goals of Intervention say: Patient will increase protein at each meal; patient will replace sweet tea with water<br>Monitors include: Total CHO intake. Documentation is missing goals of how to evaluate if the patient is self-monitoring. Specific documentation should include how many days of the week the patient will self-monitor (food log/CHO count) and how. This way at reassessment an evaluation of the intervention of the counseling strategy can be addressed and barriers reviewed |
| NI2. A nutrition prescription is written | - May be combined with Estimated needs if they are the same as noted in NA2<br>- Sometimes, the nutrition Rx is different than estimated needs Nutrition Rx should then be documented to get full point |

| | |
|---|---|
| | - Enteral nutrition Rx may be slow to progress to prevent refeeding syndrome and should be noted in the nutrition Rx |
| NI3. Directs NI to resolve the etiology and/or improving the S/Sx | - Intervention should link to etiology when applicable<br>- When not possible to link to etiology then aimed to reduce S/Sx. Example is etiology of swallowing difficulty yet intervention may reduce aspiration episodes (S/Sx of swallowing difficulty)<br>Zero point example:<br>- Excessive CHO intake related to knowledge deficit. Intervention is Motivational interviewing using the strategy of stress management. This is an intervention directed at a behavior or environmental situation (social category). Education is appropriate for knowledge deficit etiology. A better etiology may be related to stress eating once home from work |
| NI4. There is at least one NI for each etiology listed in PES | When more than one etiology is listed – ensure that there is a separate intervention (when warranted) that addresses each etiology<br>Zero Point Example:<br>- PES: Inadequate energy intake related to early satiety and xerostomia as a result of the side effects of chemoradiation (treatment etiology). Intervention documented: Meals and Snacks à Diet modified for specific foods (extra sauce and gravy).<br>- No point is granted as there is no intervention for early satiety (such as modify schedule of food and fluids) |
| NI5. Uses standardized terminology to document NI | Full Standard Language is required. Domains and Classes are not counted: Terms in the eNCPT that have an NCPT code or ANDUID # will count for 1 point – otherwise a zero. The ANDUID # is not documented |
| NI6. Documents a specific reassessment plan and timeline (i.e., Follow-up in 1 month/discontinuation) | State the plan for nutrition monitoring – referral to outpatient; F/u in 3 months in clinic; f/u in 3 days per policy |
| **Nutrition Monitoring** | |
| NM1. Uses standardized terminology to document indicators (e.g., weight, glucose, total energy estimate intake in 24 hours) that reflect the S/Sx to monitor upon reassessment | - Must use standardized language from NCPT for Monitoring/Evaluation section (no client history terms) for Indicators to monitor<br>- Ok to shorten some of the language – Estimated Daily Energy Intake will be accepted for a full point<br>- Monitors should match the PES signs and symptoms |

<table>
<tr><td>NM2. Documents specific criteria for each indicator (e.g., Weight less than 250 # (113 kg) (within 1 month)</td><td>- Use SMART goal (specific, measurable, achievable, realistic and time specific)<br>Full point example:<br>- Self-reported adherence (indicator): patient will adhere to 3 of the 5 goals discussed to reduce energy intake by next visit in 1 month. (criteria to evaluate)</td></tr>
<tr><td colspan="2">Nutrition Evaluation</td></tr>
<tr><td>Nutrition Reassessment General Information</td><td>- ADIME note is accepted but any note that includes all the NCP components will be accepted<br>- 100% free text will also be an accepted format<br>- Only new findings or assessment data that was set to be monitored is expected in the Reassessment note</td></tr>
<tr><td>NE1. Restates the ND in the reassessment documentation</td><td>- Full PES from last assessment should be stated in reassessment note.<br>- Edits to PES should be included only in a new Nutrition Diagnosis with documentation reflecting new information found<br>- Transitions in care – (patient followed in outpatient but admitted) should reference the problems being address in other settings to maintain continuity of care<br>o For example, patient followed in outpatient clinic for obesity yet admitted for respiratory failure – the inpatient RDN should note that patient is followed by outpatient RD for obesity and this problem is not appropriate for admission<br>o Upon discharge the outpatient RD should update documentation to reflect the inpatient findings and assess changes to status based on care provided during acute stay<br>- Goal is to maintain follow through of Nutrition Problems despite settings</td></tr>
<tr><td>NE2. Addresses the Status of ND using standardized terminology (resolved/active)</td><td>Terms that count: Problem Resolved/ Problem Improvement Shown/ Problem Active/ Problem Discontinued (this includes new NCPT language and older facility language)</td></tr>
<tr><td>NE3. Documents Intervention success or barriers to implementation/reasons for delay in the application of each intervention</td><td>This is free text evaluation of last visits interventions. Did the intervention get implemented? If not, document barriers or reasons why; if successful – briefly note this</td></tr>
<tr><td>NE4. Reassesses the Nutrition indicator/assessment data (e.g., weight) from</td><td>Review last visit’s monitoring indicators and make sure they are shown and noted in the assessment section or in subjective notes. Document when data is not available to assess</td></tr>
</table>

| | |
|---|---|
| previous interaction (encounter) | |
| NE5. Evaluates the Goals (actions of the intervention) established at last visit using standardized terminology (e.g., goal achieved, goal not achieved) | Language counted: Goal met or Goal achieved; Goal not met or Goal not achieved; Goal progress made or Some progress toward goal; Some digression away from goal; Goal discontinued<br>(this includes new NCPT language and older facility language) |
| NE6. Documents the effectiveness of each NI or modifies NI when there is no evidence that the intervention has been effective | If goals were met and S/Sx improve then no change is needed and will receive a full point for NE6. If goals were not met then comments should be documented with new interventions and new goals as appropriate<br>Zero-point example:<br>- goals are not met, problem is not improving, AND there is no documentation of reasons why. Interventions and monitors are the same as last assessment and the same plan of care is continued |
| **Overall Quality of Note** | |
| OQ1. Uses clear language in documentation | Examples of zero point<br>- More than 3 grammar or spelling errors<br>- Free text is repeated in other sections – repetition is discouraged.<br>- Copy and paste with inaccurate information<br>- Copy and paste of items not necessary for reassessment items (NE1- NE6)<br>- Abbreviations that are not approved are used<br>- Templated information is missing (example: Feeding Device: ) - if there is a colon after a term there is a required response<br>- Flow of note is confusing or disorganized |
| OQ2. All NCP links are present | Extra point is awarded if all the NCP linking chains are present so if ND2; ND4; NI1; NI3 and NE2 are all yes then OQ2 = 1 point |

# *Nutrition Care Process-Quality Evaluation and Standardization Audit Tool (NCP-QUEST)*

| *Criteria* | Initial Assessment | Re-assessment |
|---|---|---|
| **NA – NUTRITION ASSESSMENT – EVIDENCE – 4 points** | **Yes=1** | |
| NA 1. Documents assessment data that is outside of accepted standards, recommendations and/or goals | | |
| NA 2. Uses comparative standards in the NA that are essential to the ND, when applicable | | |
| NA 3. Measurable assessment data provides evidence that a nutrition diagnosis is present | | |
| NA 4. Assessment data is succinct and relevant | | |
| **ND - NUTRITION DIAGNOSIS - 4 points** | | |
| ND 1. **Problem:** label of the PES uses standardized terminology (or approved synonym) | | |
| ND 2. **Etiology:** is the root cause of the ND that a nutrition provider can resolve or mitigate S/Sx | | |
| ND 3. **Etiology:** in addition to free text etiology, documents the etiology matrix category | | |
| ND 4. **S/Sx:** provide evidence that the ND exists | | |
| **NI – NUTRITION INTERVENTION – 6 points** | | |
| NI 1. Each NI has an action consistent with the goals of care | | |
| NI 2. A nutrition prescription is written | | |
| NI 3. Directs NI to resolve the etiology and/or improve the S/Sx | | |
| NI 4. There is at least one NI for each etiology listed in PES | | |
| NI 5. Uses standardized terminology to document NI | | |
| NI 6. Documents a specific reassessment plan and timeline (i.e., Follow-up in 1 month/discontinuation) | | |
| **NM – NUTRITION MONITORING SECTION – 2 points** | | |
| NM 1. Uses standardized terminology to document indicators (e.g. weight, glucose, total energy estimate intake in 24 hours) that reflect the S/Sx to monitor upon reassessment | | |
| NM 2. Documents specific criteria for each indicator (e.g., weight less than 250# (113 kg) within 1 month) | | |
| **NE – NUTRITION EVALUATION – REASSESSMENT SECTION - 6 points** | | |
| NE 1. Restates the ND in the reassessment documentation | | |
| NE 2. Addresses the status of ND using standardized terminology (e.g., resolved/active) | | |
| NE 3. Documents intervention success or barriers to implementation/reasons for delay in the application of each intervention | | |
| NE 4. Reassesses the nutrition indicator/assessment data (e.g., weight) from previous interaction (encounter) | | |
| NE 5. Evaluates the goals (actions of the intervention) established at last visit using standardized terminology (e.g., goal achieved, goal not achieved) | | |
| NE 6. Documents the effectiveness of each NI or modifies NI when there is no evidence that the intervention has been effective | | |
| **OVERALL QUALITY ASPECTS – 2 points** | | |
| OQ 1. Uses clear language in documentation | | |
| OQ 2. All NCP links are present (when assessment and reassessment notes are available)* | | |
| **Total Points (Assessment) (Assessment+Reassessment)** | ____/18 | __/24 |

| Quality Rating | Initial | Initial plus Reassessment |
|---|---|---|
| Level A (high quality) | 14-18 | 19-24 |
| Level B (medium quality) | 10-13 | 13-18 |
| Level C (low quality) | ≤9 | ≤ 12 |

*Assessment: If ND2, ND4, NI1, NI3 all have 1 point
Reassessment: If ND2, ND4, NI1, NI3, NE2 all have 1 point

Abbreviations: NA-Nutrition Assessment; ND-Nutrition Diagnosis; NI-Nutrition Intervention; NM-Nutrition Monitoring; NE-Nutrition Evaluation; PES-problem/etiology/signs and symptoms; S/Sx-signs and symptoms

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