BDA The Association of UK Dietitians

Implementation and evaluation of a standardised process for capturing the outcomes of dietetic intervention using the steps of the Model and Process

June 2023

Author
Sue Perry PG Dip, BSc, RD on behalf of BDA Education and Professional Practice team of the BDA.

bda.uk.com

Contents

1. Purpose

It has been found that a standardised approach to outcome measures may result in better evidence of effectiveness. The BDA's Model and Process for Nutrition and Dietetic Practice (M&P) provides a standardised approach and hence it is an ideal framework for the measurement of dietetic outcomes.

The M&P, however requires standardised language to enable outcome data to be collected in a systematic and straight forward way. Within the NHS, there is an agreed clinical vocabulary of standardised language terms (SL terms) known as SNOMED CT (which stands for Systematised Nomenclature of Medicine - Clinical Terms).

The BDA Standardised Language Project Report (2022) produced updated SL terms following discussion with BDA specialist groups. These terms were based on SNOMED CT. A key recommendation from this project was that the updated lists of SL terms be piloted to assess whether these terms were useful and effective for reporting on the outcomes of dietetic interventions.

The purpose of this project is to pilot the use of the updated SL terms in a range of different settings and to evaluate their usefulness and effectiveness in providing sufficient and relevant outcome data.

2. Overview

Aim and Objectives:

Aim: The aim of this pilot is to evaluate the usefulness and effectiveness of standardised language in providing sufficient and relevant outcome data using an outcome tool across a range of dietetic services.

Project Objectives:

Objectives 1:

- To develop and present a webinar(s) for all members on how to write a PASS statement and how to follow the M&P steps.
- To develop a signs and symptoms list based on dietetic outcome indicators.
- To develop a training package on M&P incorporating SL terms for the pilot sites.
- Develop suitable outcome framework for use in pilot sites.

Objectives 2:

- To develop and implement a pilot study (across different departments / speciality groups throughout the UK – minimum 1 site in Wales, 1 site in Scotland and 1 site in Northern Ireland and 2 sites in England) with the aim of:
  - Evaluating the updated SL terms / outcomes lists
  - Evaluating their usefulness and effectiveness in providing sufficient and relevant outcome data that can be utilised by dietetic services.
  - Ensuring that a diverse range of clinical and non-clinical areas are included to ensure we have population and group-based outcomes as well as outcomes that relate to a variety of settings.
- Evaluate the pilot study and produce a report outlining findings and recommending future considerations.
- Update the relevant lists of SL terms on BDA to reflect findings of the pilot study and submit to NHS digital.
- Update relevant BDA webpages.

Approach

Approach 1:

The project consultant will develop the relevant training programme including a presentation and any associated resources in order to update members on producing an effective PASS statement; this will include development of a signs and symptoms list based on indicators.

Approach 2:

The project consultant will develop and run a pilot study across multiple professional areas. Upon completion, the project consultant will evaluate and produce a report of their findings, this will include making recommendations and considerations for the future, in addition to updating existing lists of SL terms, these will be shared with NHS digital for wider dissemination. The project consultant will liaise with the professional practice team of the BDA to update the relevant BDA webpages.

Deliverables:

- Webinar content for PASS statement presentation for all members.
- Training package for pilot sites
- Update standardised signs and symptoms list
- Report outlining findings and future recommendations of the pilot study
- Update relevant lists of SL terms
- Update relevant BDA webpages

Summary of actions undertaken

PASS Webinar

Developed and presented a webinar for all BDA members entitled 'A guide to creating PASS statements' which was held on Thursday 23 June 2022.

The purpose of the webinar was to support dietitians in using the Model and Process for Nutrition and Dietetic Practice and to understand why writing a clear PASS Statement is key to be able to collecting relevant data on the outcome of dietetic interventions.

Presentation at BDA Groups and Branches Day

This was a face-to-face meeting held on 6 July 2022. The presentation was an adapted version of the PASS webinar. This was also an opportunity to encourage dietitians to join the pilot.

Updated lists of SL terms

Together with members of the BDA Professional Practice team (Eleanor Johnstone, PG Dip, BSc, RD and Amy Curtis-Brown, PG Dip, BSc, RD updated lists of SL terms produced as a result of the initial Standardised Language Project were agreed and finalised.

The lists of Standardised Language terms were as follows:

- Problem
- Aetiology
- Proposed Outcome
- Outcome Indicators (based on signs and symptoms)
- Interventions
- Barriers

Table 1: Number of SL terms taken from initial SL project and revised for use within the Pilot:

Number of SL terms	Problem	Aetiology	Proposed Outcome	Outcome Indicators	Interventions	Barriers
SL project 1	132	197	N/A	144	304	N/A
Pilot	84	87	22	72	70	23

Due to the significant number of available terms, the suggested list for use in the pilot was reduced to enable effective participation. This list however was not reduced as much as initially planned due to the many potentially useful terms contained within particular categories such as the 'problem' list. It was therefore agreed that the list should not be shortened any further. Lists for proposed outcome and barriers were taken from previous work, mainly the RNG Outcome tool.

Updated the Outcome Tool

To capture the outcomes of dietetic intervention, an outcome tool was used. It was originally developed by the Renal Nutrition Group, who agreed for it to be used for this pilot. It incorporated key parts of the Model and Process to enable the collection of the outcomes of dietetic intervention using SL terms on an Excel spreadsheet.

The Outcome Tool was modified to use within the pilot and incorporated the updated lists of SL terms (as shown above). As there were a large number of agreed SL terms, they were sub categorised in order to ensure that individual terms were easier to identify.

Developed a training package

A training package for the pilot sites was developed which included a resource pack comprising the following:

- Pilot Dietetic Outcomes Tool (Excel)
- Standardised Language Terms (Excel)
- Data collection form (Word)
- How to use the Outcomes Tool (Word)
- Outcomes Tool Slide (Power point)
- BDA Outcomes Pilot Presentation (Power point)
- A guide to creating PASS statements (Webinar)
- Monthly virtual meetings
- Email support

Flyer produced

A flyer was developed and circulated by the BDA to encourage participants from a wide range of different dietetic workstreams including: acute and community services, specialist teams, departments, and t groups including but not limited to, mental health, public health and freelance dietitians.

The flyer made clear the expectations from participating dietitians, as detailed below.

"The outcome tool should be straightforward to use; you will only need to input key phrases from your Dietetic records. You will be provided with a range of key standardised language terms to use; these are taken from the SNOMED CT database with some additions suggested by dietitians. These terms are all selected via drop down lists, to simplify data entry.

All the outcome data that you collect is yours – and we hope you find this helpful. We are not asking you for any of this data.

All we ask is that you trial the outcome tool for 3 months between August and November 2022 and complete an evaluation form as to the usefulness of the standardised language terms and the outcomes tool and any key changes you would make. We would like your suggestions as to any new or amended terms that you would like to add to the tool for future use. Following the pilot, we hope that the most frequently suggested new terms may be able to be added to SNOMED CT."

I provided an initial introduction to the pilot on Thursday 28th July 2022 followed by a monthly support and Q&A session via Zoom as well as answers to any queries via email. The pilot ran from 3 months from August until November 2022. Some teams were not able to start until September, so this time frame still enabled them to collect data for the full 3 months. The BDA Professional Practice Officer monitored the project inbox routinely, so any queries could be dealt with in a timely manner. Three monthly support sessions were provided (in September, October and November) where some very interesting discussions were held.

Developed evaluation survey

An online evaluation survey was developed and circulated to the participants via Survey Monkey in November 2022. In addition, a spreadsheet was devised which contained the lists of SL terms from the Pilot. Each team were asked which terms they would keep, reword or delete and they were also asked for any new terms they would add.

Evaluation Webinar

I developed and presented a webinar, which was open to all participants from the outcomes pilot, to feedback the initial results of the pilot and the suggested changes to the SL terms in order to obtain further feedback. This took place on 26 January 2023.

Revised lists of SL terms

Revised lists of the SL terms were created, taking into account the participants' feedback as to whether the terms were useful or not useful and should be kept, reworded or deleted on the lists of SL terms.

Meeting with NHS Digital

A meeting was held with three members of NHS England's Digital team regarding the feasibility of us uploading new or reworded SL terms so that they could be considered for addition to SNOMED-CT.

They advised a batch submission with supporting information including appropriate references, but initially to send across all the new SL terms so that they can be considered and prioritised.

3. Key findings

Webinar – A guide to creating a PASS statement

There was a great deal of interest in this webinar and many questions were asked. In order to respond to all queries, the unanswered questions were collated and the answers were posted on the BDA website, together with the recorded webinar.

Evaluation of Pilot

The dietitians that took part in the pilot were from most geographical regions within England and Scotland, but none were from Wales or Northern Ireland. The total number of participants was 47 within 14 dietetic teams. In total 14 teams completed the online survey but only 10 teams completed both the online survey and the spreadsheet (comprising the list of SL terms). Two further teams were not able to take part in the pilot, but provided some verbal feedback regarding SL terms within their own clinical area.

Of the 14 teams who completed the online survey, 3 teams were not able to take part in the pilot due to work pressure. Nine teams attended the support sessions; all found them useful.

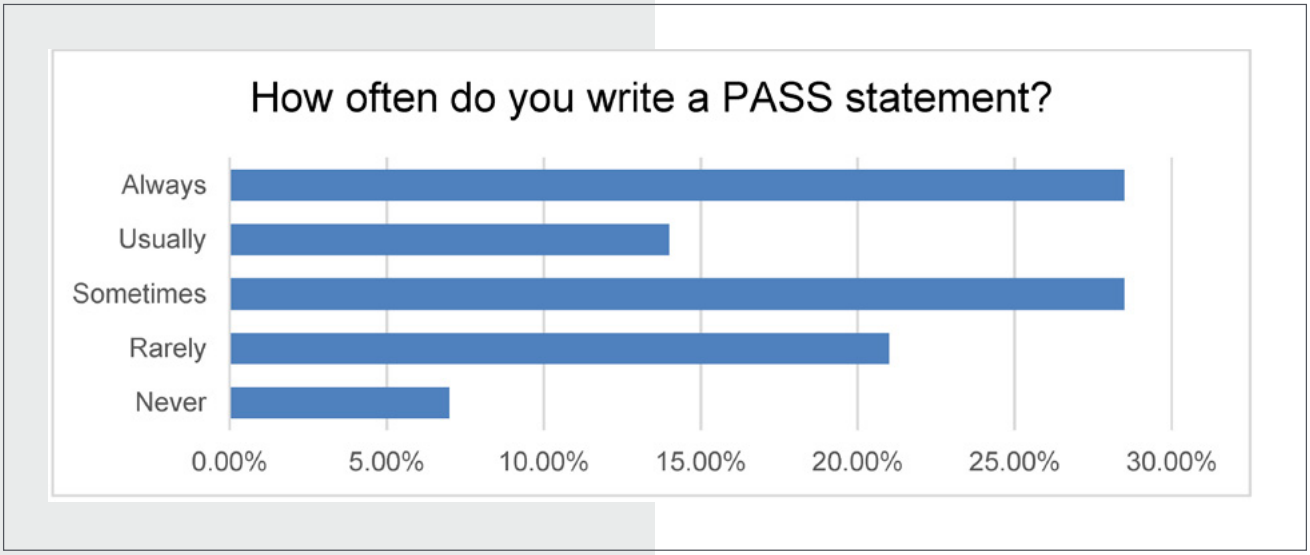
Interestingly, 73% of respondents found that they had more confidence in using the M&P and 64% in writing PASS statements by the end of the pilot.

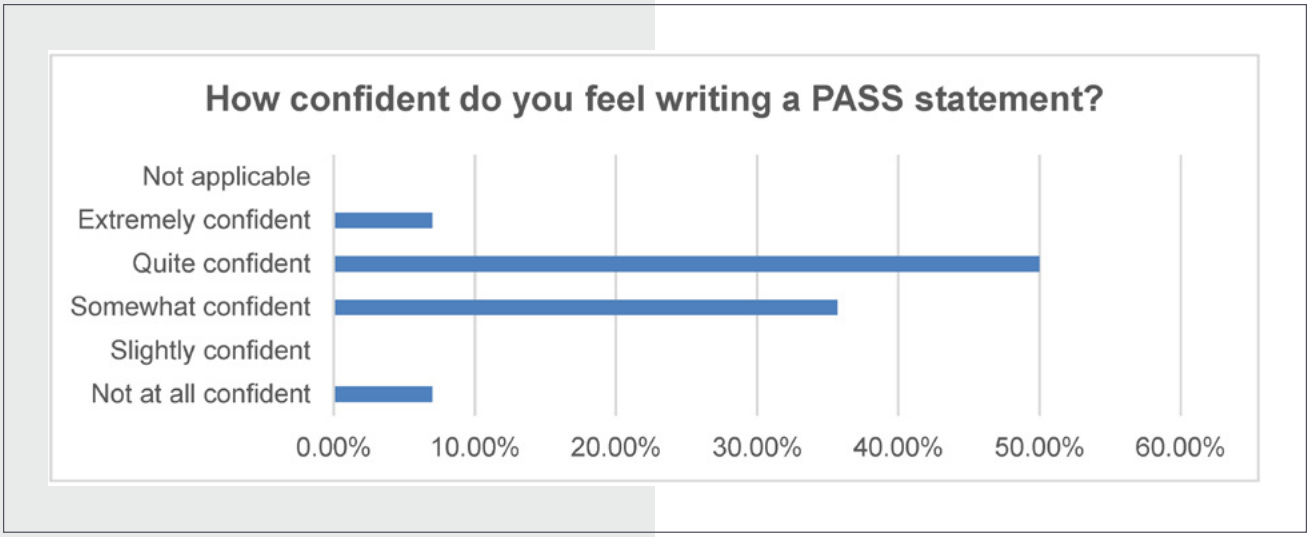
The survey questionnaire is included in the appendices.

Use of M&P and PASS statements

Nearly two thirds (64%) always or usually used the M&P in their clinical practice.

Fewer than half the respondents "always or usually" wrote a PASS statement (43%) and 21% rarely wrote a PASS statement; and were not familiar with its use. Only 7% were extremely confident in writing a PASS statement though 50% were quite confident. However, nearly two thirds (64%) of teams agreed that their level of confidence in writing PASS statements increased by the end of the pilot.





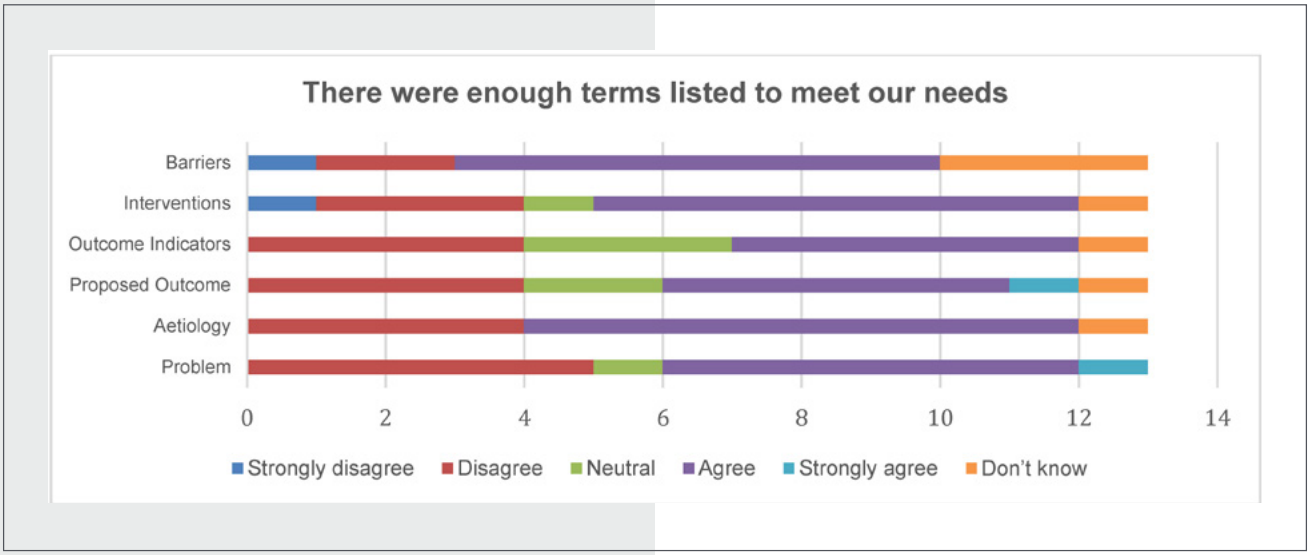
Standardised Language Terms

Regarding the SL terms; there was generally good agreement that there were sufficient terms to meet their needs, but the level of agreement varied between the different lists. Most agreed that the SL terms were relevant to their needs.

Open comments on SL terms included the following "there are too many terms and possible combinations of terms" and "it would have been helpful to have more disease specific options".

"The main issue was people being overwhelmed with the number of terms, although once we went through a few specific examples and they had some time to look through them it became easier and more familiar"

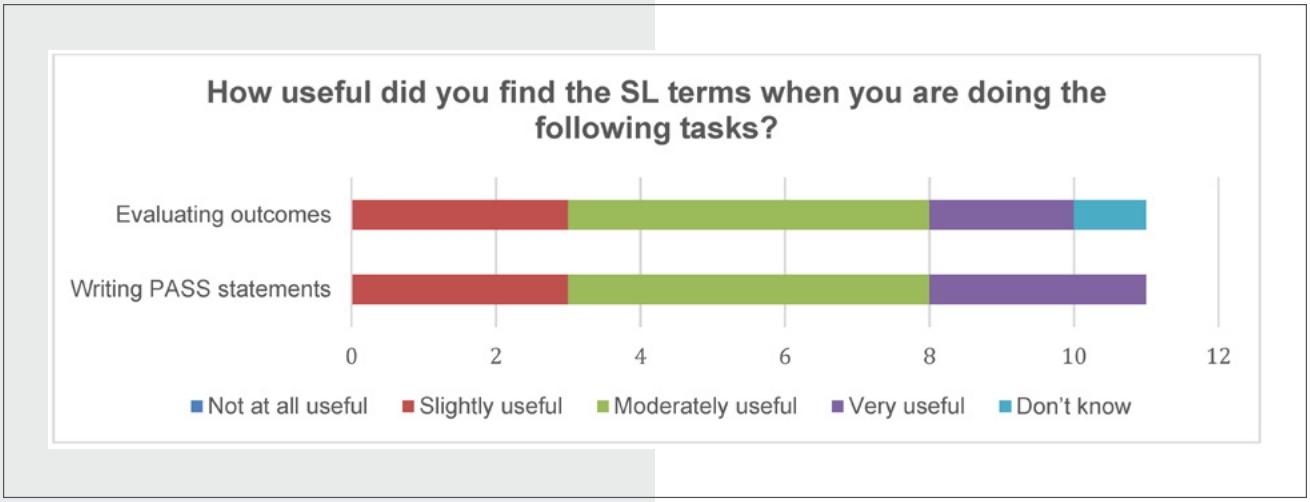
"The current terms look good/sufficient for certain areas. However, need additional options added for other specialties"

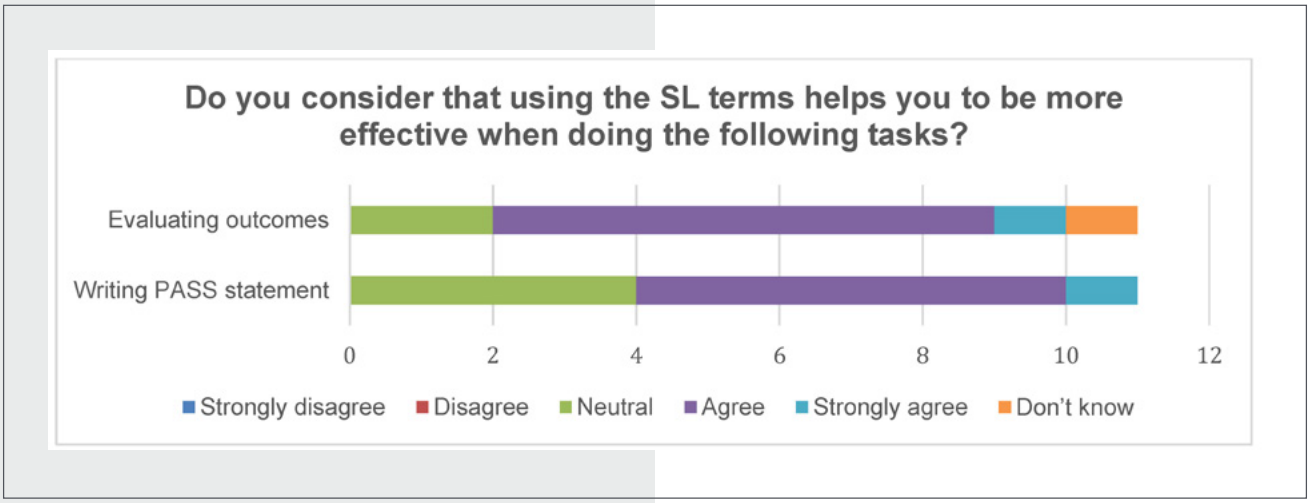


Usefulness and effectiveness of SL terms

73% felt that the SL terms were either very useful or moderately useful when writing PASS statements and 64% when evaluating outcomes. This may explain why very few terms were not considered useful (and to be deleted) even though they also felt that there were too many terms and possible combinations. This could also be due to the fact that not many teams used PASS statements regularly and weren't very confident in writing them. One comment was that the terms became "easier and more familiar" over time. This matched the finding that confidence in writing PASS statements increased in nearly two thirds (64%) of teams by the end of the pilot.

64% agreed or strongly agreed that the SL terms helped them to be more effective when writing PASS statements and 73% when evaluating outcomes.



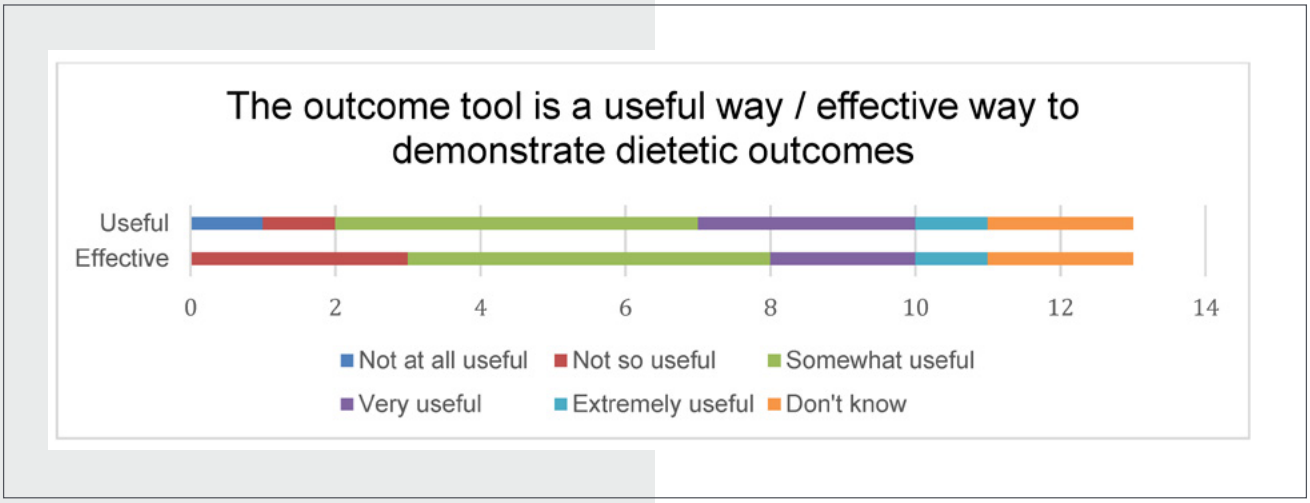


This comment provides a good summary of the findings "Agree that having a standardised list would help with writing PASS statements and evaluating outcomes however as discussed in the support sessions, would benefit from additional SNOMED terms/statements or changes to some of the statements to make them more effective in practice".

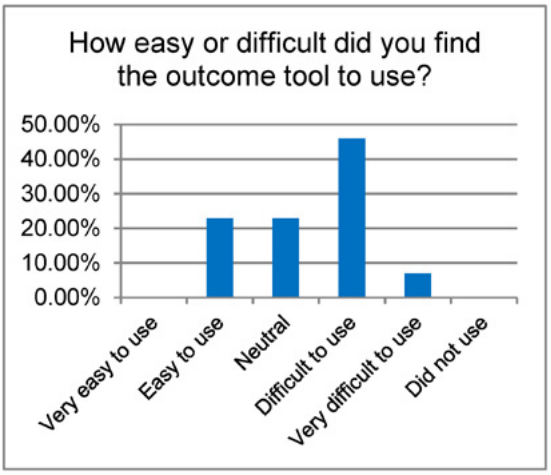
Use of outcome tool

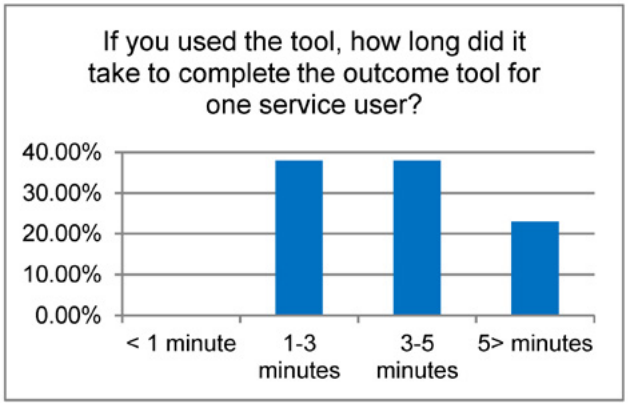
44% felt that the outcome tool was an extremely or very useful way to demonstrate dietetic outcomes and a further 38% felt it was a somewhat useful way.

23% felt it was a very or extremely effective way to demonstrate dietetic outcomes and a further 38% felt it was a somewhat effective way.



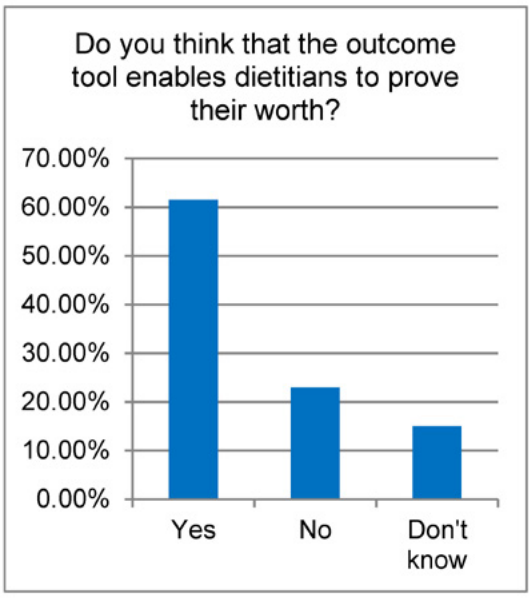
However, 46% of the teams found the outcome tool difficult to use. Because the tool was on an excel spreadsheet, additional time was required to complete. Due to the number of SL terms on each list, sub categories had been added to help the dietitian choose the most approriate term more quickly, but this still took time, especially if the dietitian was unfamiliar with SL terms. 76% of respondents took between one and 5 minutes to complete the outcome tool for each service user.

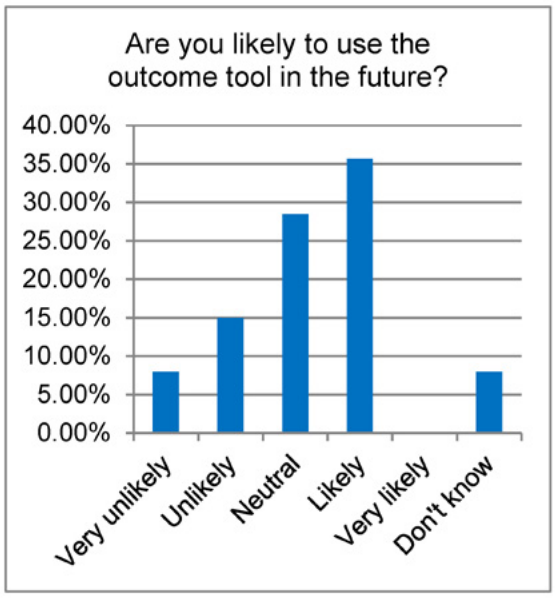




Over 60% felt that the outcome tool enabled dietitians to prove their worth. Just over a third (36%) said that they were likely to use the outcome tool in the future and most of the essential information to capture dietetic outcomes was felt to be there.

Open comments on the outcome tool itself included "Needs ability to capture patient wellbeing alongside purely dietetic outcomes" to "I don't think any key information is missing".





It was helpful to know that the main difficulty with using the tool appeared to be with the length of time choosing the most appropriate SL terms and using the spreadsheet rather than with the composition of the outcome tool itself.

Open comments regarding the pilot suggested it would be helpful to "follow a patients treatment journey and how to achieve this" and "make as a longer study or perhaps - We could maybe look at the patients 6 months down the line (outpatients) to identify if outcomes had been met".

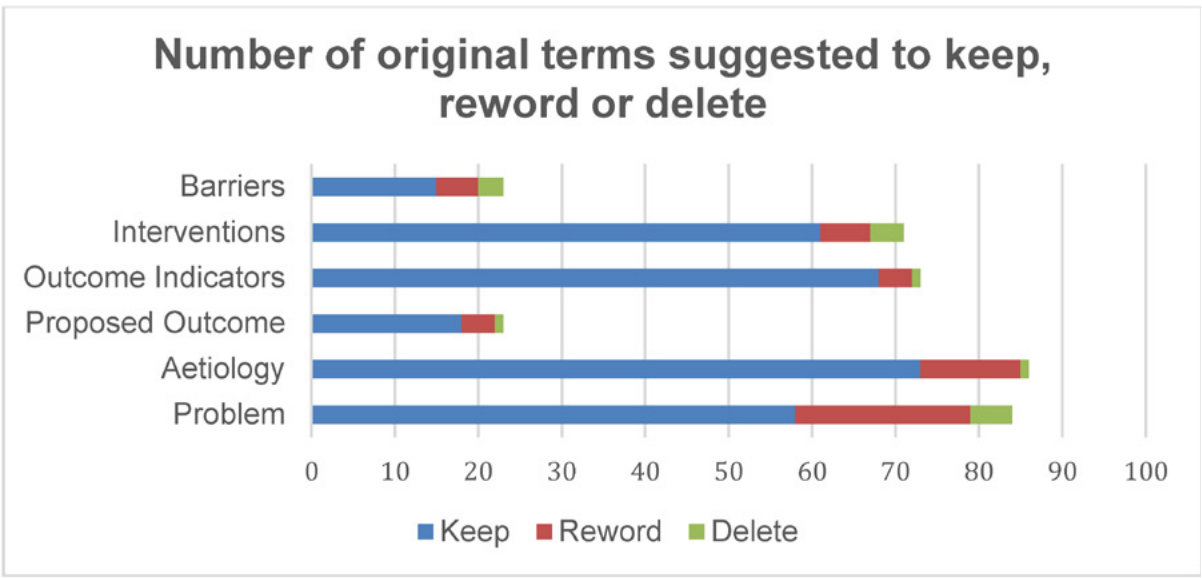
Open comments on barriers to using the SL terms "We also face the barrier of incorporating this into our EPR - SystmOne, given that we don't have anyone to devote time to that sort of work. The extra time involved to record the data is a factor." And that it was "hard at times to find what you are looking for in this format on excel document".

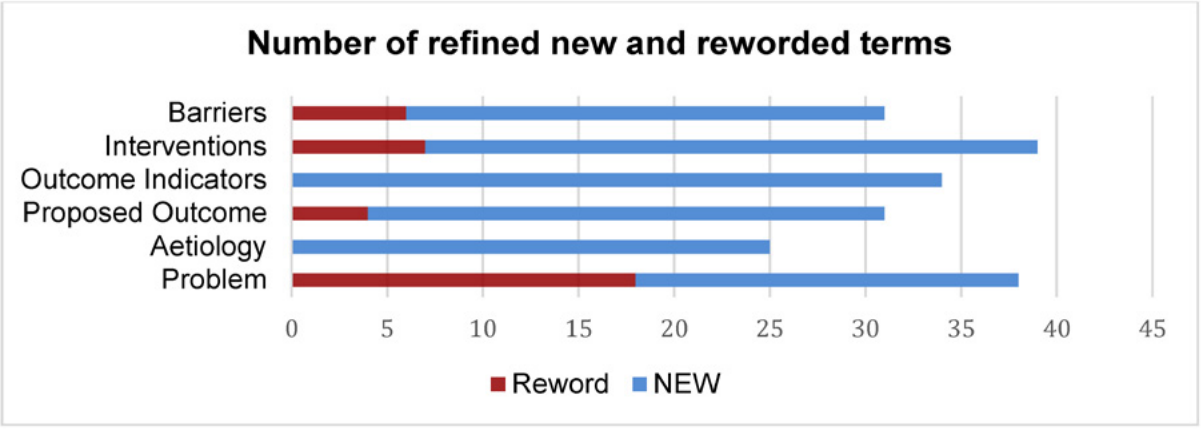
Comments on what could be improved included "Having a standard template to complete for documentation" and "Making it easier to input data (? app,) integrated into NHS systems used".

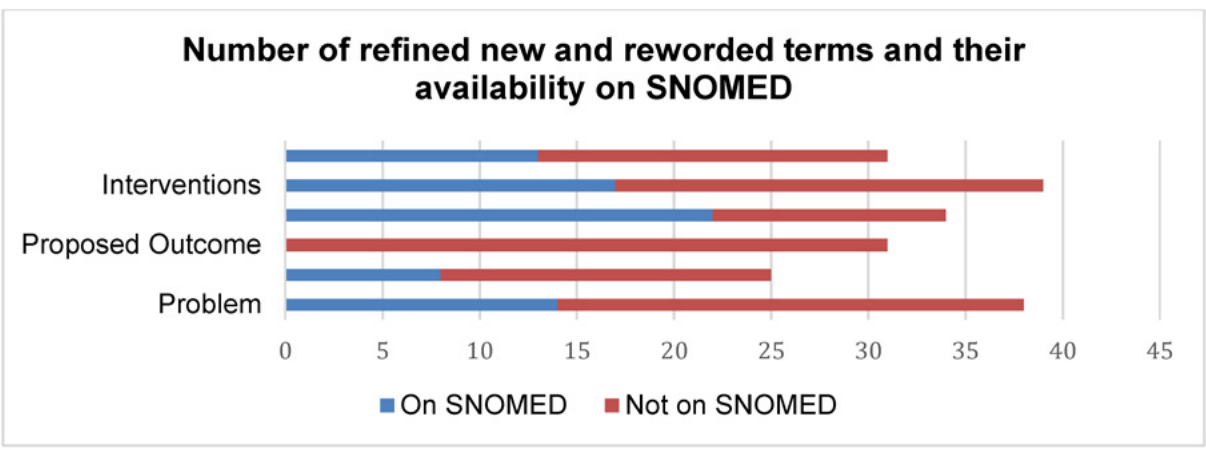
Revised Standardised Language terms

As the graph shows, most respondents wanted to keep the majority of the SL terms, with very few terms that should be deleted. Many terms were suggested for rewording, often because the term itself was felt to be 'outdated' and didn't reflect current practice and terminology.

There were a significant number of new terms suggested and both the reworded and new terms were revised by the BDA Professional Practice Officer and myself to ensure that they reflected current practice. We liaised with several BDA specialist groups regarding clinically specific queries.







Discussions were held with the Chair of the Obesity Specialist Group to ensure we use the preferred weight related terminology such as 'living with Obesity' to minimise weight stigma. There were also discussions regarding the use of GLIM definitions for Malnutrition. Other SNOMED terms required updating to ensure person centred language such as using "adherence" or "concordance" rather than "compliance". Further terms were added relating to motivation, confidence and behaviour change.

The final list of new terms were then compared with those terms available on SNOMED. A significant number were suitable and so the new terms were added to the updated list. Where there was no identifiably suitable term on SNOMED; new and re worded terms were submitted to NHS digital alongside supporting evidence, for their review with the aim of these being made available for use on SNOMED.

4. Conclusion

In conclusion, most teams considered that the lists of standardised language terms were both useful and effective when evaluating the outcomes of dietetic interventions.

The lists of SL terms were thought to be "very or moderately" useful by two thirds of teams and three quarters of teams "agreed or strongly agreed" that they were effective in providing relevant outcome data.

Nearly half of the teams found the outcome tool was useful and over half felt it was an effective way to demonstrate dietetic outcomes. Nearly half found the tool difficult to use, the main difficulty being the length of time needed to choose the most appropriate SL terms and having to enter the data on a spreadsheet, rather than it being a problem with the content of the outcome tool itself.

Though the dietitians that took part in the pilot were enthusiastic and provided some very helpful suggestions, there were only a small number of teams. Hence the updated SL lists may not reflect the true consensus of dietitians throughout the UK. To help rectify this, we sought opinion from some specialist groups and refined the lists further before forwarding to NHS Digital.

The dietitians in the pilot found it difficult to suggest SL terms for deletion, yet many commented that there were too many SL terms. Lack of familiarity with the SL terms meant that dietitians often found it problematic to choose the most appropriate term easily from a relatively long list. However, confidence grew as dietitians became more used to the lists of SL terms over the 3 months of the pilot.

In summary, there are many suitable SL terms on SNOMED but there are still significant gaps, where new SL terms are required. As M&P is not yet used by all dietitians in all clinical areas, there is a lack of knowledge and confidence on how to write a PASS statement and how to use SL terms. Hence the updated SL terms will need further refinement over time.

The positive impact of the changes in standardised language terms should demonstrate respect for the service user, enable clear communication and facilitate the capture of dietetic outcomes.

5. Recommendations

Continue to update the lists of suitable SL terms on SNOMED via NHS Digital.

Continue to work with specialist groups and enthusiastic and knowledgeable 'digital champions' such as those identified by this project to ensure that these lists remain up to date and functional.

Develop a core digital record keeping template to use together with the lists of SL terms in order to effective document and record dietetic outcomes simultaneously. The key aspects of such a template would be that it can be used on all digital platforms in the NHS in all settings (and potentially within private practice), it should be easy to use, meeting HCPC record keeping standards and data extraction should be straight forward; collating both the outcome and the impact of dietetic intervention in a time efficient way.

Regular review and relevant update of the outcomes tool, considering comments from the pilot. The main functions of the outcome tool could be embedded in a digital template, rather than as a separate spreadsheet.

Continue to publicise the use of the M&P in clinical practice, including education on how the use of digital dietetic records together with lists of SL terms can enable the collection of key data and demonstrate both the worth and the impact of dietetic intervention. Explore ways to ensure that dietitians can find the appropriate SL terms among the hundreds of terms that have already been identified, without it being overwhelming.

The benefits to the dietetic workforce would be that both the Model and Process and the digital record are aligned and that embedded standardised language terms will facilitate the clarity of dietetic records and straightforward collection of outcomes, helping us to demonstrate our impact.

6. Appendices

Deliverables

- Webinar on 'A Guide to Creating PASS statements' (and follow up questions – link to BDA webpage)
- Training package for pilot sites
- New outcome indicators list developed based on signs and symptoms list
- Evaluation Webinar – includes results from pilot
- Updated relevant standardised language lists (once agreed with BDA team)
- List of new terms sent to NHS digital (once agreed with BDA team)
- Updated BDA pages (once finalised lists available)

Useful links

1. The NHS Digital SNOMED CT Browser accessed via https://termbrowser.nhs.uk/
2. Webinar on 'A Guide to Creating PASS statements' available on BDA website (Model and Process webpage)
3. Model and Process for Nutrition and Dietetic Practice (2021) available on BDA website (Model and Process webpage)
4. Patient Activation Measure NHS (a measure of a person's knowledge, skills and confidence to manage their own health and wellbeing) accessed via https://www.google.com/search?client=safari&rls=en&q=patient+activation+measure+nhs&ie=UTF-8&oe=UTF-8

References

NICE Clinical Guidelines

1. Obesity: identification, assessment and management [CG189] Published: 27 November 2014 Last updated: 08 September 2022. Includes information on recommended BMI ranges.
2. Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition Clinical guideline [CG32] National Institute for Health and Care Excellence,2006
   Last updated: 04 August 2017

GLIM criteria

3. GLIM criteria for the diagnosis of malnutrition: A consensus report from the global clinical nutrition community. Clinical Nutrition 38 (2019) 1e9

Refeeding Syndrome

4. Friedli N, Stanga Z, Sobotka L, Culkin A, Kondrup J, Laviano A, Mueller B and Schuetz P (2017) Revisiting the refeeding syndrome: results of a systematic review. Nutrition 35 151-160

Weight Stigma

5. Brown A, Flint SW, Batterham RL. Pervasiveness, impact and implications of weight stigma. EClinicalMedicine. 2022 Apr 21;47:101408. doi: 10.1016/j.eclinm.2022.101408 https://pubmed.ncbi.nlm.nih.gov/35497065/

Stigma and Inequality

6. Mellor, D.D., Brown, A., Asher, K.E. and Ball, L. (2022), Our language has not always been right and this is how we are looking to change: Stigma and inequality in nutrition research reporting. J Hum Nutr Diet, 35: 754-756. https://doi.org/10.1111/jhn.13059 https://onlinelibrary.wiley.com/doi/10.1111/jhn.13059

Weight Bias Internalisation Scale

7. Durso LE, Latner JD (2008) Understanding self-directed stigma: Development of the Weight Bias Internalization Scale. Obesity 16: S80–S6.

WHO-5 Well-being Index

8. Topp C.W., Østergaard S.D., Søndergaard S., & Bech P. (2015). The WHO-5 Well-Being Index: A Systematic Review of the Literature. Psychotherapy and Psychosomatics, 84, 167-176.

BDA The Association of UK Dietitians

Implementation and evaluation of a standardised process for capturing the outcomes of dietetic intervention using the steps of the Model and Process

June 2023

Author
Sue Perry PG Dip, BSc, RD on behalf of BDA Education and Professional Practice team of the BDA.

bda.uk.com

Dietetic Workforce Development Programme