

A standardised approach to collecting outcome data

1. Use the Model and Process

Ensure all staff are familiar with the BDA Model and Process for Nutrition and Dietetic Practice (M&P), particularly the following terms.

PASS	The nutrition related Problem , the Aetiology (root cause) and their Signs and Symptoms . The PASS statement describes the Nutrition and Dietetic Diagnosis (NDD).
Proposed Outcome	This is what you want to achieve by the end of the episode of dietetic care.
Indicators	These are usually chosen from the signs and symptoms and measure the change from the start to the end of the episode of dietetic care.
Interventions	These are the dietetic activities undertaken to address the nutrition related problem e.g. education, behaviour change, prescription of nutrition related medications.
Barriers	When there is limited or no progress, barriers help to understand why this is the case.

2. Document using a digital dietetic record

This enables a standardised approach and should support clear and concise documentation.

3. Use standardised language terms (SL terms)

The NHS has an agreed clinical vocabulary of SL terms known as SNOMED. New terms relating to nutrition and dietetic requirements were submitted by the BDA to be added to SNOMED in 2023. They are awaiting clarity on the use of these terms. There are individual lists of SL terms for dietetic problems, aetiology, proposed outcome, indicators, interventions and barriers available on the BDA website.

Using SL terms should enable simpler evaluation of the outcomes of dietetic interventions. For example, giving each nutrition related ‘problem’ a standardised ‘label’ means that you can compare all those individuals with the same problem, to assess how many resolved their problem at the end, in relation to the proposed outcome(s).

When to use SL terms

- Choose your **Problem** from the list of SL terms and find the closest match; usually a “dietary intake” term is the most suitable, as this is the problem that dietitians are most likely to be able to influence. Most of these terms are on SNOMED.
- Regarding **Aetiology**, it is easier to use free text initially. It can be difficult to determine the root cause of the problem, and hence to choose the most relevant SL term for aetiology. For those that wish to collect some initial data on aetiologies, a short list of broad aetiologies and barriers has been created.
- Use free text for the signs and symptoms which should summarise the specific assessment findings for that individual. They determine which indicators to choose.
- From the nutrition related signs and symptoms, choose relevant SL terms for **Indicators** that will measure the change you want to see by the end of dietetic intervention.

- All recently suggested SL terms for **Proposed Outcomes** are not currently on SNOMED. We suggest you create your own drop-down lists of SL terms from this list.
- There is a wide range of suitable SL terms on SNOMED regarding dietetic **Interventions**, both generic interventions and highly specific terms. You may wish to determine which terms are most useful within your service.
- Collecting information on **Barriers** is often useful. Initially, we suggest that you collect data from the short list of broad aetiologies and barriers.

4. Record person-centered goals or experience

The NHS long term plan states “the importance of ‘what matters to someone’ is not just ‘what’s the matter with someone’. Since individuals’ values and preferences differ, ensuring choice and sharing control can meaningfully improve care outcomes. A digital record should include person centred goals or their experience, as part of dietetic assessment.

5. Be clear about the key outcome data to collect for your dietetic service

Some examples are given below.

- The frequency and types of different nutrition related ‘problems’, collected from the SL terms.
- The frequency and type of the nutrition related problems resolved/improved/no change or worsened
- The frequency and type of proposed outcomes achieved Yes/No
- The change in indicator values over time to assess progress towards proposed outcomes
- The achievement of key goals including person centred goals
- The barriers found and their impact on outcomes achieved or not achieved
- The comparison of this data with other key input and output data such as band, specialist area, priority / complexity, length of dietetic episode of care, time spent and /or number of times seen.

Key outcome data to collect using SL terms

At start of episode of dietetic care	
Nutrition related Problem	• BDA SL terms or SNOMED
Broad Aetiology	• Free text or broad aetiologies
Proposed Outcome	• BDA SL terms
Indicators	• BDA SL terms or SNOMED
At end of episode of dietetic care	
Interventions used	• BDA SL terms or SNOMED
Broad Barriers	• Free text or broad barriers
Evaluation	<ul style="list-style-type: none"> • Indicators - initial and final values • Nutrition related Problem resolved? • Person centred goals/experience • Proposed Outcome – met?

Further information is available in the BDA Toolkit for Digital Dietetic Records and Collecting Outcome Data available on the BDA website.