# Final results 2011 IDNT Benchmarking survey

(Completion rate: 74.03%)

Question 1: Are you familiar with the Nutrition Care Process (NCP) and International Dietetics and Nutrition Terminology (IDNT) (also known as the Standardized Nutrition Language?)

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Yes | | 79% | 165 |
| No | | 21% | 44 |
| | Total Responses | | 209 |

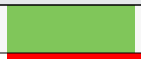
Question 2: Please indicate how strongly you agree or disagree with the following statement: I understand the link between NCP and IDNT.

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Strongly Agree | | 18% | 27 |
| Agree | | 58% | 85 |
| Neutral | | 19% | 28 |
| Disagree | | 3% | 4 |
| Strongly Disagree | | 1% | 2 |
| | Total Responses | | 146 |

Question 3: Please choose the statement that best applies to your current practice (please select one option)

| Response | Chart | Percentage | Count |
|---|---|---|---|
| I am not currently using the IDNT and I do not plan to use it. | | 7% | 10 |
| I am using or thinking about using the IDNT | | 84% | 123 |
| I have used the IDNT in the past but am not currently using it. | | 9% | 13 |
| | Total Responses | | 146 |

Question 4: Please indicate how strongly you agree or disagree with the following statement: The IDNT is applicable to my area of practice.

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Strongly Agree |  | 32% | 46 |
| Agree |  | 46% | 67 |
| Neutral |  | 15% | 22 |
| Disagree |  | 7% | 10 |
| Strongly Disagree |  | 1% | 1 |
| | Total Responses | | 146 |

Question 5: If you disagree or strongly disagree with the statement in Q4 above, please describe why.

| Response | Chart | Percentage | Count |
|---|---|---|---|
| The terms needed for my area of practice are not available. PLEASE INDICATE AREA OF PRACTICE. | | 11% | 3 |
| Care does not seem individualized | | 11% | 3 |
| IDNT doesn't work well in fast paced clinical settings | | 11% | 3 |
| Nutrition diagnosis doesn't work well with my clients because they determine what issue they would like to work on. | | 7% | 2 |
| IDNT is difficult to apply in settings with interdisciplinary team assessment and documentation. | | 30% | 8 |
| Other, please comment: | | 30% | 8 |
| Total Responses | | | 27 |

Question 5: If you disagree or strongly disagree with the statement in Q4 above, please describe why. (The terms needed for my area of practice are not available. PLEASE INDICATE AREA OF PRACTICE.)

| # | Response |
|---|---|
| 1. | CVICU |
| 2. | Food allergy and intolerance, Environmental Illness |

Question 5: If you disagree or strongly disagree with the statement in Q4 above, please describe why. (Other, please comment:)

| # | Response |
|---|---|
| 1. | all the above except the first |
| 2. | multiple reasons (almost all of the above) |
| 3. | I am unable to answer question 5 d/t have not started to use IDNT. I think it is applicable to my work setting. |
| 4. | Clients with dementia or living in poverty often unable to engage in care plans, have few options, limited capacity to make change. |
| 5. | time consuming to apply to critical care setting |
| 6. | In my LTC setting, I see all residents at least yearly. Very often there is no one major issue, or one distinct or reversable cause for the nutrition problem. I tried using the IDNT for some time but would like some more education specific to LTC and IDNT. |
| 7. | my clients do determine what they would like to work on but I think there would be a way to integrate both IDNT and pt personal goals |

Question 6: If you are using or thinking about using NCP and IDNT, what do you see as the benefits to your practice? (select all that apply)

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Provides consistent structure and framework for nutrition care. | | 81% | 106 |
| Provides dietitians with a common vocabulary to identify nutrition problems | | 89% | 117 |
| Allows more concise documentation | | 63% | 82 |
| Allows for more consistent care when patient transfer services | | 52% | 68 |
| Encourages critical thinking | | 63% | 82 |
| Facilitates communication with other health care professionals | | 44% | 57 |
| Helps with training dietetic interns/students | | 50% | 65 |
| Assists with evaluation of patient/client care | | 61% | 80 |
| Supports research on patient outcomes | | 40% | 52 |
| Assist dietitians being recognized as valuable team members | | 40% | 52 |
| | Total Responses | | 131 |

Question 7: What are your main concerns about adopting the NCP and INDT into your practice? (select all that apply)

| Response | Chart | Percentage | Count |
|---|---|---|---|
| It will decrease my productivity during implementation | | 38% | 50 |
| I feel it will take me away from my patient contact time. | | 10% | 13 |
| I have difficulty determining Nutrition Diagnosis (PES) statements | | 52% | 69 |
| I am concerned that the NCP will move my practice from individualized care plans to general care. | | 19% | 25 |
| I am concerned other health professionals will not read Nutrition Diagnosis (PES) statements | | 36% | 48 |
| I do not have concerns about adopting the NCP and IDNT | | 25% | 33 |
| | Total Responses | | 133 |

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Not currently aware | | 11% | 14 |
| Aware of need | | 26% | 34 |
| Determining an implementation plan | | 19% | 25 |
| Training | | 8% | 10 |
| Implemented in paper charting | | 21% | 28 |
| Implemented in electronic medical recording charting | | 13% | 17 |
| Not applicable to my practice | | 4% | 5 |
| | Total Responses | | 133 |

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Not currently aware | | 5% | 7 |
| Aware of need | | 24% | 31 |
| Determining an implementation plan | | 14% | 18 |
| Training | | 10% | 13 |
| Implemented in paper charting | | 31% | 41 |
| Implemented in electronic medical recording charting | | 13% | 17 |
| Not applicable to my practice | | 3% | 4 |
| | Total Responses | | 131 |

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Not currently aware | | 8% | 10 |
| Aware of need | | 33% | 43 |
| Determining an implementation plan | | 18% | 24 |
| Training | | 11% | 14 |
| Implemented in paper charting | | 16% | 21 |
| Implemented in electronic medical recording charting | | 11% | 14 |
| Not applicable to my practice | | 3% | 4 |
| | Total Responses | | 130 |

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Not currently aware |  | 8% | 10 |
| Aware of need |  | 34% | 44 |
| Determining an implementation plan |  | 21% | 27 |
| Training |  | 9% | 11 |
| Implemented in paper charting |  | 16% | 21 |
| Implemented in electronic medical recording charting |  | 8% | 10 |
| Not applicable to my practice |  | 5% | 6 |
| | Total Responses | | 129 |

Question 9: What type of education/learning opportunities about the NCP/IDNT have you participated in?

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Local facilitated presentations | | 39% | 53 |
| Presentations/workshops at a national conference | | 18% | 24 |
| Presentation at local/regional events | | 21% | 29 |
| Journal reading/articles | | 47% | 65 |
| Read the IDNT Reference Manual or Pocket Guide | | 66% | 91 |
| Peer discussions/informal sessions | | 53% | 73 |
| ADA web site tutorials | | 28% | 39 |
| Case study presentations | | 28% | 38 |
| University classes | | 10% | 14 |
| Instruction during internship | | 8% | 11 |
| Collaborative work with co-workers and colleagues | | 31% | 42 |
| Practice council meetings | | 7% | 10 |
| Other, please specify: | | 7% | 9 |
| | Total Responses | | 137 |

Question 9: What type of education/learning opportunities about the NCP/IDNT have you participated in? (Other, please specify:)

| # | Response |
|---|---|
| 1. | self study |
| 2. | Live meeting presentations |
| 3. | use a textbook |
| 4. | DC podcast |
| 5. | podcast |
| 6. | not much, awiating more info made available for RDs to get familiar with the prog. to effectively use in their practise |
| 7. | read in up to date nutrition textbooks |
| 8. | A DI I was mentoring introduced it to me. She has done it in her previous training at a hospital in her home province of Sask. |

Question 10: Please indicate how strongly you agree or disagree with the following statement: I require additional training specific to my area of practice to implement the NCP/IDNT.

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Strongly agree | | 42% | 58 |
| Agree | | 40% | 55 |
| Neutral | | 10% | 14 |
| Disagree | | 5% | 7 |
| Strongly Disagree | | 2% | 3 |
| | Total Responses | | 137 |

Question 11: I would benefit most from additional training in the form of (select all that apply)

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Workshops | | 72% | 94 |
| One-on-one support | | 27% | 35 |
| Suggested readings | | 33% | 43 |
| Case studies | | 54% | 71 |
| On-line tools | | 62% | 81 |
| Other, please specify: | | 10% | 13 |
| | Total Responses | | 131 |

Question 11: I would benefit most from additional training in the form of (select all that apply) (Other, please specify:)

| # | Response |
|---|---|
| 1. | OTN or web based case studies which are specific to practice area (outpatient self management example like diabetes, long term care etc. ) |
| 2. | small group discussions |
| 3. | seminars avail through telehealth |
| 4. | Expanded language |
| 5. | on line course through DC |
| 6. | department sponsored workshops |
| 7. | Community of practice |
| 8. | Guidelines to follow to implement it smoothly into my daily work routine |
| 9. | Discipline specific workshops/support eg. Community/ public health vs clinical |
| 10. | printed manual for quick reference and access |
| 11. | an information booklet/ resources thst I can purchas |
| 12. | When is IDNT translate in french |

## Question 12: How many years have you practiced as a dietitian?

| Response | Chart | Percentage | Count |
|---|---|---|---|
| less than 1 year | | 8% | 13 |
| 1-4 years | | 20% | 34 |
| 5-9 years | | 13% | 23 |
| 10-19 years | | 20% | 35 |
| more than 20 years | | 39% | 68 |
| | Total Responses | | 173 |

## Question 13: Please select your current area(s) of practice (select all that apply)

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Inpatient nutrition care | | 42% | 73 |
| Ambulatory/Primary care | | 31% | 54 |
| Child health/nutrition | | 12% | 21 |
| Adults/Seniors/nutrition | | 33% | 57 |
| Continuing/Long term care | | 30% | 51 |
| Home care / Supportive living | | 4% | 7 |
| Rehabilitation | | 3% | 5 |
| Public health / community | | 16% | 28 |
| Mental health | | 9% | 15 |
| Management | | 8% | 13 |
| Education | | 12% | 20 |
| Academic research | | 1% | 2 |
| Business / sales marketing | | 1% | 1 |
| Other | | 8% | 14 |
| Not currently in dietetics | | 1% | 2 |
| | Total Responses | | 172 |

## Question 14: Do you practice in any of the following areas?

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Critical care | | 17% | 27 |
| Renal | | 16% | 25 |
| Pediatrics | | 11% | 18 |
| Public Health | | 11% | 18 |
| Do not currently practice in any of these areas | | 55% | 89 |
| | Total Responses | | 161 |

## Question 15: If you selected one of these areas of practice in Q14, are there any special issues using the NCP or IDNT for you in this area of practice?

| Response | Chart | Percentage | Count |
|---|---|---|---|
| Yes | | 35% | 28 |
| No | | 65% | 52 |
| | Total Responses | | 80 |

## Please comment

The 37 response(s) to this question can be found in the appendix.

## Appendix

Please comment |

| # | Response |
|---|---|
| 1. | Community situations are complex--causes and etiology, interconnected with social, emotional factors for client. Overly simplistic to identify one or two issues/problems. |
| 2. | in community care, there is always an inftreface between what the licent is willing to change and specific evidence based interventions that would be benefticial. the idnt does not allow a way to track the advocacy/negotiation role of the RD care that works to bring these 2 togethr. this is where the impact of the RD as team player not just implementer will best be highlighted. |
| 3. | need better PES statements for renal issues. I feel that I need to modify them for my patients. |
| 4. | We had difficulty determining how to develop a PES statement for children who had limited food acceptance, were texture sensitive and FTT. |
| 5. | We were hoping to use IDNT but the copyright fees permission to incorporate into our electronic chart, but it not usable (following the ADA tookkit ti EHR) |
| 6. | A number of the diagnostic codes are not applicable to primary care and a number of the traditional interventions in primary care are not covered either. |
| 7. | I unfortunately missed the BC Interior session, would like more opportunities. |
| 8. | Lab values change frequently (even daily) and tpn provisions are also changed frequently (e.g. daily when first being established on tpn). Is it necessary to have a nutr dx for each lab value change? I find I am only using an ncp for the overall aseessment of the pt and why they are on tpn, but not necessarily thereafter even though I am charting most days on changing values. I then change the nutr dx when the main nutrition concern is resolved. It would be too much writing and take too much time, otherwise. |
| 9. | Current IDNT does not always fit with previously well-nourished post surgery patient who is intubated and requires early EN. |
| 10. | I haven't used NCP dx with this population often and can not correctly comment |
| 11. | Long term care tends to be forgotten when NCP is discussed, and the implementation/ education is quite different. For example: LTC RD's should ideally be using NCP in their MDS software vs. a separate assessment form. This is how it is done in the U.S. and with some Ontario RD's. However, there is lack of education in this regard in Canada. |
| 12. | There are too many issues for a single pt to make the use oe of PES AT ALL reasonable or useful. |
| 13. | often have more than one or two issues per patient assessment |
| 14. | don't presently use it |
| 15. | Some of the terminology is awkward for pediatrics. Issues around growth and parenting involvement in feeding are not adequately addressed. Though there are guidelines for how the Diagnosis terminology (which is all we are using right now) can be interpreted for peds, the actual wording that would be required to put into the charting is not appropriate. It creates poor communication unless you understand the nuances which other health professions won't. Therefore it is presently poor communication and may lead to questioning the quality of our care. |
| 16. | Doesn't apply to question 14 but a barrier for me with the implementation of NCP is how to tie it together with MDS so it doesn't result in extra work. |
| 17. | I need training on how to use it |
| 18. | training is needed to move this forward |
| 19. | ONce I am comfortable with it I could integrate it inot my practice. I am the only inpatient PDt in my facility. |

| | |
|---|---|
| 20. | nutrition support terminology |
| 21. | Bariatrics requires special issues |
| 22. | multiple nutr diagnoses in ICU, language not developed enough for ICU, "alternate feeding route required d/t enditracheal intubation" |
| 23. | Inability to interview critically ill pt/family member in a timely manner to complete the documentation required in all the areas indicated |
| 24. | monitoring and evaluation |
| 25. | This will be a huge undertaking. Significant education and support is critical for the process to be implemented. |
| 26. | group presentations / workshops |
| 27. | Having other team members understand the language and process as well as adequate time devoted to monitoring and evaluation of the interventions |
| 28. | How to address LTC Resident many issues, such as constipation, meal preferences, swallowing issues within the same assessment. |
| 29. | would have to be applicable to long term care. I have residents who attend hemodialysis. |
| 30. | I work with First Nations communities and often do not have access to charts or information beyond what I gather in my time with clients, this makes charting, especially diagnoses and variables to monitor, challenging. |
| 31. | Challenges regarding PES statement development for those patients intubated and ventilated requiring nutrition support. |
| 32. | Lack of support persons for those working in primary health or community |
| 33. | I am not using it so I can't comment. |
| 34. | I do not find IDNT particularly useful; difficult for allied health team members to understand, does not provided individualized patient care, too general and does not support critical thinking. Dietitians are writing the same statement for almost all of their patients. Not a good learning opportunity for students either. It is better for RDs and interns to look at the big picture and come up with an assessment and a NCP from there. If that takes 2 or 3 sentences vs. these statements, I believe it is much better. The statements using IDNT are wordy, confusing and not particulary insightful or helpful. |
| 35. | I am unaware of NCP or IDNT, but will be looking it up after I complete this survey |
| 36. | I will not be able to use IDNT until it is translate in french. |
| 37. | Missing pediatric nutrition diagnosis |