Nutrition Education Documentation Series: Minnesota WIC policy allows different options for documenting Nutrition Education. This provides flexibility for each local agency to determine what works best for them. However, we often hear questions about what is expected and what is recommended. Ideas and information for **Documentation Best Practices** will be included in the WIC Wednesday Update. **This week we will cover best practices for using the Notes Functionality.**

Notes provide an opportunity for narrative documentation. Notes should be used for documentation:

- When you would like to document any information or education individualized to the participant. Topics in the Nutrition Education Tab are broad and general in nature. Notes allow you to document education specific to the participant.
- When you document high-risk care plans and follow-up.

There are different types of notes in HuBERT to select from:

- **General notes** have various subjects to select from, based on the topic of your note.
- **SOAP note template** auto-populates information from the most recent certification. Please note: There are other acceptable documentation methods besides SOAP. An agency may use another documentation process, such as PES, as outlined in their agency’s Nutrition Education Plan.
- **Breastfeeding notes** are also available.

Best Practices for documenting in Notes:
Think about the desired outcome of documentation. Documentation should capture a picture of the participant’s visit in a manner that is easy to review, build upon and follow-up on at future visits. To capture the “picture”, include the following in a note:

- **Assessment:**
  - Briefly note the key participant concerns, interests and/or strengths.
  - Be concise and avoid extraneous information that doesn’t contribute to the nutrition care of the participant. Provide relevant information succinctly. One simple tip: don’t spend time documenting typical developmental milestones for a healthy child. Documenting that a healthy 9 month child is “starting to pull himself up along furniture, attempting first steps” doesn’t add meaningful information for nutrition follow-up. Instead, document concerns that are outside of expected parameters.
• **Nutrition Education Provided:**
  o Ideally, the education should be geared to the interests of the participant and/or identified nutrition concerns.
  o Meaningful documentation is *specific*! Documenting “recommended more high iron foods” for a child with a low hemoglobin doesn’t provide the specificity to follow-up on. The education should relate back to the assessment. What dietary or medical factor might be contributing to the low hemoglobin? An example: Two-year old child has a hemoglobin of 10.4 at certification. Mom reports the child doesn’t eat any meat and snacks on chips. As you discuss options with the mother, she decides to “try mixing ground beef into casseroles and to offer WIC cereal for snacks”. Documenting these specific activities provides meaningful information for continuity of care.

• **Plan for follow-up:**
  o Indicate a timeline for follow-up.
  o Identify specific issues or goals to review at follow-up.

**Suggested Activity**

At a staff meeting, review your documentation procedures for *notes* and ask the following questions:

• **Are notes concise?** Is there *extraneous assessment information* in notes that doesn’t contribute to the nutrition care of the participant? Talk as a staff about documentation practices that promote succinct documentation. Here is an example of a healthy three year old child with no high risk conditions:
  o The note reads: “She is a good eater. Favorite foods are salad with ranch dressing, tacos, blueberries, cauliflower, broccoli, chicken, toast and olives”.
  o Let’s make it succinct! “Child is not picky.”

• **Is documentation of Nutrition Education specific to the participant** rather than general or ambiguous? Does the education and documentation relate to the assessment? Does it provide meaningful information for future follow up? Here are some examples.

  **Example 1:** Per your assessment, mom is concerned child is not getting enough milk. The child is drinking milk only at supper. Rarely eating other milk products.
  o The nutrition education documentation reads: “More milk”
  o Let’s make the nutrition education documentation more specific! “Mom will offer milk at every meal. Added yogurt to food package to try.”

  **Example 2:** Per your assessment, pregnant woman is only eating 2 times a day due to busy work and school schedule.
  o The nutrition education documentation reads: “Eat more frequently”
  o Let’s make the nutrition education documentation more specific! “Will take some quick snacks along to work/school to eat on breaks. Wants to try cheese, fruits, yogurt and peanut butter sandwiches.”

**Next week, best practices for High Risk Care documentation (INCP).**