

PATIENT CARE - DIETARY EVALUATION

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Both Joyce Wenz and Ann Sandvick gave a brief description of how they have used nutrient data banks in hospital/patient care situation. Listed below are some of the questions the audience raised and for some, the responses recorded. There was significant discussion concerning the costs involved.

What do you charge for a 24-hour analysis?
\$5.00 for a 3-day diary.

More detail on charges please--
Nutritional status assessment
Must have an order for it or must be a standard protocol
Instructions and follow-ups are charged
e.g., diabetic - \$30, then \$15

Go back to statement about charging for special diets--any objection by patient?
If NPO, not charged for that meal.

No trouble for charging? Don't have to go through pharmacy?
No.

Is there 3rd party reimbursement?
Approximately 80% from major companies for inpatients. For outpatients, it varies.

Is it covered by third party?
Charge for nutrition available
Charge for labor involved in a special diet--not the food
Charge for instruction and special assessments

What companies pay?
Major companies

Staff-patient ratio?
At the Children's Hospital, 4 for 175 patients.

Who puts the data into the system?
Computer technician.

Did you have to change the staff?
Yes--had to upgrade positions.

How many techs?
Two--they do data input.

Who interviews?
Dietitians.

What special training have the dietitians received?
How literate are they in terms of computer work.
On the job training.
Jobs have been upgraded.

Our dietitians are resistant to codes. How to handle? How do you handle checks backs?
Have a technician do that.
Terminals are available.

Who does the coding?
The tech.

How long before you see the point where the patient is using terminals?
Hard to predict, could be a problem on the floors.

Let me understand, the food service worker does the weighing after?
Yes.

You said you enter from supplements and parential.
We use a standard nutritional assessment form.

How handle the supplements?
Subtotal, then add in.

Is the assessment hand written?
No--dictated.

Do you show the patient the printout?
Yes, sometimes. We discuss it.

Concerning unknowns
Know how many we have values for.

Have you used it for a quality control and cost effectiveness?
Not yet.

Suggest--talk to medical records people for what you want as a diet in terms of DRG's.

How do you update your database and how often?
Purchase updated annually.

Do you have the ability to make changes (i.e., when you find errors)?
Yes, that day.

How many calorie intake analyses do you do a day?
Probably 20.

How does the check-back work?
The tech does it.

With the experience you have today, what would you do different?

There are more software packages available.

Look carefully and imagine how the system can grow.

Does anyone have a system they like?

Hard disc faster than floppy.

Control--are items weighted and measured?

Yes, if patient is on check-back.

Medical Software Systems, Des Moines uses an optically read ticket--has a database.

Do you do inventory?

No, it is done manually.

What institutions are using it?

Some hospitals are awaiting installation.

Any assessment done by computer?

No.

How do you report "holes" in diet, as a missing food?

There's a space at end of each day for additions and comments.

When you first purchased your database from Case Western, did they give the programs or did you do it yourself?

We did all the programs.

Do you not feel this is more costly as opposed to purchasing a program?

There was not much available.

What kind of summaries are you printing from your program?

Two page summary but a lot incomplete.

Do you have nutritional assessment on the computer?

No.