POLICY:

Clinical nutrition services productivity is evaluated and reported monthly at all acute care facilities.

PURPOSE:

- To measure clinical productivity.
- To determine nutrition status of hospitalized patients.
- To assist in evaluating performance of clinical staff.
- To determine / validate clinical staffing model for current business and sales proforma.
- Assist in implementing evidence-based clinical staffing models for use at each acute care facility.
- Assist clinical nutrition managers in measuring staffing effectiveness.
- To communicate clinical nutrition activities to administration (i.e., monthly/quarterly client reports).
- To compile statistics to benchmark staffing requirements and productivity.

PROCEDURE:

The Clinical Productivity procedure has been automated for use on the web based clinical productivity tool. There is a hard copy (Manual) of a Clinical Daily Productivity report for data collection use. When using the web based tool you will first need to set up your clinician profile and wait for the site administrator to enable your profile before data collection can be completed.

- The Clinical Nutrition Manager or Assistant Director of Patient Services will act as the site administrator and will utilize the web based clinical productivity tool for monitoring in conjunction with the Clinical Daily Productivity Report for data collection.

For benchmarking purposes, these forms cannot be modified.
1. CLINICAL DAILY PRODUCTIVITY REPORT

A. For a designated consecutive 7-day period each month, each clinical staff member on duty (dietitians, dietetic technicians, interns, etc.) records daily clinical activities on the Clinical Daily Productivity Report form. Daily activities will be recorded for seven consecutive days including weekend coverage.

B. Data collection will include all acute, skilled/transitional, long term and NICU areas. Outpatient services will not be included in the clinical productivity data collection at this time.

C. Meal rounds are to be included with indirect patient care time.

D. The web based clinical productivity tool can be accessed at https://aramarkhc.com/cp.

E. Clinical Daily Productivity Report forms are available only in a manual version and are designed for data collection. All data must be transferred into the web based tool.

F. It is necessary to capture the actual number of patients requiring nutrition intervention and actual number of patients seen. Therefore, during this 7-day period:

   1. Each day, on the Daily Clinical Productivity Report, record a list of all patients that need to be seen based on screening, include those patients referred by nursing screening triggers, those who have been determined at potential for nutrition risk based on Ongoing Evaluation, and those who are due for a follow up evaluation based on their assigned nutrition status classification.

   2. At the end of each day count those patients who were not seen and provide this number in the section labeled “Scheduled Patients Not Seen.”

G. To complete the Clinical Daily Productivity Report:

   1. Patient ID: This is optional data but could include patient initials, room number or medical record number. It is critical that the patient ID is HIPAA compliant therefore do not enter the entire patient name.

   2. Floor/Unit (Patient Care Unit): Including this on the daily report is optional but keep in mind you will need to select the appropriate unit when entering data into the web based tool. Patient Care Units are set up by the site administrator for each facility and may be individualized to meet each facility needs.
3. **Care Area (Patient Care Area):** Including this on the daily report is optional but keep in mind you will need to select an area when entering data into the web base tool. Patient care areas include: acute, behavioral health, neonatal intensive care (NICU), skilled/transitional and long term care. Definitions for each of these areas are included in the attachments at the end of this policy.

4. **Nutrition Status Classification:** For each patient, indicate the Nutrition Status Classification by checking the appropriate column.

5. **Clinical Interventions:** Under the Clinical Intervention section, indicate the actual time spent in minutes, for the type of clinical intervention provided to the patient (i.e., initial nutritional assessment, follow-up care, or inpatient counseling) for each nutrition status classification and for each patient seen.

6. Staff should be reminded to select the follow-up column if an initial intervention had previously taken place. For example, the DTR assesses the patient and refers the patient to the RD. Even though it was the first time the RD saw the patient, the RD should check the follow-up column, as the initial intervention was the initial evaluation completed by the DTR. If the DTR collects data for the dietitian but does not document in the medical record the time spent doing data collection/classification would be considered indirect patient care, and the dietitian would record their time as an initial assessment.

7. **Indirect Patient Care:** Record indirect patient care activities, including actual time spent in space provided. Examples of indirect patient care activities include patient care conferences, medical rounds, entering patient data into CBORD, meal rounds, patient data review and collection that is not specific to an individual patient, prioritization of daily workload, patient food preferences, patient data review (i.e.: rescreening, daily task lists, etc) and other.

8. **Other Daily Activities:** Record other daily activities, including actual time spent in space provided. Examples of other daily activities include checking voicemail, returning phone calls, checking/returning e-mail, staff meetings, professional meetings, precepting interns and students, project work, inservice training, committee meetings formula preparation/delivery, tray line checking, test tray completion, tray accuracy audit completion, menu collection/correction, research, recording clinical productivity data, performance improvement data collection and analysis and other.

H. The data from completed Clinical Daily Productivity Reports should be entered into the web based clinical productivity tool and hard copies of each report submitted to the Clinical Nutrition Manager/Assistant Director of Patient Services at the end of each day of the 7-day collection period.
I. For patients that have two interventions on the same day (i.e., initial assessment or follow up plus inpatient counseling) the duplicate entry box should be checked for one of the duplicate entries. Checking this box will disable the counting function for the entry and prevent duplicate counting.

2. CLINICAL PRODUCTIVITY WEB BASED TOOL:

A. Each month, the CNM/ADPS (Site Administrator) ensures that the web based Clinical Productivity Report is completed.

B. Site Administrator functions include
   - Setting up site profile
   - Enabling all clinicians
   - Selecting a monitoring period through the schedule function
   - Entering operational data
   - Entering average daily census
   - Entering total nutrition status classification census data

C. The following information will be required for the completion of the monthly clinical productivity reporting:

   1. **Average Daily Census**: Average daily census needs to be determined monthly (exclude newborns with the exception of NICU) for all patient care units. This can be obtained from Admissions or from the Nutrition Office Census sheets. You may use the average daily census for the 7 day monitoring period or for reporting month. Note: If you have a NICU this unit census should be reflected in the average daily census.

   2. **Operational Data**: Patient services operational data must be entered by the site administrator to complete monthly reporting. Operations data is reported for the full calendar month (not just a week).
      a. **Meal Round Results**: Enter total number of meal rounds for the calendar month completed by managers, dietitians, supervisors, etc.
      b. **Test Tray Results**: Enter each test tray for the calendar month separately. For each test tray you will enter number of hot/cold temperature non-conformances, time tray assembly began and time tray was passed on the unit (elapsed time will automatically calculate).

   3. **Total Nutrition Status Classification Category by Census**: On one day during the 7-day period each month (select a weekday when census is typically the highest), review the patient kardex or computer reports and count the number of patients in each Nutrition Status Classification.
D. Clinician functions include
   - Setting up initial profile and selecting a user name and password
   - Recording data on Clinical Daily Productivity Report on each day of the 7 day monitoring period that they are working
   - Entering daily report data into the on-line tool

DEFINITIONS:

DIRECT PATIENT CARE: Includes nutrition assessment, inpatient counseling and follow-up care.

INITIAL NUTRITION ASSESSMENT: The evaluation of patients’ nutritional status and calculation of nutrient needs that involves documentation of plans and goals of intervention. This would include the first nutritional assessment completed for a patient. Calorie count assessment may also be included in this category if it is the first time a nutritional chart note has been entered into the patient medical record.

INPATIENT COUNSELING: Counseling of patient and/or family on nutrition with the provision of appropriate materials to facilitate changes in lifestyle habits. Includes, consulting time with other health care professionals, documentation of effectiveness of counseling as to comprehension and potential compliance. This includes only counseling taking place in the inpatient setting. Outpatient counseling should NOT be included in the clinical productivity data collection (until the revised on-line tool is released).

FOLLOW-UP (F/U): Time spent with the patient/medical record after initial intervention which includes but is not limited to: 1) re-screen and/or patient visitation 2) documentation of intervention outcome 3) confirmation of counseling comprehension (4) attainment of nutrition goals or tolerance to tube feedings or hyperalimentation 5) intake analysis (calculation of macronutrient and/or micronutrient intake and documentation of findings).

INDIRECT PATIENT CARE ACTIVITES: Time spent implementing care plans for a patient. (i.e., patient care conferences, medical rounds, entering patient data into CBORD, meal rounds, patient data review and collection that is not specific to an individual patient, prioritization of daily workload, patient food preferences and other). Indirect patient care also includes meal rounds—time spent visiting patients during meal time to assess patient tolerance and acceptance of meals, appetite, and food and fluid intake.

OTHER DAILY ACTIVITIES: Time spent in other activities that don’t have direct bearing on patient care. Examples of other daily activities include checking voicemail, returning phone calls, checking/returning e-mail, staff meetings, professional meetings, precepting interns and students, project work, inservice training, committee meetings formula preparation/delivery, tray line checking, test tray completion, tray accuracy audit completion, menu collection/correction, research, recording clinical productivity data, performance improvement data collection and analysis and other.
INPATIENT SCHEDULED HOURS WORKED: Each clinician will record the hours he/she worked in the inpatient area on each given day of the monitoring period that they were scheduled for. For example if a dietitian is salaried one would assume the scheduled hours worked would be eight (8) hours per day. This number may be different for the part time clinician. If a clinician works part of their day in the inpatient area and the other part working with outpatients, only the inpatient hours should be recorded under this section. Note: Outpatient hours should not be reflected in this number. If an inpatient clinician splits time between inpatient and outpatient activities then outpatient time should be recorded under the outpatient hours worked section. For example if the inpatient dietitian works 8 hours and spends 2 of these hours providing an outpatient nutrition counseling and doing community speaking then the Inpatient Scheduled Hours Worked should be 6 hours and 2 hours would be recorded under the outpatient hours worked section.

INPATIENT ADDITIONAL HOURS WORKED: Each clinician will also record the inpatient hours he/she worked on each day of the monitoring period that were in addition to scheduled inpatient hours. For example if a salaried individual works in the inpatient area for 10 hours then he/she would record eight (8) for inpatient scheduled hours worked and two (2) additional hours worked. The inpatient additional hours worked are typically non-paid hours (i.e., it would not result in additional or overtime pay).

OUTPATIENT HOURS WORKED: Clinicians working in an outpatient setting will record total outpatient hours worked on each given day of the monitoring period. If they work in both inpatient and outpatient areas then inpatient hours should be recorded as noted above and outpatient hours will be recorded in this section. Outpatient activities include individual/group/telephone counseling and public speaking in an outpatient setting, health fairs, home health activities, etc.

SCHEDULED PATIENTS NOT SEEN: If a clinician has patients that are on his/her list to be seen and aren’t able to complete the intervention on that given day then the patient should be counted as a scheduled patient not seen. If the clinician sees all patients on his/her list then a zero (0) would be recorded in this section.

NUTRITION STATUS CLASSIFICATION (NSC):

Normal Nutritional Status (Nutrition Status Classification 1):
This patient’s nutritional status is normal and requires a basic level of service, such as obtaining food preferences or conducting meal rounds. A trained diet clerk, host/hostess, or volunteer may provide service to this patient.

Mildly Compromised (Nutrition Status Classification 2):
This patient presents with signs of mildly compromised nutritional status and requires periodic intervention. This patient requires the service of a dietetic technician or registered dietitian.
Moderately Compromised (Nutrition Status Classification 3):
This patient presents with signs of moderately compromised nutritional status and requires ongoing intervention. This patient requires the service of a registered dietitian or other clinician that has been deemed qualified through competency assessment.

Severely Compromised (Nutrition Status Classification 4):
This patient presents with signs of severely compromised nutritional status and requires ongoing intervention. This patient requires the service of a registered dietitian or specialized dietitian (i.e., CNSD or Board Certified in Metabolic Nutrition).

ATTACHMENTS:

(1) Clinical Daily Productivity Report
(2) Definitions: Patient Care Area
(3) Definitions: Account Profile

RETENTION:

Clinical Productivity Daily Reports- 1 year
Definitions: Patient Care Area

1. **Acute**: Patients in an acute care hospital setting which has a focus on either the adult or pediatric population. This includes but is not limited to the following units: medical, surgical, oncology, cardiac, telemetry, obstetrics, pediatrics, bariatric, transplant, burn, ICU, CCU, SICU.

2. **Behavioral Health Unit**: Patients that are receiving inpatient care in a unit/facility that is designated for the behavioral health population. Units may be designated for geriatric behavioral health, adolescent behavioral health, eating disorders, or adult behavioral health.

3. **Neonatal Intensive Care Unit (NICU)**: Includes both level II and level III NICU’s. Level II NICU is defined as a hospital special care nursery organized with the personnel and equipment to provide care to infants born at more than 32 weeks' gestation and weighing more than 1500 grams. Level III NICU is defined as a hospital neonatal intensive care unit organized with personnel and equipment to provide continuous life support and comprehensive care for extremely high-risk newborn infants and those with complex and critical illness.

4. **Skilled/Transitional Care Unit**: Residents in unit that is a Medicare licensed unit (within an acute care facility) that provides skilled nursing services or rehab services. This unit requires Minimum Data Sets (MDS’s) be completed as part of the patient care process. Generally the length of stay for a hospital based skilled or transitional unit is less than 30 days.

5. **Long Term Acute Care (LTAC)**: Facilities which are exempt from the Medicare prospective payment system and which provide care to patients suffering from prolonged critical illness. Medically stable but fragile patients needing extended medical and nursing care. These patients are typically too ill for discharge to a nursing facility, an acute care rehabilitation hospital, or their homes.

6. **Long Term Care/Nursing Home**: Residents in a Medicare licensed facility that provides skilled nursing care, rehab services or general long term patient care. Typically this will be a free standing facility or an entity separate from the acute care hospital. This facility requires Minimum Data Sets (MDS’s) be completed as part of the patient care process. Generally the length of stay for a long term care nursing home is several years. However, there may be units within the long term care nursing home where the length of stay is less than 30 days.
Definitions: Account Profile

**Adult Acute Care:**
An acute care hospital with a primary focus on the adult population. This facility may have a small pediatric unit, but pediatrics is not the primary focus.

**Level I Trauma Center:**
The highest level of trauma center. Provides comprehensive trauma care, serves as a regional resource, and provides leadership in education, research, and system planning. A level I center is required to have immediate availability of trauma surgeons and related trauma staff. Volume performance criteria are required for this designation.

**Level II Trauma Center:**
A step below a level I trauma center. Provides comprehensive trauma care either as a supplement to a level I trauma center in a large urban area or as the lead hospital in a less population-dense area. Level II centers must meet essentially the same criteria as level I but volume performance standards are not required and may depend on the geographic area served. Centers are not expected to provide leadership in teaching and research.

**Teaching (Residency Program):**
An acute care hospital that may not have a major affiliation with a university/college but has a medical residency program.

**University/College Based:**
An acute care facility that has a major affiliation with a college or university medical school program. In addition to medical school programs university/college based hospital generally also have a medical residency program.

**Critical Access Hospital:**
A rural limited service hospital that has been converted to a special designation as a Critical Access Hospital under the Medicare Rural Hospital Flexibility Grant Program. The majority of critical access hospitals are in health professional shortage areas and/or medically underserved areas.

**Community Hospital:**
An acute care hospital with a general medical focus that is not a level I or II trauma center.

**Physical Rehab Unit in an Acute Care Facility:**
An acute care facility that has a unit designated for physical (not cardiac or behavioral health) rehabilitation that does not require Minimum Data Sets (MDS’s) to be completed for patient care. Patients on physical rehabilitation units must require a certain amount of physical, speech, or occupational therapy services.
Definitions: Account Profile (continued)

Children’s Hospital:
An acute care facility with its primary focus on the neonatal, pediatric, and teenage population.

**Pediatric Unit with Average Daily Census (ADC) less than 25:**
A pediatric unit in an acute care facility with an average daily census of less than 25.

**Pediatric Unit with Average Daily Census 25 or greater:**
A pediatric unit in an acute care facility with an average daily census of less than 25.

Behavioral Health Hospital:
An acute care facility with its primary focus on the behavioral health population.

**Behavioral Health Unit(s) (ADC 30 or less) in Acute Care Facility:**
A behavioral health unit or units in an acute care facility with an average daily census of 30 or less.

**Behavioral Health Unit(s) (ADC greater than 30) in Acute Care Facility:**
A behavioral health unit or units in an acute care facility with an average daily census of greater than 30.

Hospital Based Skilled or Transitional Unit:
An acute care facility with a unit that is a Medicare licensed unit that provides skilled nursing services or rehab services. This unit requires Minimum Data Sets (MDS’s) be completed as part of the patient care process. Generally the length of stay for a hospital based skilled or transitional unit is less than 30 days.

Long Term Care Nursing Home:
A Medicare licensed facility that provides skilled nursing care, rehab services or general long term patient care. Typically this will be a free standing facility or an entity separate from the acute care hospital. This facility requires Minimum Data Sets (MDS’s) be completed as part of the patient care process. Generally the length of stay for a long term care nursing home is several years. However, there may be units within the long term care nursing home where the length of stay is less than 30 days.

Level II NICU:
A step below the level III NICU. A hospital special care nursery organized with the personnel and equipment to provide care to infants born at more than 32 weeks’ gestation and weighing more than 1500 grams.

Level III NICU:
The highest level of NICU care. A hospital neonatal intensive care unit (NICU) organized with personnel and equipment to provide continuous life support and comprehensive care for extremely high-risk newborn infants and those with complex and critical illness.
Definitions: Account Profile (continued)

**General Outpatient Nutrition Services:**
An outpatient nutrition program that provides individual counseling services to patients with a variety of disease states.

**Outpatient Renal Dialysis Unit:**
A renal dialysis unit that hemodialysis services to patients on a every other day schedule. Peritoneal services may also be provided with visits on a less frequent basis.

**ADA Recognized Diabetes Program:**
An outpatient diabetes program recognized by the American Diabetes Association (ADA) that provides diabetes self management therapy (DSMT) to patients in both individual and group settings. The program features a team approach to DSMT with the team including a registered nurse and registered dietitian one of which must be a Certified Diabetes Educator.

**Cardiac Rehab Program:**
An outpatient program which provides nutrition counseling services to cardiac rehab patients in either individual or group settings.

**Bariatric Outpatient Services:**
Outpatient nutrition therapy services provided to patients pre or post having bariatric surgery. Generally therapy is provided individually prior to surgery and either individually or in small group settings (support groups) after surgery.

**Outpatient Group Weight Loss Program:**
A group weight loss program which features a structured scheduled with several weeks of pre-planned group classes.

**Outpatient Cancer Clinic:**
The provision of outpatient nutrition counseling services and/or nutritional assessment to patients in radiation oncology or chemotherapy outpatient units.

**Inner City/Urban:**
Refers to a city – an urban area is built up and has a dense population.

**Suburban:**
A residential district located on the outskirts of a city.

**Rural:**
Sparsely settled places away from the influence of large cities and towns.