

## Nutrition Services Documentation

### Policy

**Policy Memo:** Quality documentation, which may be electronic or paper based, facilitates the delivery of meaningful nutrition services and ensures continuity of care for WIC participants. Documentation provides invaluable information for managing and evaluating services delivered. It is the primary means by which WIC staff communicate with each other about individual participants. Its purpose is to ensure the:

- quality of nutrition services provided by identifying risks and/or participant concerns, facilitating follow-up and continuity of care (enabling WIC staff to “pick-up” where the last visit ended by following-up on participant goals) and
- integrity of the WIC Program through documentation of nutrition services data used for eligibility determination and WIC Participant and Characteristics reporting.

While specific documentation processes may differ, there are key elements that must be incorporated into all documentation systems for effective and efficient documentation. All documentation systems must be:

- Consistent – establishes standards/protocols to which all staff must adhere;
- Clear – is easily understood (by other WIC staff) using documentation abbreviations, etc., as established by the State and/or local agencies;
- Organized – follows an established order (e.g., anthropometric data is located in the same place in each chart) and minimizes duplication;
- Complete – creates a picture of the participant, describes or lists the services provided over time, and outlines a plan for future services; and
- Concise – contains minimal extraneous information.

A key outcome of nutrition services documentation is the capture of a complete picture of the participant’s visit in a manner that is easy to retrieve and review, enabling WIC staff to build upon and follow-up on prior visits. Certain nutrition services data must be documented in the participant file:

- Assessment information
- All risks/needs identified through the assessment process
- WIC category and priority level
- Food package prescribed (to include medical documentation when required and rationale for food package tailoring, if done)
- Nutrition education\* and referrals provided
- Follow-up activity plans and future visits
- An individual care plan for high-risk participants (identified by the competent professional authority, per State agency protocols)

\* Second or subsequent nutrition education contacts during a certification period that are provided to a participant in a group setting may be documented in a masterfile as per Federal

WIC regulations (7 CFR 246.11(e) (4)).

**Authority**

USDA WIC Final Policy Memorandum 2008-4 *excerpts*

**Procedures**

The table below lists the required nutrition services data and where it can be found in the participant’s electronic record.

| <b>Data</b>   | <b>Location in WIC data system</b>   |
|---|--|
| Assessment information  | Family Panel, Enrollment Link <ul style="list-style-type: none"> <li>● foster status</li> <li>● preferred language</li> <li>● age</li> </ul> Contact Address Panel <ul style="list-style-type: none"> <li>● homeless,</li> <li>● migrant or refugee status</li> </ul> Pregnancy Panel<br>Blood Panel<br>Anthro Panel<br>Nutrition Interview <ul style="list-style-type: none"> <li>● Breastfeeding Support</li> <li>● Health/Medical</li> <li>● Nutrition Practices</li> <li>● Life Style</li> <li>● Social Environment</li> </ul> |
| Risks identified through assessment                             | Risk Panel   |
| WIC category  | Displayed throughout system in the header at the top of the panels   |
| WIC priority level  | Risk Panel   |
| Food package prescribed   | Food Package Panel   |
| Medical documentation when required for food package prescribed | Food Package Panel   |
| Rationale for food package tailoring, if applicable             | <ul style="list-style-type: none"> <li>● Food Package Panel – Comment section OR</li> </ul>  |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>● Care Plan Panel</li> </ul>  |
| Rationale for providing supplemental formula to a breastfed infant for the first time  | Care Plan Panel  |
| Rationale for issuing more than one can of formula in the first month or increasing the amount of formula issued to a breastfed infant   | Care Plan Panel  |
| Nutrition education provided, including breastfeeding contacts <ul style="list-style-type: none"> <li>● Delivery Methods/Medium</li> <li>● Topic</li> <li>● Reinforcements (handout, video)</li> </ul> | <ul style="list-style-type: none"> <li>● Nutrition Education Panel OR</li> <li>● BF PC Documentation Panel</li> </ul>  |
| Referrals provided   | <ul style="list-style-type: none"> <li>● Referrals – Participant Panel OR</li> <li>● Referrals – Family Panel OR</li> <li>● Care Plan Panel for referrals to agencies/individuals that are not yet in the local agency’s list of referral organizations</li> </ul> |
| Follow-up activity plans and future visits   | <ul style="list-style-type: none"> <li>● Care Plan Panel</li> <li>● Appointment History Panel</li> </ul>   |
| Individual care plan for high-risk participants  | <ul style="list-style-type: none"> <li>● Care Plan Panel (can only be generated by CPAs)</li> <li>● Basic data automatically populates sections of the plan, CPA can enter free text in all sections of the plan</li> </ul>  |

## Best Practices

The only abbreviations that will be used within the participant records are standard medical terminology abbreviations.

The result of the referral will be documented where the referral is recorded in the Follow-up drop down box at the next contact with the participant.

Individual care plans should be written for all WIC participants and not just for those who are high risk.