



Memorandum

14-033

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Linda Brumble, Unit Manager
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: March 12, 2014

SUBJECT: Training Opportunity – *High-Risk Policy Development*

The State Agency will be hosting an online training for Local Agencies that would like additional information on improving their high-risk policies. The session will focus on high-risk policy development, including policy requirements, key components, and suggestions to improve the policy wording. The training will provide the background needed to identify risk conditions specific to the client populations served, and is ideal for those who develop the agency's high-risk policy.

Please note that this is a repeat of the training presented during the Bi-Annual RD Sharing Session in July 2013. Due to a high demand for this policy review and guidance, this training will be held twice to accommodate agency schedules. A copy of the presentation and template is attached for those who are unable to attend.

Session Dates and Times

High Risk Policy Development

Presented by: Leona Duong, RD, LD and Kaylene Thompson, RD, LD

Monday, April 7, 2014: 12:00 P.M. – 1:00 P.M. CST

Tuesday, April 8, 2014: 12:00P.M. – 1:00 P.M. CST

Instructions for logging on:

1. You will need a telephone and internet access.
2. Open your internet browser. Go to <https://stateoftx-dshs.centurylinkccc.com/CenturylinkWeb/HRPolicy>
3. Click the "Guest" tab.
4. Enter your name and email address, then click "Join Meeting."

5. To join audio, type your phone number and click “Let the Meeting Call Me.” The program will automatically dial your phone.
 - a. You may also dial toll free **1-877-820-7831**. Enter participant passcode **5123414512#** when prompted (including the # sign that follows).
6. For help logging in, contact CenturyLink Customer Support at 1-800-485-0844.

If you have questions or require additional information, please contact Leona Duong, RD, LD, at leona.duong@dshs.state.tx.us, (512) 341-4520, or Kaylene Thompson, RD, LD, at (512) 341-4512, or kaylene.thompson@dshs.state.tx.us.

High Risk Policy Development

Leona Duong, RD, LD
Kaylene Thompson, RD, LD



Agenda

- Policy requirements
- Building a policy
- Tips and pointers



POLICY REQUIREMENTS

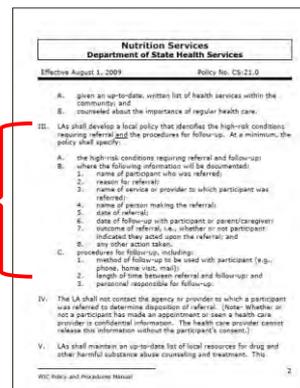
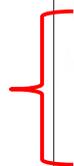


Policy Requirements

- CS:21.0 “Referral to Health Services”
 - Policy that specifies high risk medical referrals
 - Adapted for high risk RD referrals

CS:21.0 Requirements

- Roman numeral III specifies the criteria for LA policy:
 - The high-risk conditions requiring referral and follow-up
 - Where information will be documented (name, reason, dates, outcome, etc.)
 - Procedures for follow-up (method, length of time, personnel)



The Future of CS:21.0

- Possible revisions underway to specify:
 - Best practices for high risk referrals
 - RD and healthcare provider differentiation
 - Few standard conditions for referral



BUILDING THE POLICY



Policy Components

1. Risk Criteria
2. Procedures for referral
 - How referral made
 - Documentation
 - Follow-up



Risk Criteria

- Identify specific risk criteria that will require referral
 - Need to identify criteria for both RD referral and external referrals (HCP/MD)

Risk Criteria

- How do you know what to select?
 - Get the RD or local MD involved!
 - Review reports: Foxfire or risk assessment reports
 - Think about population or geographic prevalence
 - Consider community resources

Risk Criteria

- How do you specify criteria?
 - **Use risk codes as-is:** The risk code meets criteria for referral as defined in the Clinic Assessment Manual (CAM)
 - For example: If you decide to choose risk code 113, this means you will refer for BMI greater than or equal to the 95th percentile.
 - **Quantify risk codes:** Identify more acute risk code parameters than are defined in the CAM
 - For example: If you decide to choose risk code 113, but quantify to only refer for those above the 98th percentile.

Risk Criteria

- Be sure to include categorical groups for which the risk code applies to
 - Pregnant, Breastfeeding, Postpartum, Infant, Child



Example of Policy Criteria

- I. High risk conditions requiring referral to RD:
 - A. Risk code 103 (Infant or Child)
 - B. Risk code 132: Weight loss ≥ 4 pounds below prepregnancy weight in 1st trimester or 2 pounds or more in 2nd or 3rd trimester
 - C. Risk code 304 (Pregnant)

- I. High risk conditions requiring referral to MD:
 - A. Risk code 201 (All categories): For hemoglobin less than 9.0 g/dL
 - B. Risk code 103 (Infant or Child)

sample only, not actual policy requirements

Risk Criteria

- Risk criteria are your minimum criteria for referral
- It's okay to use professional judgment for other circumstances outside of risk criteria
- Consider adding discretionary statement to your policy

Procedures for Referral

- Identify how referral is made and include:
 - Staff that make the referral
 - Follow-up parameters
 - Required documentation



Procedures for Referral

- Staff: Who makes the referral?
 - Remember internal and external referrals will be in your policy



Procedures for Referral

- Follow-Up:
 - Specify method and personnel
 - Internal/RD: in-person appointment or phone consultation
 - External/HCP: next appointment or phone call to participant



Procedures for Referral

- Follow-Up:
 - Specify time frames
 - Internal/RD: how long between when the referral is made and when the high risk appointment is complete?
 - External/HCP: how long between when the referral is made and follow-up?



Procedures for Referral

- Documentation: How will the referral be documented from start to finish?
 - Specify any forms, logs, or tracking methods that are used for referrals.
 - Be sure to detail where the forms are kept (ie: chart, binder) and if they are carbon copies, xerox copies, or originals.
 - Remember follow-up documentation as well.

Procedures for Referral

- Documentation
 - Ensure your documentation contains all components outlined in policy CS:21.0



ADDITIONAL TIPS



Additional Tips

- Make policy easy to follow
 - Outline is ideal
 - May help to break into two sections; one for internal and one for external referrals
 - Use this training and sample template to help guide your policy



"Sample Template for Illustrative Purposes Only"
Local Policy does not have to resemble this format, but must include these components.

Purpose	Policy Title	Revision Date:
Procedures <ul style="list-style-type: none">I. External Referrals (ie. HCP/UD)<ul style="list-style-type: none">a. Risk Criteriab. Procedure<ul style="list-style-type: none">i. Procedure for referralii. Follow-up method and time framesiii. DocumentationII. Internal Referrals (ie. RD)<ul style="list-style-type: none">a. Risk Criteriab. Procedure<ul style="list-style-type: none">i. Procedure for referralii. Follow-up method and time framesiii. Documentation		

Additional Tips

- Perform self-audits
 - Run Foxfire reports
 - Check logs and charts



Additional Tips

- Create a “cheat-sheet” for staff
 - Criteria for high risk referrals

High Risk Cheat Sheet
Updated July 2013

Risk Code
103 Underweight (Infant or Child)
113 Child Obese (Child)
115 High Wt-for-Length (Infant or Child)
132 Maternal Wt Loss During Pregnancy (Pregnant)
• 1 st Trimester 2 # below prepregnancy wt
• 2 nd /3 rd Trimester 2 # below prepregnancy wt

Additional Tips

- Be realistic!
 - Too many criteria can be overwhelming
 - Don't over-complicate the process
- Consider best use of the RD's time



Additional Tips

- The high risk policy can always be changed
- State Agency Review
 - Not required, but an option if you still need assistance after this training

Questions?

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Policy Title

Purpose

Procedures

- I. External Referrals (ie: HCP/MD)
 - a. Risk Criteria
 - b. Procedures
 - i. Procedures for referral
 - ii. Follow-up method and time-frames
 - iii. Documentation
- II. Internal Referrals (ie: RD)
 - a. Risk Criteria
 - b. Procedures
 - i. Procedures for referral
 - ii. Follow-up method and time-frames
 - iii. Documentation

sample template for illustrative purposes only

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