



Performance Measure Update

Performance Status:



WRHA Strategic Directions: Clinical Documentation / Integration of Nutrition Care Process in Practice

Quality Issue: **Build Sustainability**
Enhance Patient Experience

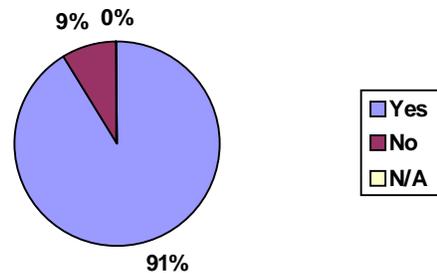
Baseline Data – Acute Care

WHAT IS BEING MEASURED?

The frequency of ADIME elements (assessment, diagnosis, intervention, monitoring and evaluation) in RD follow up notes. This information will serve as baseline for comparison after ADIME charting implementation.

Audits to be completed at HSC, SOGH, GH, VGH, SBH and CH by June 2013 in both inpatient and ambulatory care areas.

Chart audit completed (# completed/ total number of sites)



WHY IS THIS IMPORTANT?

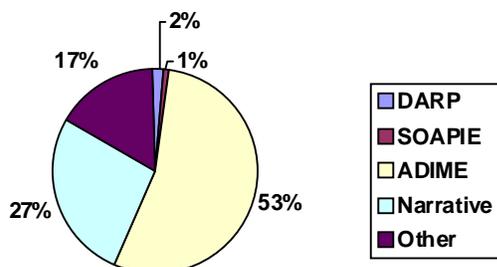
To effectively communicate all elements of quality nutrition care to other health care professionals and RDs. This will provide us with a measure of how well we are integrating the Nutrition Care Process (NCP) into dietetic practice, in regards to follow-up documentation:

WHAT IS THE TARGET?

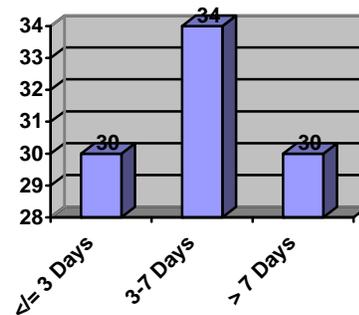
Baseline Data: To complete a minimum of 30 chart audits/site. Future audit: To exceed 80% score per element (assessment, diagnosis, intervention, monitoring and evaluation)

HOW ARE WE DOING?

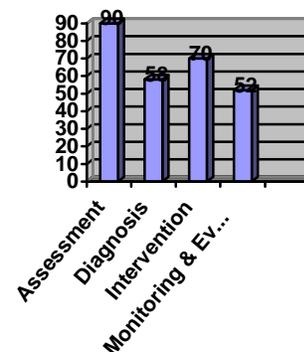
Charting Format:



Timeliness of Intervention



ADIME Elements



Follow Up Note

Interpretation:

- N= 262
- Even distribution of time frames for follow up noted.
- Although the nutrition problem was commonly identified it was not frequently written as a PES statement or stated as a nutrition dx.
- SMART goals were less often written, especially "time framed" was missing
- Are often missing measurable outcomes
- Evaluation of outcomes was frequently missed

WHAT ACTIONS ARE WE TAKING?

1. Complete inventory of sample statements (Linking the Nutrition Care Process document)
2. Develop follow up documentation template to include goals and monitoring/evaluation.
3. Develop time frames for follow up
4. Identify scales that can be used to evaluate intake
5. Identify scales that can be used to evaluate indicators (Braden Scale, Subjective Global Assessment, Nutrition Day Intake Tool)
6. Investigate resources that can be used to identify nutrition indicators to monitor and evaluate per sector
e.g. Malnutrition Task Force (acute care)
e.g. MDS Outcomes (LTC)
7. Ongoing training and awareness of ADIME such as through lunch and learn sessions, coffee sessions