



Performance Measure Update

Performance Status:



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

Quality Issue: Build Sustainability
Enhance Patient Experience

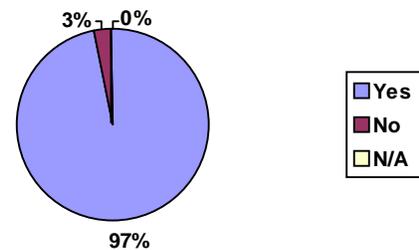
Baseline Data – Ambulatory Care/Community (DLC, HSC, MHC, SBGH, SOGH, VGH)

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, DLC, SOGH, VGH, SBH, MHC and one WRHA community nutrition area 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:

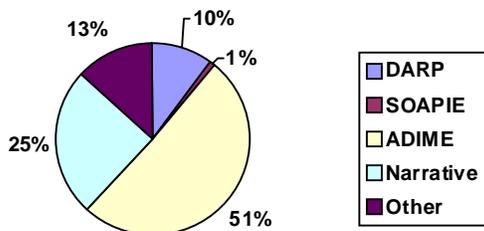
WHAT IS THE TARGET?

Baseline Data:

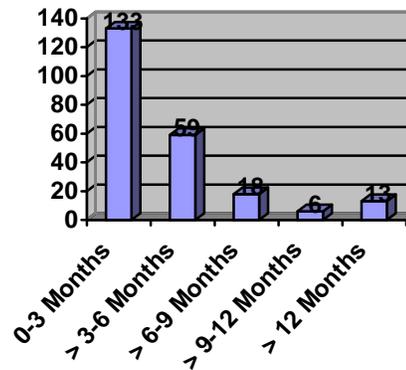
To complete a minimum of 30 chart audits/site. Future audit: To exceed 80% score per element (assessment, diagnosis, intervention, monitoring and evaluation)

HOW ARE WE DOING?

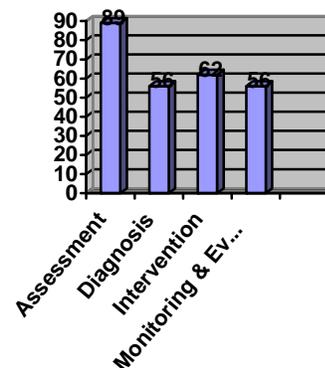
Charting Format:



Timeliness of Intervention



ADIME Elements



Follow Up Note

Interpretation:

N= 288

While charts sometime identified broad components of ADIME, some detailed components included in ADIME were missing in follow up charts audited such as:

- Nutrition problem identified but not always written as a PES statement or stated as a nutrition diagnosis
- Goals do include all components of SMART goals (such as timeline missing)
- Means of measuring and evaluating outcomes not identified

It was noted that areas with existing templates scored better.

It is anticipated that with increased practice, education and exposure to ADIME follow up charting, the percentage of chart notes that contain all of the ADIME components will increase in future.

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