



Performance Measure Update

Performance Status:



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

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

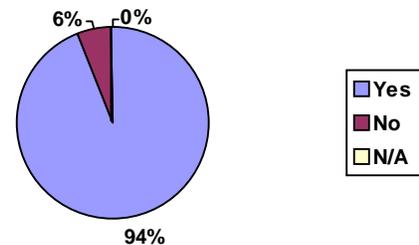
Baseline Data – Long Term Care (CP, DLC, MHC, RHC)

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 DLC, MHC, RHC and CP by June 2013 in both inpatient and ambulatory care areas.

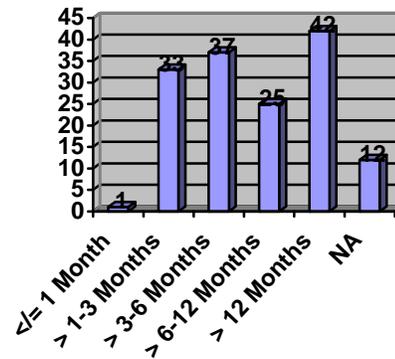
Chart audit completed (# completed/ total number of sites)



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:

Timeliness of Intervention



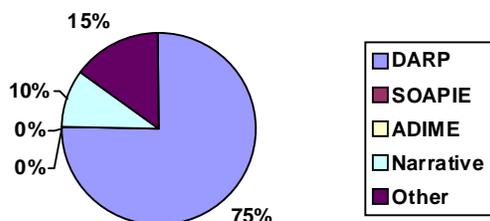
WHAT IS THE TARGET?

Baseline Data:

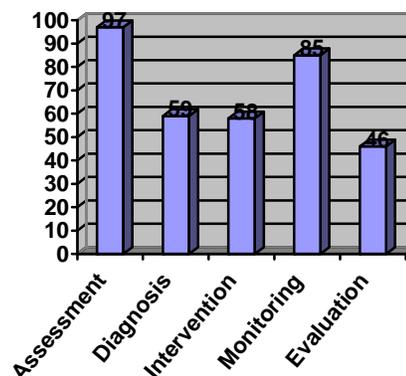
To complete a minimum of 30 chart audits/site. Future audit: To exceed 80% score per element (assessment, diagnosis, intervention, monitoring and evaluation)

HOW ARE WE DOING?

Charting Format:



ADIME Elements



Follow Up Note

Interpretation:

N= 129

While aspects of ADIME are routinely included, not all of the detail is included in each chart.

Examples include:

- nutrition problem is identified, however not identified using a PES statement or standardized nutrition language.
- Although goals are routinely noted, they are not always stated as SMART goals.
- In terms of evaluation, the majority of charts identify outcomes for evaluation, they are not always compared to a reference standard.

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