



Performance Status: ●

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

Quality Issue: Diagnosis of Malnutrition

Performance Measure Update

Baseline Data – Malnutrition WRHA Long Term Care Sites

MALNUTRITION DIAGNOSIS RATE

WHAT IS BEING MEASURED?

- To determine what percentage of malnourished patients are diagnosed with malnutrition by RD or MD
- To determine the NCPT diagnosis used by RDs
- To determine the rate of audited patients assessed by RDs that are malnourished in RD caseload

	RD DX Malnourished Residents	MD DX Malnourished Residents
DLC	0%	0%
RHC	0%	0%
MHC	0%	0%

Audits were completed at Deer Lodge Centre (DLC), Riverview Health Centre (RHC) and Misericordia Health Centre (MHC) in October 2015.

Interpretation:

A total of 75 charts were audited at WRHA Long Term Care sites. 44% (n=33) of the patients audited were found to be malnourished.

Chart audits completed at sites (3/3).

Of the patients who were malnourished, the RD and MD diagnosed 0% (n=0) with malnutrition, leaving 100% (n=33) of malnourished patients undiagnosed.

WHY IS THIS IMPORTANT?

The Canadian Malnutrition Task Force Study (CMTF) found that 45 % of patients admitted to hospital are malnourished, and it is noted that 40 to 60% of residents are malnourished. Malnutrition is associated with morbidity and mortality,

WHAT ACTIONS ARE WE TAKING?

Other actions will be to propose such changes as:

To determine the benchmark data of malnutrition diagnosis rate in WRHA Long Term Care sites.

- Define malnutrition
- Standardize methods for assessing and diagnosing malnutrition.
- Provide education in the diagnosis of malnutrition to RDs, MDs, and other health care professionals that are part of an interdisciplinary team.
- Implement SGA skills training for RDs, with consideration of the challenges of achieving this in the LTC setting with sole practitioners
- Complete inventory sample statements using the nutritional diagnostic term “malnutrition” (Linking the 4 Steps document)
- Revise the Nutrition Assessment form to facilitate malnutrition diagnosis and include elements of SGA.
- Initiate a Crosswalk between SGA an A.S.P.E.N.’s six characteristics of malnutrition.

WHAT IS THE TARGET?

Baseline Data: To complete 25 charts/site.

Future audit: 70% malnutrition diagnosis rate (as per to Singapore). 40 to 60% rate of malnutrition noted in LTC.

Definition:

$\frac{\text{Number of patients diagnosed with malnutrition by RD}}{\text{Total number of malnourished patients}} \times 100$

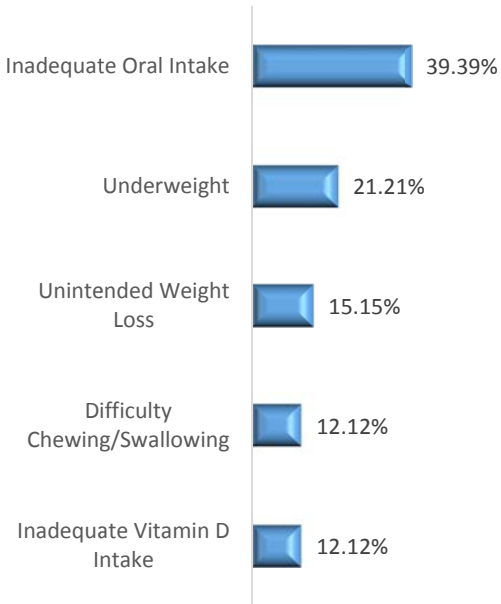
$\frac{\text{Number of patients diagnosed with Malnutrition by MD}}{\text{Total number of malnourished patients}} \times 100$

$\frac{\text{Number of patients with malnutrition}}{\text{Total number of patients audited}} \times 100$

HOW DO WE COMPARE?

These results are baseline data for the region as we strive to achieve a 70% malnutrition dx rate for residents who are malnourished. Malnutrition rate noted to be 40 to 60% .Currently, we are not diagnosing malnutrition .

Of Residents Determined to be Malnourished, NCPT used by RD's by the Region



HOW ARE WE DOING?

Malnourished residents in RD caseload by the Region

