

QUALITY IMPROVEMENT ROADMAP

FISCAL YEAR: 2012 TO 2013

PROGRAM NAME: DATE OF SUBMISSION: QUALITY TEAM CHAIR: Nutrition and Food Service

HAIR: Brenda Hotson

QUALITY ISSUE	OBJECTIVES	PLAN OF ACTION	ROP?	PERFORMANCE MEASURES	Оитсоме	COMPLETE
(WHY)	(QUALITY INITIATIVES)	(WHAT, WHO, BY WHEN)		(He	(wc	DATE OF COMPLETION
Why were changes needed? Quality Dimension addressed Check those coming out of Quality Performance Roadmap (QPR)	Identify what team intends to accomplish by when Ex. To increase to 95% by Aug 3, 200	A detailed description of what action(s) will take place, by who, by when		How will you measure success?	A description of success	Check off Complete and Enter Date
Quality Issue: Access to Service and Client Health Information Quality Dimension: Accessibility Champion for Initiative: Recommendation (AC): QPR Flag:	 Develop an inventory of clinical nutrition services in the Winnipeg health region by community area and sector by August 1, 2012. 	 Dietetic Intern Project Management placement requirements include: Conduct focus groups Describe current navigation Develop inventory and recommendations (MPP) Post inventory information on Sharepoint and Intranet August 1, 2012 Review inventory and recommendations of summary report (Mgmt team) by March 2013. 	N	Project completion (Y/N) Project posted on Sharepoint and intranet (Y/N) Recommendation report completed (Y/N)	Information is known and accessible to key stakeholders Information is comprehensive.	Complete: Date:
Strategic Direction Improve Quality & Integration	2. Develop a standardized referral form and process	Gather current referral forms and information re: referral processes via MPP Dietetic Intern Project Management placement by June 2012. Draft referral templates and process by sector by December 2013.	N	Inventory of referral forms and processes completed (Y/N) Draft one standard referral form and process completed (Y/N)	Standardized regional clinical nutrition referral form and process applicable to more than one area approved for use by key stakeholders. (Dec 2014)	

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	 3. To facilitate navigation to DaD nutrition services and via DaD ER- Clinical Leads Phone messages (Colleen to develop script by Sept 2012) Include DaD information with media events 	 RD Leaders to establish key areas where promotion of DaD is appropriate by Dec 2012. Invite DaD to RD Leadership meeting by Nov 2012. Clinical Leads to create awareness of DaD services as opportunities arise (e.g. ER, nutrition month, media events, phone messages, clinics) by March 2013. Invite DaD to service navigation project by June 2012. Investigate whether DaD can report on referral source by June 2012. 	Ν	 # areas DaD services were promoted (N=x) # RDs who direct people to DaD in voice mail message Total # Rds # calls received by DaD over a specific time period 	Number of calls at DaD increased over reporting time. Number of areas that DaD has been promoted has increased over reporting time.	

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Quality Issue: Clinical Documentation/Integration of	To integrate Nutrition Care Process (NCP) into dietetic practice via follow-up documentation:	Develop a follow up chart audit to determine baseline documentation elements (e.g. ADIME; interval between documentation) by June	N	Audit tool and guidelines developed (Y/N)		
Nutrition Care Process in Practice	Interval between documentation	2012.				
Quality Dimension:	monitoring and evaluation	Complete chart audit at HSC, DLC, SOGH, GH, VGH, SBH, CH, MHC, RHC and one WRHA community nutrition area by June		Chart audit completed (# completed/ total number of sites)		
Champion for Initiative:		2013 in both inpatient and ambulatory care areas.		Chart audit results (indicators per element)		
Recommendation (AC):	Assessment/Monitoring &					
QPR Flag:	Evaluation To integrate Assessment/Monitoring &	1. Establish an educational plan. (include ADIME charting; SMART goals).	N	<u># RD's attended education</u> Total # RDs		
Strategic Direction: Build Sustainability Enhance Patient Experience	Evaluation IDNT language into practice.	Conduct education session for WRHA RDs re: Assessment/Monitoring and Evaluation Language on Feb 3 rd , 2012.				
		2. Develop Linking NCP document using common diagnosis (top 20) by June 2013.		# diagnosis included in <u>linking document</u> 20		
		2a. Practice Councils review and disseminate what nutrition indicators are indicated per diagnosis by December 2013.		#nutrition indicators developed with evaluation scales	One nutrition indicator completed per practice council	

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		2 b) Determine appropriate scales for evaluation per nutrition indicator. Establish evaluation scale for intake in all sectors by Dec 2013.		#RDs implemented SGA into <u>practice</u> Total RD's		
	To integrate SGA into nutrition assessments	Conduct SGA session during Education Day on Feb 3 rd , 2012. Develop a strategy to implement SGH using a change management principle (ADKAR) by Mar 2013.	Ν	#RD's attended HBC <u>Workshop</u> Total # RDs		
	Intervention HBC skills development	 Complete Primary Care/ Ambulatory HBC workshops by June 2013 Develop Motivational Advising session for acute care RDs by June 2013 Investigate applicability for LTC RDs by May 2012. Develop educational plan by June 2013. Observe full day MPP session to determine format for LTC RDs. 	Ν			

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Quality Issue: Optimize nutrition intake Quality Dimension: Champion for Initiative:	 To determine feasibility and effectiveness of a med-pass program in an acute care environment to improve intake. Develop process, scales/tools for assessing intake 	 bf a program (Medication Pass Nutrition Supplement Program) in adult acute care inpatient areas and determine next steps by June 2013. Develop tray check process with tools at HSC to monitor and evaluate intake by Dec 2012 	program (Medication Pass Nutrition Supplement Program) in adult acute care inpatient areas and determine next steps by June 2013.	a program (Medication an Pass Nutrition Supplement to Program) in adult acute care inpatient areas and determine next steps by June 2013.		 Data collection tool developed and data reviewed. (Y/N) Report of recommendations completed. (Y/N) Action steps established (Y/N) 		
Recommendation (AC): QPR Flag:				 Process and tool developed # areas implemented tray <u>check process</u> # areas 				
Strategic Direction Enhance Patient Experience		information by April 2013.		 Research project completed (Y/N) 				
	 Incorporating Monitoring and evaluation NCP 							
Documents and Settings/czandstra/My Documents/Dov	Durit Counting Transmission Drawling 2012 Journ							

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Quality Issue:				- Trial completed. (Y/N)		
Optimize nutrition intake	Determine effective calorie count process	Trial new calorie count process at CH (RD records intake) by June	Ν			
Quality Dimension:		2013				
Champion for Initiative:						
Recommendation (AC):	- Procure Nutrient Dense Food	 Investigate options for increasing nutrient density in food items by June 2012. 		 # of new items introduced in the reporting period 		
QPR Flag:		- Develop Diet Compendium/Criteria revision plan with lens to enhance intake by June 2013.		 Diet compendium revision plan complete.(Y/N) 		
	 Increase Awareness of Intake/Malnutrition 	 Develop communication plan for disseminating Canadian Malnutrition Task Force Study results by June 2013. 		 Communication plan developed (Y/N) 		
		- Review ASPEN Malnutrition tools for applicability to practice for diagnosing malnutrition by June 2013.		- Review completed (Y/N)		
		 Communicate HSC tray check research project results to key stakeholders by December 2013. 		<u># areas communicated to</u> total # areas (N=6)		

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	Advocate for adequate resources for people living in the community to optimize intake.	 Complete Food Costing report by July 2012. Disseminate results to key stakeholders and make available publicly. 		- Report completed Communication plan implemented (Y/N)		
	Promote families and parents to feed infants according to evidence based guidelines.	Complete health professional resource "Feeding Healthy Term Infants" - Promote use of above resource by HCP by putting resource on-line. Include DaD.		- Resource completed (Y/N)		
	Promote intake according to CFG for immigrants/refugees/new Canadians with no English skills.	 Complete Nutrition Toolkit for EAL Teachers. Evaluate above resource by July 2012. Make available on stakeholder websites. 		Resource completed.(Y/N)		
	Disseminate nutrition messaging to hard to reach populations (not currently in the health care system).	Develop interactive nutrition display for Red River Ex.				

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Quality Issue: Nutrition Management Strategy for Obesity Quality Dimension:	 Establish a best practice guideline for nutritional management of obesity. 	 Review and adapt Alberta Health RD best practice guidelines by – December 2013 by VGH Bariatric surgery team Primary Care Practice / Acute Care Practice Council review, approve and adopt as appropriate 	N	 <u># guidelines reviewed</u> Total # guidelines <u># guidelines adapted</u> Total # guidelines <u># guidelines modified</u> Total # guidelines 		
Champion for Initiative: Recommendation (AC):		Participate in the Acute Care Bariatric Management Working Group.		<u># guidelines approved</u> Total # guidelines		
QPR Flag:						