

# Quality

focus

IMPROVING WRHA CLINICAL NUTRITION SERVICES IN ACUTE CARE, COMMUNITY AND LONG TERM CARE. SUPPORTING THE GROWTH OF CLINICAL & COMMUNITY DIETITIANS.

Kathleen Richardson, WRHA Nutrition & Food Services, Chief Nutrition and Food Services Officer

It is exciting to see that out of the vision of Clinical Nutrition practitioners and leaders, priorities are set, plans are developed, steps are taken and positive sustainable quality outcomes are achieved.

A lot of hard work continues to ensure that the WRHA – Nutrition and Food Services Clinical Strategic Plan is moving forward, ensuring a program of high standards, best practice and nutrition promotion which will ultimately improve the overall health of our community.

Goals are SMART...Specific, Measurable, Achievable, Realistic and Timely.

"Vision without action is a dream. Action without vision is simply passing the time. Action with vision is making a positive difference." – Joel Barker

Thank you for your vision, inspiration and hard work!

# On the Road Again!! Mapping Our Future

The Clinical Nutrition Quality Team has been very busy in the past 2 years building our new Quality Roadmap for 2012-2013 and 2013-2014.

At Vision Day on November 19, 2010 you voted (via risk assessment) to determine what are our priority issues. The following quality issues have been integrated into our strategic plan:

- Access to Service and Client Health Information
  - develop an inventory of clinical nutrition services in the Winnipeg region by community area
  - b. develop a standardized referral form and process
  - c. to facilitate navigation to nutrition services
- 2) Clinical Documentation/ Integration of Nutrition Care Process in Practice
  - a. To integrate NCP into dietetic practice via follow-up documentation
  - To integrate assessment/monitoring & evaluation IDNT language into practice
  - c. To integrate SGA into nutrition assessments
  - d. To develop Health Behaviour Change skills

- 3) Optimize Nutrition Intake
  - To determine feasibility and effectiveness of a med-pass program in an acute care environment
  - Develop process, scales/tools for assessing intake
  - c. Determine effective calorie count process
  - d. Procure nutrient dense foods
  - e. Increase awareness of intake/malnutrition
  - f. Advocate for adequate resources for people living in the community
  - g. Promote families and parents to feed infants according to evidence based guidelines
  - h. Promote intake according to CFG for immigrants/refugees/ new Canadians with no English skills
  - Disseminate nutrition messaging to hard to reach populations (not currently in the health care system
- 4) Nutrition Management Strategy for Obesity
  - a) Establish a best practice guideline for nutritional management of obesity.

Please read further for more details...

#### Inside this issue:

Documentation

Mapping the Way: Service Inventory Mapping and Referral Pathways

Integrating NCP in Clinical 2

2

Optimizing Nutrition Intake 2

Constructing a Nutrition Management Strategy for Obesity





# WRHA CLINICAL NUTRITION QI TEAM

# Working Together to Build our Future



Brenda Hotson, RD, MSc, Chair WRHA Acute Care

Andrea Rodrigue, RD, VGH

Gabriella Benedictson, RD, MSc, SBH

Jean Helps, RD, WRHA Long Term Care

Colleen Einarson Rand, RD, WRHA, Community

Julie Gislason, RD, WRHA Clinical Systems

If you have any quality ideas or would like to contribute, contact any of the members.

If you would like to learn more about quality, check out the WRHA Education Services website for the Quality Improvement workshops.



# Mapping the Way: Service Inventory Mapping and Referral Pathways

What we learned along the way is that every dietitian, in all settings, occasionally or frequently, needs to search for and find a different nutrition service for a patient or member of the public. The effort to find the resources is duplicated by all of us and requires a significant amount of time.

With the help of MPP Interns in a project management placement, we have feedback from dietitians in every area of the region working in all health sectors. This information has led to:

- 1. the identification of gaps in service and,
- the development of a current listing of nutrition services in Primary Care, Ambulatory Care and Out-Patient sites.

The Service Inventory also includes referral criteria and contact information to RDs, to Dial-a-Dietitian and the College of Dietitians of Manitoba to assist with finding the right provider the first time.



The work to develop referral pathways and communicate our plans to other health care providers and the general population continues and includes the re-configuration of the WRHA Nutrition and Food Service inter and intranet sites.

#### **Integrating NCP in Clinical Documentation**

Dietitians in the WRHA are well on the road to incorporating the Nutrition Care Process into clinical documentation. The focus this year will be on integrating Assessment, Monitoring and Evaluation IDNT language into practice. Specific sites will complete a chart audit of follow-up notes

to determine baseline documentation elements. Stay tuned for results as well as further education opportunities and supporting documents for linking the steps of the NCP. In the meantime, give ADIME a try if you haven't already!

#### **Optimizing Nutrition Intake**

If we didn't already know it, we clearly found out that malnutrition is an issue in our institutions through the work done on acute care nutrition screening and the Canadian Malnutrition Task Force. As a result we identified "optimize nutrition intake" as a quality issue in the Clinical Nutrition Quality Improvement Roadmap. To address this we have a number of initiatives both from the perspective of assessment/diagnosis and intervention.

We are endeavoring to improve nutrition assessment and diagnosis by developing/selecting scales and tools such as a tray check process, uniform terminology for identification of intake (on flow sheets) and revisiting the process of calorie counts. From the perspective of intervention, there is a move to determine how and if supplement med pass would work in the acute care setting.

Dietitians working in the community have been diligently working on resources and reports that

will contribute to better nutrition (or optimizing intake) for some important populations. We have finalized the Nutrition Toolkit for English as an Additional Language (EAL) learners (http://www.winnipeginmotion.ca/winnipeg/common /uploads/files/EAL toolkit Nov 8-2012\_FINAL.pdf). This highly evaluated resource for teachers uses the topic of nutrition to introduce Canadian foods and the English language to learners. It will be available on the WRHA website. The "Cost of the Nutritious Food Basket in Manitoba 2011"report is final and available at (http://www.heartandstroke.mb.ca/site/c.lgLSIVOyG pF/b.8340081/k.C51/The cost of healthy eating Manitoba Report.htm). The report can be used for program planning, informing policy decisions and supporting and promoting access to nutritious, safe and personally acceptable foods. Finally, the Feeding Healthy Term Infant resource for health professionals is on the cusp of completion and will also be available on the WRHA website.

### **Constructing a Nutrition Management Strategy for Obesity**

Our goal over the upcoming year is to establish a best practice guideline for the nutritional management of obesity. Dietitians from primary care, acute care and long term care as well as the Bariatric Surgery team will be enlisted to review and adapt the nutrition best practice guidelines developed by Alberta Health Services. Dietitians are also actively participating on the WRHA Acute Care Bariatric Management Working Group. Together, we will build the framework for obesity management!!