

# Abstract Submission Form 2018

#45

Salutation: \* Mr.

First Name: \* Denis

Last Name: \* Tsang

Clinic/Company: \* Dietitians of Canada Primary Health Care Action Group

Role: \* Outcome Measurement Lead

Phone Number \*

Email Address: \*

Type: \* Concurrent Session

Salutation: \* Mr.

First Name: \* Denis

Last Name: \* Tsang

Role: \* Outcome Measurement Lead

How long have you been using an EMR? \* 5

Salutation: Miss

First Name: Michele

Last Name: MacDonald Werstuck

Role: Chair

How long have you been using an EMR? 9

Salutation:

First Name:

Last Name:

Role:

How long have you been using an EMR?

Has this session been accredited by the College of Family Physicians (CFPC)? \* No

Who is your target audience? \*  
New EMR Users  
Intermediate EMR Users  
Advanced EMR Users

Abstract Title: \*  
EMR-ization of standardized malnutrition screening and assessment in interdisciplinary team-based primary care

Learning Objectives: \*  
1. Facilitate standardized malnutrition screening and assessment process with customized charting template in EMR

2. Improve clinical workflow and optimize data quality to support clinical operation and quality improvement plan

3. Increase the uptake of using validated screening and assessment instruments in EMR to streamline medical practice

Abstract: \*

Purpose: Despite the fact that 34% Canadians over 65 years are at nutritional risk and 47% of seniors are malnourished on hospital admission, malnutrition is often overlooked. The Dietitians of Canada Ontario Primary Healthcare Action Group (PHCAG) has made malnutrition screening for seniors in primary care settings a priority initiative and has been advocating for standardized malnutrition screening and assessment, a collaborative

interprofessional team approach to manage malnutrition and electronic medical record (EMR) customized charting templates to collect outcome data to assess quality of care and support upcoming provincial quality improvement projects.

Process: Gaps were identified in practice with respect to malnutrition screening and assessment (eg. low referral rate, variability in assessment approach and lack of standardized data collection). EMR customized charting templates (i.e. encounter assistants) are designed to guide clinical workflow in identifying patient populations, using appropriate screening instruments and processes, and standardizing data collection to facilitate on-going monitoring/evaluation of service quality and effectiveness.

Approach: Malnutrition encounter assistants were created to include 3 validated instruments (eg. CNST, MNA-SF and SCREEN II-AB) appropriate for screening vulnerable seniors (eg. recently discharged from hospital and with cognitive issues). Positive screenings are referred to dietitians for further assessment including subjective global assessment to determine level of malnutrition and appropriate intervention. Nutrition diagnosis, weight status, Mediterranean diet score, hand-grip strength, biochemical tests and internal/external referrals are recorded in the encounter assistants.

Conclusions: New encounter assistants for malnutrition have embedded validated screening/assessment instruments into EMR and simplified the process of data collection. More than 150 dietitians and other providers have been trained at PHCAG RD Research Day, AFHTO conference/webinars and via AFHTO IHP community of practice to screen seniors at nutritional risk in a standardized manner with a systematic approach to outcome measurement. Recommended outcome indicators have been shared with Quality Improvement and Decision Support Specialist (QIDSS) network to facilitate adoption and spread in provincial quality improvement projects.

**How did you hear about the Call for** Email Invitation from OntarioMD

**Abstracts \***

**Please Specify \***

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