

## Topic Area: Nutritional Assessment and Therapy

**Abstract Title:** EMR-ization of standardized malnutrition screening and assessment in primary care across Ontario  
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**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.

**Systematic 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.