## **Abstract Title**

Are patients identified to be at risk for malnutrition being seen by a dietitian upon admission to hospitalist medicine units at Vancouver General Hospital?

N Teymouri Bayat<sup>1</sup>, R Rattanpal<sup>1</sup>, J Sookero<sup>1</sup>, S Voong<sup>1</sup>, E Cabrera<sup>2</sup>,T Cividin<sup>2</sup>; <sup>1</sup>UBC Dietetics Program, Vancouver, BC, <sup>2</sup>Vancouver Coastal Health, Vancouver, BC

## Abstract

Introduction: Malnutrition is under recognized and often undiagnosed in the hospital setting. Malnutrition contributes to increased mortality, morbidity, hospital admissions, length of hospital stay, healthcare costs and reduced quality of life. Dietitian involvement is critical in addressing malnutrition and its associated risk factors. Patients admitted to Vancouver General Hospital (VGH) are screened for malnutrition risk using a validated nutrition screening tool (Canadian Nutrition Screening Tool) within the Nursing Admission Assessment (NAA).

Objectives: The objectives of this study are (1) to determine the proportion of patients who are screened by and determined to be at risk for malnutrition upon admission to 3 hospitalist medicine units at VGH and (2) to determine the proportion of those patients seen by a dietitian.

Methods: A retrospective chart review of all patients admitted to VGH hospitalist medicine units from March 1-31, 2017 was conducted. Data collected included demographics, completion of the nutrition screen within the NAA, dietitian referrals and assessments.

Results: Of the 161 patients admitted, 51% (n=82) were screened for malnutrition upon admission. Of these patients, 24% (n=20) were determined to be at malnutrition risk. Despite only 15% (n=3) of these patients being referred to a dietitian, 50% (n=10) of patients at malnutrition risk were seen by a dietitian. The main reasons for dietitian assessment were physician referrals and dietitian routine screening.

Conclusions: The NAA was not consistently completed and patients at risk were not always referred to the dietitian. Suggestions to address these issues include identifying barriers for completing the NAA and providing nursing education about the importance of malnutrition screening, use of the tool, and how to refer to the dietitian.

Significance to the field of dietetics: Consistent completion of the validated malnutrition screening tool and resulting dietitian referrals could help identify malnutrition early and decrease routine screening time for dietitians.