

Topic Area: Community-based Nutritional Care

Abstract Title

A description of the use of the Interprofessional Assessment Tool and frequency of dietitian referral among New Westminster home health clients

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Abstract

Introduction: New Westminster home health (HH) uses an assessment tool called the Interprofessional Assessment (IPA). One intended purpose of the IPA is to identify clients with needs that could be met by the interprofessional HH team. Currently, relative to the total number of referrals to HH services, the frequency of HH RD referrals is noticeably low. This pilot study investigates current use of the IPA and the frequency of referral to the HH RD.

Objectives: This study investigated the frequency of IPA completion, and specifically documentation of nutrition-related indicators, for clients referred to HH nursing in New Westminster. Additionally, it investigated the frequency of HH RD referrals between clients who had a completed IPA and/or documentation of nutrition-related indicators compared to those who did not.

Methods: A retrospective chart review of 349 Primary Access Regional Information System (PARIS) charts was conducted. Variables collected included: reason for HH referral, age, sex, if the IPA was completed, assessment of nutrition-related indicators, if a referral was made to the HH RD and the reason indicated.

Results: 267 charts (76.5%) had an IPA completed. Six (1.7%) of the 349 charts had referrals to the HH RD; of these, four had completed IPAs and two did not. Every completed IPA had a nutrition-related indicator documented. Notable nutrition-related indicators marked as a concern were weight change (n=93, 57.4%), appetite (n=45, 18.9%), and diet (n=31, 13.0%).

Conclusions: Despite documented nutrition concerns in the IPAs, many clients were not referred to the HH RD. This study highlights a need to revisit the use of the IPA and for standardized guidelines for HH RD referral.

Significance to field of dietetics: Nutrition screening in the HH setting must be addressed to ensure that clients who are malnourished or at risk of malnutrition are identified and referred to the RD.