Topic Area: Undergraduate Education and Dietetic Internship

Abstract Title
A Secondary Analysis Describing the Nutritional Adequacy of 6 Different Therapeutic Diets in Kelowna General Hospital and Royal Inland Hospital

Mandy Kennedy, Haeli Draper, Abby Hsiao, Violet Liao, Kelsey Moore, Katie Tsoupakis

Abstract

Purpose: In Canada, 45% of patients admitted to hospital have poor nutritional status due to poor intake. This study aims to determine if diets provided by two tertiary hospitals meet the Daily Recommended Intakes (DRIs) for calories and protein for adults and what proportion of patients are on each of these selected diets.

Methods: The study team collected menus for six diets from Kelowna General Hospital (KGH) and Royal Inland Hospital (RIH) and compared the mean calorie and protein values to Health Canada's Estimated Energy Requirement (EER) and Recommended Daily Allowance (RDA) for adults. CBORD® and Excel® were used to organize and analyze the data. Total number of patients admitted in October 2018 and patients on each of the six diets was analyzed.

Results: The six diets analyzed made up 47.02% of all menus at KGH and 48.02% of all menus at RIH in October 2018. Menus at both sites met the DRI for protein for females and males except the General Pureed with Nectar Thick Fluids. Only the High Protein High Calorie, Regular menu met all EERs for females across all age categories and for males, except for males aged 19-30 at KGH.

Conclusion: Most of the six diets at RIH and KGH meet protein needs for females and males, but do not provide enough calories to meet the needs of hospitalized patients. However, these results are compared to Health Canada standards and hospitalized patients require more protein on average than the general healthy population due to factors such as wounds, burns, trauma, infection and cancer. Thus, hospitalized patients on one of these six diets are likely not being provided with adequate protein to meet their nutritional needs. This puts patients at risk for prolonged length of stay and increased chance of readmission within 30 days.