

Clinical Research (Including Outcomes of Intervention)

Addressing malnutrition through diet liberalization: comparing therapeutic diets prescribed by the multidisciplinary team on acute medicine

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Introduction: There is increasing recognition that effective care of hospitalized patients requires a multidisciplinary approach, however gaps in nutrition care between Registered Dietitians (RDs) and non-dietitian health care providers (HCPs) exist. This may lead to patients receiving inappropriate therapeutic or nutritionally inadequate diets. Diet liberalization is one effective way to address the restrictive nature of therapeutic diets and combat malnutrition.

Objectives: To explore differences between admitting diet orders and those assessed by RDs. Specifically, whether or not diets were liberalized by RDs based on the presence of malnutrition, as categorized by Subjective Global Assessment (SGA), and how frequently HCPs and RDs order therapeutic diets.

Methods: A retrospective, randomized chart review of adult patients admitted to acute medicine at St. Paul's Hospital between April 1, 2018 and March 31, 2019 was conducted between March and August 2020. The sample was deemed representative of the study population. Descriptive statistics were used to assess the frequency of diet liberalization and of each diet type being ordered. Chi-squared test and logistic regression were performed to investigate the relationship between malnutrition (SGA status) and diet liberalization.

Results: A total of 204 patient charts were included. Upon first nutrition assessment, RDs liberalized the diet order for 17% of patients and changed the admitting diet order for 59% of patients. Statistically significant differences between the types of therapeutic diets ordered by HCPs and RDs were found. There was no statistically significant difference between the degree of malnutrition (SGA status) and diet liberalization by RDs.

Conclusion: Although RDs do not liberalize diets as often as hypothesized, results of this study demonstrate a discrepancy in the diets that HCPs and RDs frequently order, requiring RDs to modify over half of admitting diet orders.

Significance: The findings reveal that RDs frequently modify diets to meet individual nutritional needs. Early RD referral and ongoing multidisciplinary collaboration will lead to a more patient-centred approach to prevent and manage malnutrition.

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