

Dietitian perspectives on nutrition screening rates, barriers, and facilitators in the community and at hospital discharge

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Introduction



• **Nutritional problems observed in the hospital often begin in the community** due to a variety of factors (e.g., poor food access, difficulty chewing and/or swallowing).^{1,2}



• **Nutrition screening with a reliable and valid tool** for identifying at-risk individuals can prevent malnutrition.^{3,4}



• **Improving nutrition screening rates in the community and at hospital discharge is essential** to maintain optimal health and reduce the development or progression of chronic diseases.^{3,4}

Objective

To describe self-reported **nutrition screening rates, barriers, and facilitators** in the community and at hospital discharge.

Methods



An **online survey** (QualtricsXM) was developed by the Primary Care Working Group of the Canadian Malnutrition Task Force (PCWG-CMTF).



Questions were available in **English and French**.

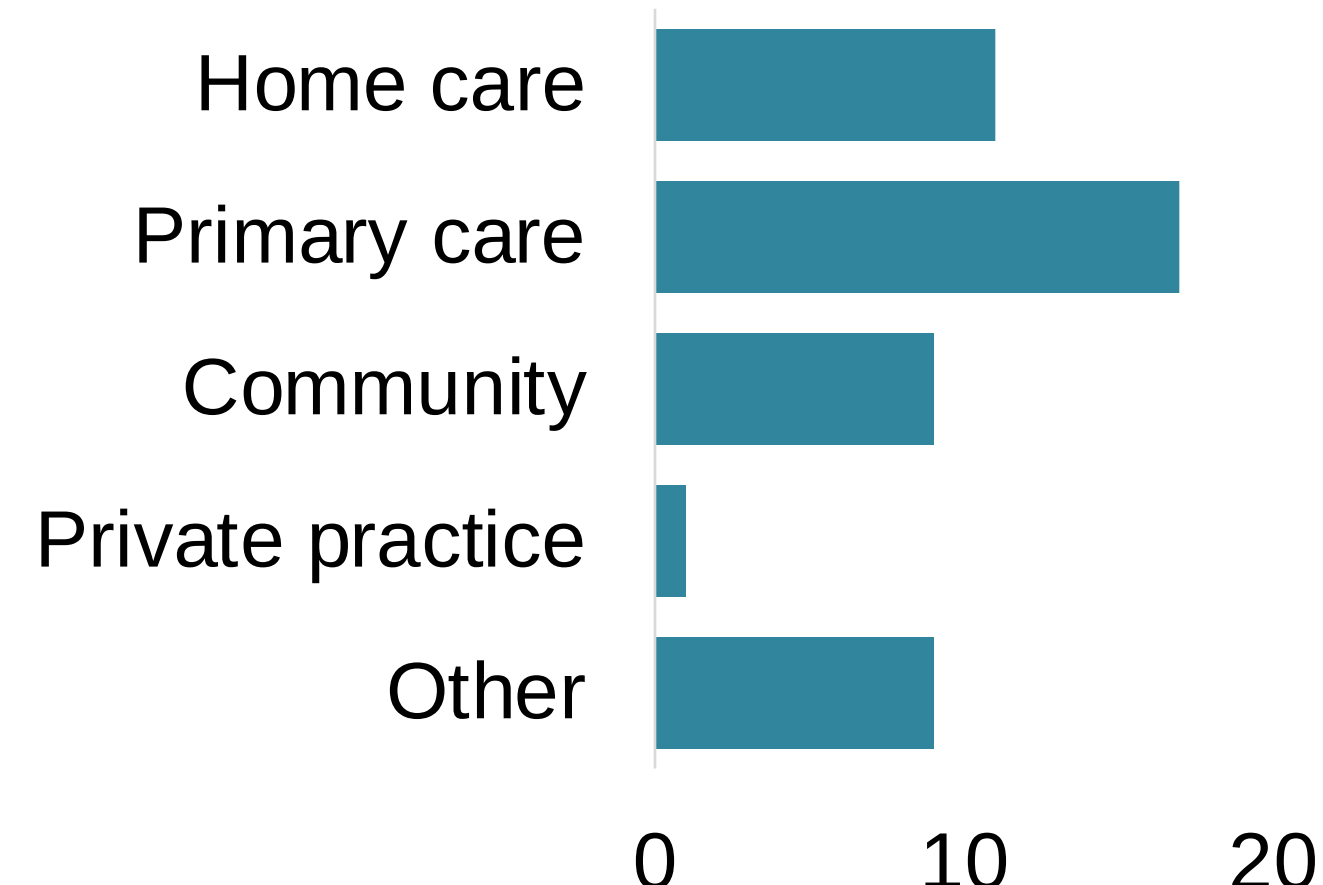
- **Start dates:** June 10 and 18, 2021, respectively
- **End date:** October 13, 2021



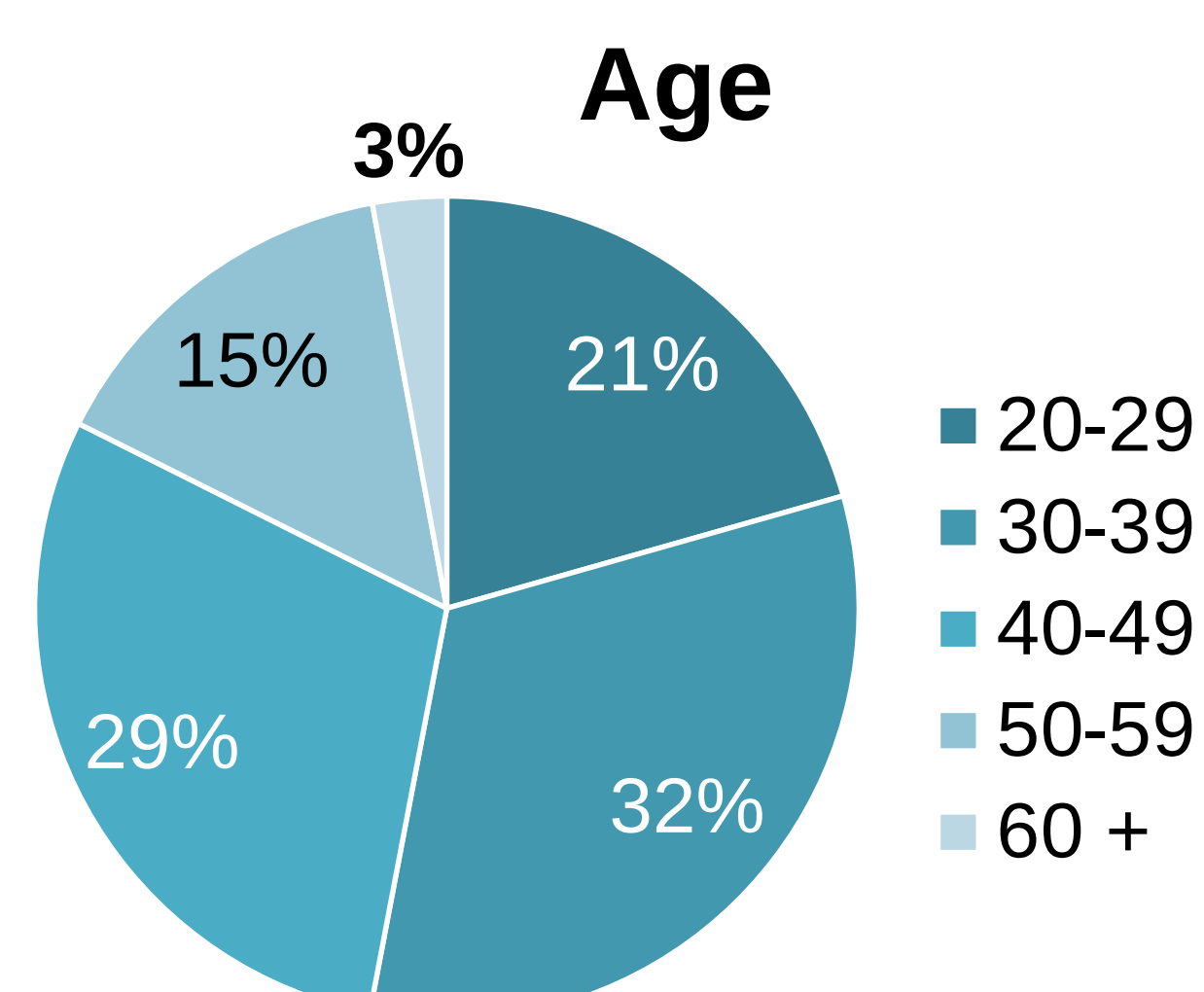
Analysis included **descriptive statistics** and **minimal interpretation** of qualitative data.

Participant Demographics (N= 47)

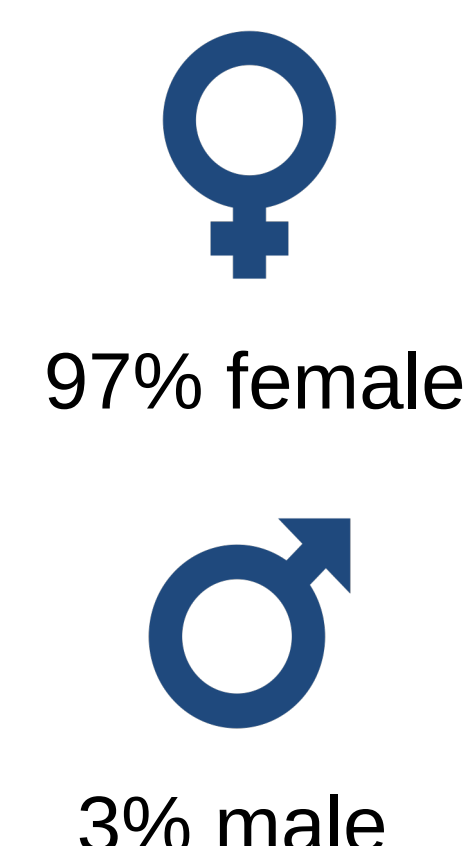
Service Type



Age



Sex



Results

Table 1. Screening Beliefs and Practices^a

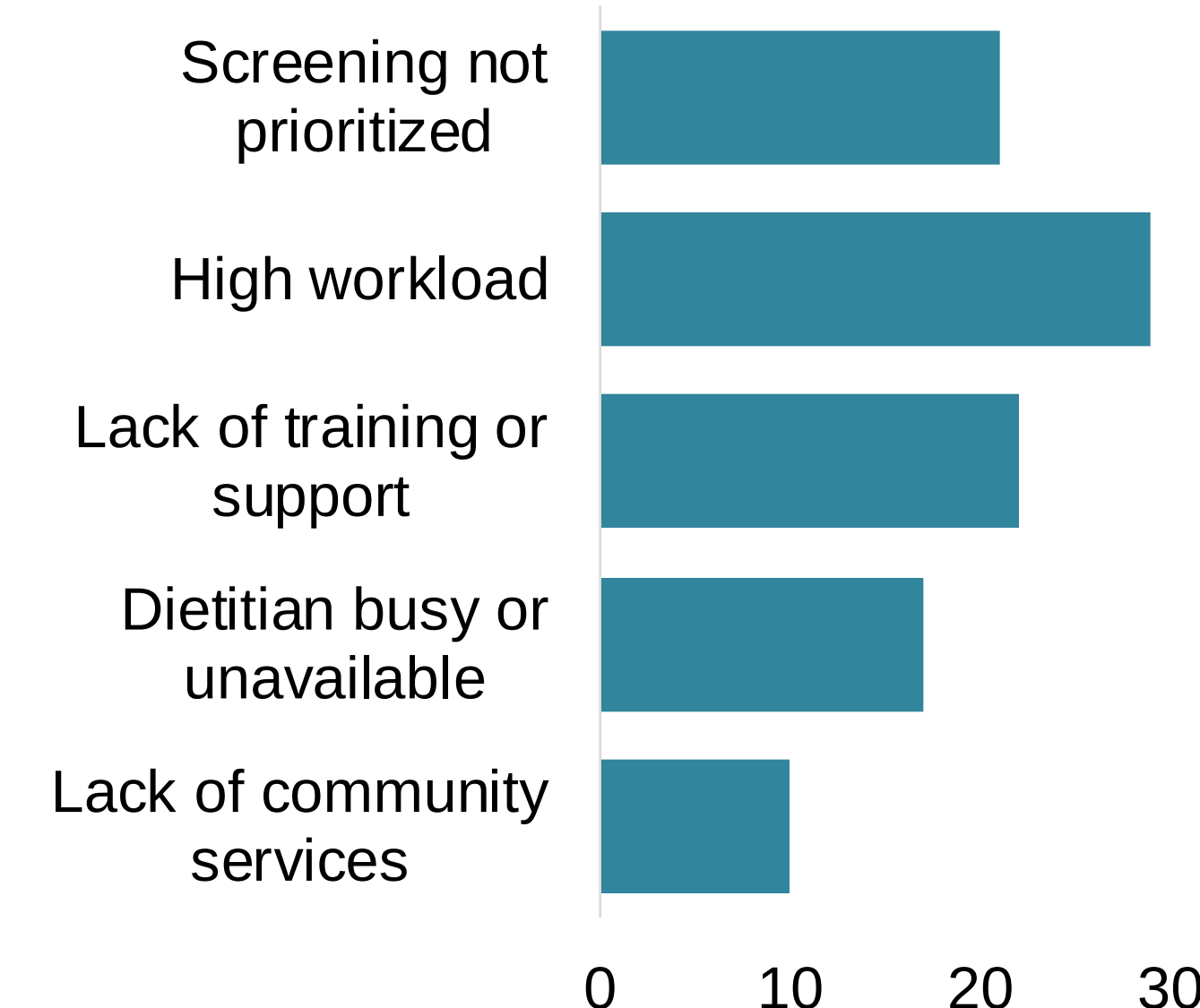
Question	Yes % (n)	No % (n)	Unsure % (n)
Is the hospital the best setting to screen discharged patients?	59.5 (22)	16.2 (6)	24.3 (9)
Do local hospitals screen at discharge?	19.2 (9)	36.2 (17)	44.7 (21)
Does your PC/ C ^b setting screen patients post-hospital discharge?	26.7 (12)	62.2 (28)	11.1 (5)
Does your PC/ C ^b setting screen older (≥ 65 years) patients?	34.2 (14)	63.4 (26)	2.4 (1)

^a The number of participants varied per question as participants could skip items

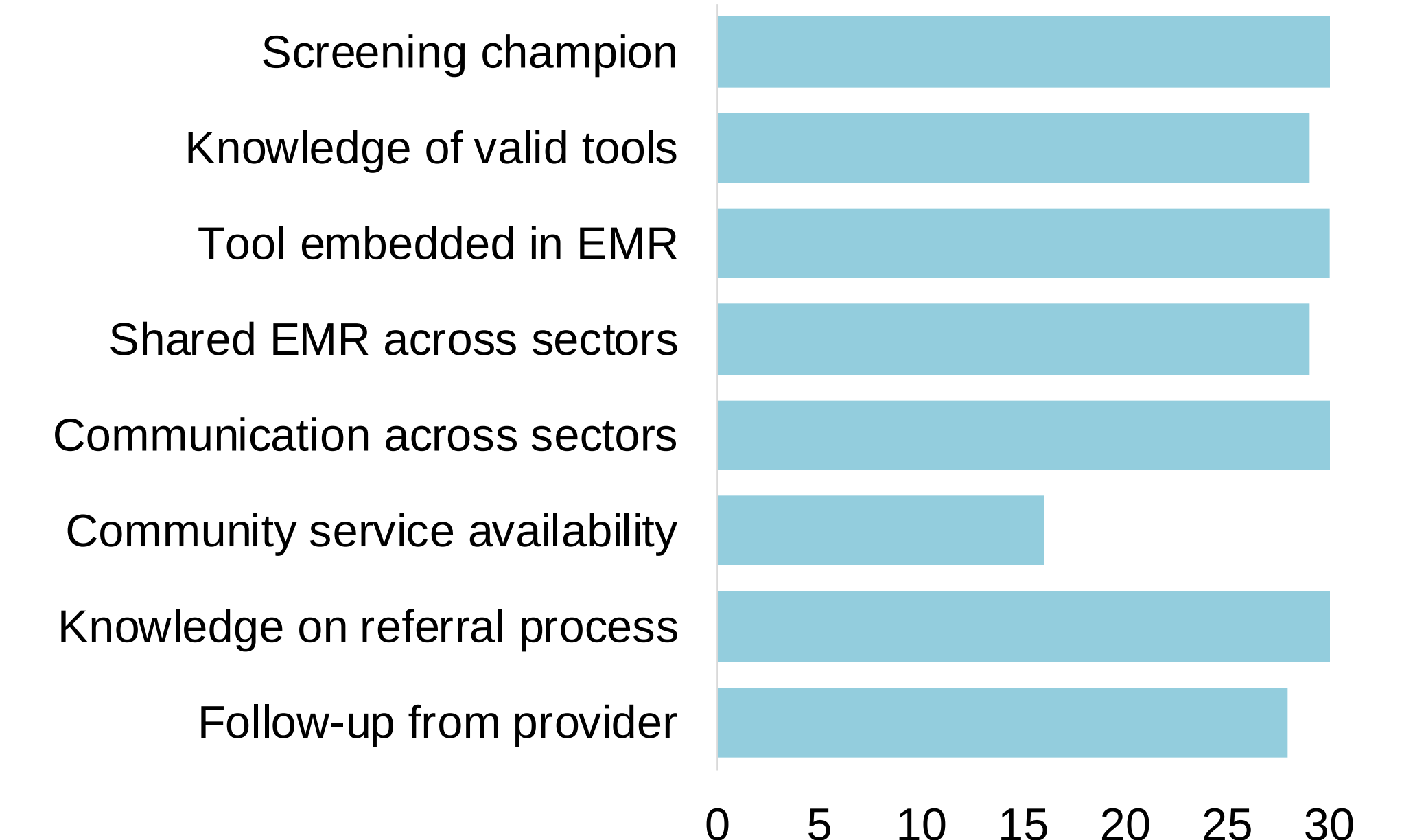
^b Primary care / community (PC/ C)

Although screening rates were low in the community and at hospital discharge, most participants wanted it to be a regular practice (community: 92.3%, n=24; hospital discharge: 84.4%, n=27).

Screening Barriers^{c,d}



Screening Facilitators^{c,d,e}



^c Participants were able to select more than one response option

^d Responses for screening in the community and at hospital discharge were collapsed

^e Electronic medical record (EMR)

Conclusions



• The **desire to implement nutrition screening exists**, and evidence suggests that it is a **feasible and acceptable practice** within the community and at hospital discharge.^{3,4}



• The **PCWG-CMTF will continue to develop guidance and resources** for healthcare and social service providers to facilitate implementation of nutrition screening.

References: 1. Allard et al. 2016. *JPEN*, 40(4):487-97. 2. O'Keeffe et al. 2019. *Clin Nutr*, 38(6):2477-98. 3. Laur & Keller. 2017. *Nutr Today*, 52(3):129-136. 4. Keller et al. 2021. *JPEN*, 46(1):141-152.

Acknowledgement: No funding received.

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