INTRODUCTION

The UBC Dietetics Major is pleased to share the 2017-2018 internship Research Module abstracts. These abstracts summarize the research projects interns completed between September 2017 – June 2018. Committed dietitian research preceptors from various health authorities and organizations throughout British Columbia provide oversight and guidance as interns progress through the research process. In addition to the abstracts found here, interns prepare a final paper and present their findings at the UBC Dietetic Intern Research Symposium each Spring.

Interns are eligible to enter the dietetic workforce in June 2018. With them, they bring the skills, knowledge and attitudes to initiate their own practice-based research. This important component of professional practice can support their careers as they skillfully integrate theory and critical thought into practice, pushing the profession forward as they continue to learn, experience and reflect on their own practice as dietitians.

We would like to thank our program’s Research Advisory Committee, who, behind the scenes, review intern research project proposals and provide essential input into all aspects of the program’s Research Module.

The hope is that you enjoy reading these abstracts, that they help stimulate thought about dietetic practice and inspire you to take on your own research regardless of your previous research experience.

Congratulations to our 2017-2018 UBC Dietetics Major interns for all your work on your research.

We invite you to contact us should you have inquiries about our intern research.

Tamar Kafka, MSc RD, UBC Dietetics Education Coordinator, tamar.kafka@ubc.ca

Karol Traviss, MSc RD, UBC Dietetics Program Leader, karol.traviss@ubc.ca

Kara Vogt, MEd RD, UBC Dietetics Practice Educator, kara.vogt@ubc.ca

Visit our website at landfood.ubc.ca/dietetics for information about the UBC Dietetics Major.
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DIETETIC RESEARCH ABSTRACTS
A DESCRIPTION OF THE USE OF THE INTERPROFESSIONAL ASSESSMENT TOOL AND FREQUENCY OF DIETITIAN REFERRAL AMONG NEW WESTMINSTER HOME HEALTH CLIENTS

B DAVIDSON¹, T KAFKA¹, S KALIL¹, A RAMANZIN¹, C EDMUNDS², M LEBLANC²
¹UBC DIETETICS PROGRAM
²FRASER HEALTH

Background: 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%).

Implications & 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. 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.
DOES FOLLOW-UP WITH A COMMUNITY REGISTERED DIETITIAN RELATE TO HOME ENTERAL NUTRITION RELATED HOSPITAL VISITS?

E Harris1, T Kafka1, E Lui1, E Robinson1, E Yu1, W Hussain2, R Sandhu2, DSaran2
1UBC Diетetics Program
2Fraser Health

Background: Research examining community RD services and if follow up changes hospital usage for HEN users does not exist in the Fraser Health (FH) region.

Objectives: To describe if RD services provided to HEN patients living in the FH region changed the number of hospital visits per patient, compared to those without RD follow-up.

Methods: A retrospective chart review was conducted on those who had a long-term feeding tube placed at a FH facility between April 1, 2012 and March 31, 2015. FH Health and Business (HB) Analytics extracted hospital visitation data from medical charts for the study population between 01/04/2012 until 01/03/2018. HB analytics provided: the discharge diagnoses, the first three diagnoses from the hospital visits, and length of stay (LOS) for each hospital admission; chief complaint and diagnosis for emergency room visit. Descriptive statistics were used to analyze the data.

Results: Of the 230 patients included in this study, 35% (n=80) received a RD follow-up in the community and 65% (n=150) did not. The total number of confirmed HEN-related hospital visits was 335. Patients who received RD services in the community had 98 HEN-related hospital admissions, a mean LOS of 14.7 days, resulting in an average of 1.76 HEN-related hospital visits per individual. Those without RD follow-up had 157 HEN-related admissions, a mean LOS of 22.4 days, resulting in an average of 1.29 HEN-related visits per individual. The most prevalent complication was gastrointestinal (163, 42%), followed stoma-related (100, 26%) complications.

Implications & Conclusions: This study was valuable in determining the prevalence of hospital visits for HEN users who had RD follow up and those who did not. The most common HEN complications we found was similar to published research. Using the diagnosis results, there may be a relationship between HEN diagnosis’ and community RD follow-up.
IRON DEFICIENCY IN A SAMPLE OF PEDIATRIC NUTRITION OUTPATIENTS: DIETETIC INTERN RESEARCH PROJECT

K LITTLE¹, S WATSON¹, G YEH¹, L DA SILVA², S DE ROY², N GUIRGUI², C KOLBA², J WARK²
¹UBC DIETETICS PROGRAM
²FRASER HEALTH

FRASER HEALTH CORE SITE

Background: Anecdotal evidence from Fraser Health (FH) dietitians suggests a large number of children, seen as outpatients, are iron deficient. In view of the detrimental effects that iron deficiency (ID) has on early development, data was sought to quantify the problem.

Objectives: To determine the prevalence of ID in pediatric patients seen by outpatient dietitians at a large teaching hospital within FH and to identify nutrition related ID risk factors.

Methods: A cross-sectional, retrospective chart review of pediatric patients (0-5 years) seen by a FH outpatient dietitian, regardless of the reason for initial referral. Prevalence of ID was based on: ferritin, a combination of hemoglobin and mean corpuscular volume, or % transferrin saturation (based on age). Anthropometric data and nutrition related ID risk factors as documented in the nutrition assessment report were also collected.

Results: Of 847 pediatric patients, 290 met the inclusion criteria. The mean age was 23 months (SD 16 months, range 4 days to 4 years and 11 months). The proportion of pediatric patients with ID was 45.2% (n=131). By age group, 36.5% were aged 0 to 2 years (n=66) and 59.6% (n=65) were between 2 and 5 years. Of the documented ID risk factors, 32.6% had poor iron intake (n=94), 17.2% excessive non-breastmilk intake (n=50), and 16.6% followed vegetarian a diet (n=48).

Implications & Conclusions: Our findings confirm clinicians’ observations of a high prevalence of ID among pediatric outpatients seen by dietitians. Our sample was limited to patients referred to the dietitian and therefore cannot be extended to the greater FH pediatric population. Further research is needed to explore the prevalence of ID and common risk factors among children in the FH region. These findings may inform public health initiatives designed to mitigate the modifiable risks related to developing ID in early life.
CLINICAL AND DEMOGRAPHIC CHARACTERISTICS OF PATIENTS ON HOME ENTERAL NUTRITION WITHIN INTERIOR HEALTH AUTHORITY

H Heximer¹, A Hunter¹, K Moro¹, K Vogt¹, H Draper², M Kennedy³
¹UBC DIETETICS PROGRAM
²INTERIOR HEALTH KELOWNA
³INTERIOR HEALTH KAMLOOPS

Background: Home enteral nutrition (HEN) is beneficial for patients who require long-term nutrition support. Registered Dietitians (RDs) play a significant role in providing care to patients requiring HEN. Within Interior Health Authority (IHA) there is a lack of data regarding HEN patients.

Objectives: Collect information about the clinical and demographic characteristics of HEN patients, determine trends in patient care related to the level of RD involvement with HEN patients and provide recommendations on how dietitian services in IHA can provide optimal support and care for patients on HEN.

Methods: A retrospective chart review of 166 patients with feeding tubes placed at Kelowna General Hospital (KGH) or Royal Inland Hospital (RIH), discharged on HEN between April 1, 2015 and March 31, 2017. Descriptive statistics were used for data analysis.

Results: 37% of patients reside in the Central Okanagan and 23% reside in the Thompson Region. The majority of tubes were placed at KGH (78%). Placement occurred endoscopically (48%), surgically (32%) or radiologically (20%). 82% of patients had RD follow-up prior to discharge, while 74% received care from an RD post discharge. RDs saw patients on average 4.9 days pre-placement, and an average of 2.3 days post-placement.

Implications & Conclusions: This study provides descriptive data about patients discharged with HEN from RIH or KGH. Results indicate that the majority of HEN patients receive care from an RD before and after feeding tube placement, although the degree of follow-up varies depending on location. Results indicate need for further research examining adequacy of care provided to HEN patients. RDs in BC health authorities have identified a need for data on characteristics of HEN patients. This study, along with similar research from Fraser Health, will contribute to better understanding of the nutrition care needs of HEN patients.
NUTRITION IN SURGICAL WARDS: A RETROSPECTIVE STUDY DESCRIBING THE DIETS AND NUTRITION PROVIDED WITHIN ISLAND HEALTH

O JACOBSON¹, T KAFKA¹, M PUMPLE¹, S RIZZO¹, C SABLE¹, G TAN¹, C BARBER², V ESPINOSA², K RUEL², S YOUNG²
¹ UBC DIETETICS PROGRAM
² ISLAND HEALTH

Background: Poor nutritional status of surgical patients is associated with delayed recovery, increased length of stay (LOS), and higher rates of post-surgical complications. Enhanced Recovery After Surgery (ERAS) protocols offer evidence-based guidelines for optimal perioperative nutrition with the goal of minimizing duration of fasting and inadequate diet orders. Diet ordering practices occurring within Island Health surgical wards are unclear.

Objectives: To describe the duration patients are ordered nutritionally inadequate diets and the nutrition provided during admission within surgical wards at Island Health.

Methods: Food service reports from Island Health’s CBORD® database were retrospectively reviewed for a simple random sample of 126 patients from Victoria General Hospital and Nanaimo Regional General Hospital. Diets ordered and calories (kcal) and protein (grams) provided for each day of admission were analyzed using REDCap™ and SPSS®. Diets of inadequacy were analyzed separately and identified in subjects with diet orders of clear fluid (CF), full fluids (FF), and/or Nil Per Os (NPO) for ≥ 3 days cumulatively.

Results: Subject median age was 69 years (range 19-99) with a median LOS of 4.8 days (range 3.0-20.6). Diets provided an average of 1448±422 kcal and 65.8±22.4 grams of protein daily. Diet orders of CF, FF, and NPO were ordered for a mean of 1.4, 1.8 and 0.9 days respectively. Diets of inadequacy were found for 19.8% (n=25) of subjects and provided a daily average of 1026±363 kcal and 42.4±18.4 grams of protein.

Implications & Conclusions: Some patients within Island Health surgical wards are not receiving adequate nutrition to support healing and recovery. The inability to distinguish surgical from non-surgical patients or to assess individual nutritional needs using CBORD data limited interpretation of results. These findings highlight the importance of dietitians to advocate for consistent implementation of evidence-based feeding practices.
A DESCRIPTION OF BC CANCER PATIENTS WITH LUNG CANCER WHO SCREEN AT LOW RISK FOR MALNUTRITION

T Kafka¹, T Lok¹, L Pallet¹, L Renwick¹, A Stephen¹, R Levy-Milne², L Van der Meer²
¹UBC Dietetics Program
²Provincial Health Services Authority, BC Cancer Agency Centre for the North

Background: BC Cancer uses the Nutrition Screening Tool (NST) to identify patients at risk of malnutrition at first oncologist visit. Malnutrition is associated with treatment-related complications, poorer treatment outcomes, and decreased quality of life.

Objective: The purpose of this research was to describe demographic and nutrition-related characteristics of lung cancer patients who score 0-2 on the NST at two BC Cancer sites, indicating a low risk of malnutrition at baseline. It is anticipated that the results of this study will help inform future research regarding the nutrition care of this patient population.

Methods: A retrospective chart review was completed on lung cancer patients from BC Cancer sites in Prince George and Vancouver who scored 0-2 on the NST between January 1 and December 31, 2013. Patient charts were accessed through electronic medical records and data were analyzed using descriptive statistics.

Results: Of the 257 patients that met the inclusion criteria, 23% were seen by a Registered Dietitian (RD). The majority of these lung cancer patients (53%) scored 2 on the NST. The majority of lung cancer patients were >65 years of age and were smokers (64% and 77% respectively). The majority (74%) of lung cancer patients in this study died within 5 years of diagnosis. The majority (46%) also had greater than stage 3 disease at the time of their new patient appointment. Involuntary weight loss and appetite loss were commonly identified nutrition-impact symptoms among those with an NST score of 2 (40% and 24% respectively).

Implications & Conclusion: This study described the lung cancer patient population at BC Cancer not routinely seen by RDs. The results show a minority of these patients are referred to an RD, yet the majority died within 5 years of diagnosis. Describing this population informs future research regarding nutrition care of lung cancer patients.
A DESCRIPTION OF LIVER FUNCTION TESTS AMONGST ADULT PATIENTS IN THE BRITISH COLUMBIA HOME PARENTERAL NUTRITION (BC HPN) PROGRAM WHO HAVE CHANGED FROM A SOYBEAN OIL EMULSION TO A MIXED LIPID EMULSION

J BROENING¹, T KAFKA¹, J TSAI¹, JC KOH², V LEWIS², A RICHARDSON², J THORNHILL²
¹UBC DIETETICS PROGRAM
²PROVIDENCE HEALTH CARE

PROVIDENCE HEALTH CARE CORE SITE

Background: Prolonged use of soybean-oil (SO) based lipid emulsions in parenteral nutrition (PN) may contribute to the development of PN-associated liver disease (PNALD). Current research suggests a role for mixed-lipid emulsions in preventing, treating, or managing PNALD in acute-care settings. The use of mixed-lipid emulsions and their effects on liver function tests (LFTs) in adults receiving home PN (HPN) has not been widely studied.

Objectives: To describe demographic and clinical characteristics of BC HPN patients who have transitioned from Intralipid®, a SO-lipid emulsion, to SMOFlipid®, a mixed-oil emulsion, and to describe any changes with regards to LFTs before and after transition to SMOFlipid®.

Methods: A retrospective chart review was completed for BC HPN patients who transitioned from Intralipid® to SMOFlipid® and were active between January 1/13 and October 31/17. Data collected included demographic and clinical information, HPN prescription details, and monthly measurements of LFTs before and after lipid transition. Data was analyzed using descriptive statistics.

Results: 19 patients constituted the study group; 6 could not be analyzed, and 3 were outliers, leaving 10 for analysis. The most frequent indication for HPN was short bowel syndrome (90%, n=9). 50% of participants showed signs of liver injury on Intralipid®. After transition to SMOFlipid®, 70-80% of the study population had decreases in their mean LFT values, however the degree of change varied.

Implications & Conclusions: Overall, LFTs declined after transition to SMOFlipid®. These findings correspond with studies observing effects of SMOFlipid® on LFTs; however, most compare SO-based and mixed-lipid intravenous lipid emulsions (ILEs) in acute or surgical settings. No other studies have looked at a transition from Intralipid® to SMOFlipid® in the HPN population. Further understanding of the long-term impact of mixed ILEs will help to inform whether SMOFlipid® should be considered for primary prevention of PNALD for BC HPN patients.
DESCRIPTION OF SODIUM INTAKE AMONG PATIENTS IN A KIDNEY CARE OUTPATIENT CLINIC

P Courtice¹, T Kafka¹, A Seah¹, A Sihoe¹, JC Koh², Y McIntosh², L Renouf²
¹UBC Dietetics Program
²Providence Health Care

Providence Health Care Core Site

Background: Reducing sodium intake is a key management strategy in delaying progression of chronic kidney disease (CKD). The St. Paul's Hospital Kidney Care Clinic (KCC) in Vancouver uses the validated Scored Sodium Questionnaire-Screening Form (SSQ-SF) to identify high and low sodium consumers. The KCC population’s sodium intake has not been previously investigated.

Objective: To describe the sample’s sodium intake using SSQ-SF scores, the consumption frequency of SSQ-SF food categories, and how consumption patterns may vary with age and sex.

Methods: A retrospective chart review was performed for all SSQ-SFs completed between July-November 2017. Descriptive statistics for the sample and sodium intake were generated.

Results: Seventy-six SSQ-SFs were reviewed with a mean score of 52.5±17 and median score 50.5 (a score of ≥50 corresponds to a sodium intake ≥2300 mg/day). Fifty-three percent of the sample was classified as high sodium consumers. Males had a higher mean score (55.3±17.3) compared to females (48.4±15.9). Age groups 61-70 years and 71-83 years had higher mean scores (56.0±15 and 56.1±17.6), than those of age groups 29-40 years (47.3±16.6), 41-50 years (46.1±20.3), and 51-60 years (46.3±14.9). Bread (26%), salt added during cooking (23%) and processed meat (19%) were the greatest contributors to SSQ-SF scores among high sodium consumers.

Implications & Conclusions: High sodium intake is prevalent in this population, and varies with age and sex. Males and older patients showed the highest average sodium consumption. Description of this sample will help KCC dietitians improve and expand strategies for low sodium education. To our knowledge, this is one of the first studies to describe sodium consumption of a Canadian CKD patient population. The SSQ-SF is a quick and useful tool that KCCs may use to describe the sodium intake patterns of their patients.
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 BEYAT\textsuperscript{1}, T KAFKA\textsuperscript{1}, R RATTANPAL\textsuperscript{1}, J SOOKERO\textsuperscript{1}, S VOONG\textsuperscript{1}, E CABREREA\textsuperscript{2}, T CIVIDIN\textsuperscript{2}

\textsuperscript{1}UBC DIETETICS PROGRAM
\textsuperscript{2}VANCOUVER COASTAL HEALTH

Vancouver Coastal Health

\textbf{Background:} 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 two validated nutrition screening questions (Canadian Nutrition Screening Tool) within the Nursing Admission Assessment (NAA).

\textbf{Objective:} 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.

\textbf{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.

\textbf{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.

\textbf{Implications & 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. Consistent completion of the NAA and resulting dietitian referrals could help identify malnutrition early, decrease screening time for dietitians, lead to better outcomes for patients and lower healthcare costs.
A DESCRIPTION OF THE SOURCES, TYPES AND DISTRIBUTION OF REPURPOSED FOOD ON THE NORTH SHORE

T Kafka1, S Kilmartin1, T Lau1, C Obando1, N Oh1, M Broughton2, R Jamal3, S Rowe3
1 DIETETICS PROGRAM
2 VANCOUVER COASTAL HEALTH
3 FOOD LENS CONSULTING

VANCOUVER COASTAL HEALTH

Background: Food repurposing is a strategy to redistribute food that is no longer viable to the commercial sector and may go to waste. Food distribution organizations (FDOs) receive many types of repurposed foods from various sources and distribute it through community food programs.

Objectives: To identify sources of repurposed food and distribution methods of Vancouver’s North Shore FDOs, and classify types of repurposed food received.

Methods: An online survey was developed and pilot tested. FDOs (N=27) were recruited through purposive sampling. Responses were analyzed using frequency distribution.

Results: Fifteen surveys were returned (55.6% response rate) and twelve analyzed (three respondents did not utilize repurposed food). The two most frequently identified sources of food were retail stores (58%) and fellow FDOs (50%). The most frequently received foods were grain products, foods high in sugar, fat, and/or sodium, and fruits and vegetables. However, among FDOs that received fruits and vegetables, this type of food accounted for less than 50% of total food. Foods high in sugar, fat, and/or sodium accounted for greater than 75% of food received by 17% of FDOs. Sixty-seven percent of FDOs received inedible food and 58% received food that became inedible before distribution. Ninety-two percent of FDOs distributed food via on-site meals/snacks.

Implications & Conclusions: The results suggest that many FDOs distribute repurposed food to clients through on-site meals/snacks, but may face challenges managing perishable food. Although FDOs receive fruits and vegetables, many also receive food that became inedible before distribution. Some receive large proportions of foods high in sugar, fat, and/or sodium, which are typically non-perishable. Further investigation to improve the conservation of nutritious, perishable repurposed food is warranted. Understanding food repurposing practices helps guide policies to support the transfer of nutritious foods to clients through community food programs in order to improve public health outcomes.