A description of the use of the Interprofessional Assessment Tool and frequency of dietitian referrals among New Westminster Home Health clients

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Introduction: New Westminster Home Health (HH), a community based health service, 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.

Figure 1: Home Health referrals from Sept 2016 - 2017

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%).

Figure 2: Description of IPA completion

Table 1. Assessment of nutrition-related indicators in the 267 completed IPAs.

Nutrition-Related Indicator	Frequency of Assessed	Proportion of Assessed Indicators Marked as "Concern"
Meal Preparation	240	3.33%
Shopping	241	2.5%
Emotional Status	232	7.8%
Appetite	238	18.9%
Weight Change	162	-
Diet	239	13.0%
Dental Health	216	6.0%
Feeding	238	2.5%
Swallowing	233	3.9%
Upper Gastrointestinal	235	14.5%
Bowel Management	246	18.3%
Skin Integrity	238	43.3%
Edema	237	26.2%

Conclusions: Despite documented nutrition concerns in the IPAs, many clients were not referred to the HH RD. Though we can conclude this, our study did not investigate potential reasons to explain this observation. Accordingly, this study highlights a need to further explore the use of the IPA, how IPA responses are interpreted by HH staff, and for standardized guidelines for HH RD referral.

Significance to field of dietetics: Routine nutrition screening of patients in the HH setting would help to identify patients who are malnourished or at risk of malnutrition who could benefit from RD intervention.