A Précis of the publication: Need for the Integrated Nutrition Pathway for Acute Care (INPAC): gaps in current nutrition care in five Canadian hospitals.


The consensus based algorithm, the Integrated Nutrition Pathway for Acute Care (INPAC), was developed and validated to enhance patients’ nutrition care in hospital. As part of the More-2-Eat (M2E) project, five Canadian hospitals implemented INPAC activities (e.g. screening) in one medical unit. The purpose of this paper is to demonstrate gaps in care with respect to INPAC activities prior to implementation of INPAC in 2016. The results from this baseline data were used to demonstrate where nutrition care could be improved or modified prior to the start of implementation of INPAC activities in each unit.

Key Findings:

Before implementation of INPAC, cross sectional data was collected once a week, for four weeks, using a standardized audit form. The audit was based on the activities outlined in the INPAC algorithm. All patient charts from each study unit were reviewed on the audit day to track routine nutrition care activities such as screening.

These baseline results showed:
- 36% (249/700) of the patients were screened for nutrition risk on admission
- 36% (89/246) of those screened were at nutrition risk
- 36% (32/89) of those patients did not receive a dietitian assessment
- 21% (33/157) of patients who were screened to be not at risk were assessed by a dietitian
- At least one barrier to food intake was documented in 85% of the medical charts. Pain, constipation, nausea or vomiting were the most commonly reported problems.

Clinical relevance:

The baseline audit results indicated that there are areas for improvement in
nutrition care in Canadian hospitals. Specifically, improvements are needed in identifying and assessing malnourished patients, and in understanding the causes and reasons why patient food intake may not be optimal.

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