

246 | Introducing a standardised documentation process into a community health organisation

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Background: The Nutrition Care Process Terminology (eNCPT) is not routinely used in some dietetic practice areas such as community health and weight-neutral care. Standardised terminology is paramount in the community health care setting which comprises multiple APDs working across multiple sites. Many community dietetic services offer weight-neutral care, and are under organisational pressures to demonstrate service effectiveness. Utilising weight neutrally consistent eNCPT in this context will therefore provide a systematic approach to demonstrating the effectiveness of the dietetics care provided.

Aim: To design and implement standardised documentation and reporting methods incorporating the eNCPT in community dietetic service providing weight-neutral care.

Methods: A user-centred design process was used to embed the eNCPT in current documentation practices and to re-design forms used by the dietitians to document the nutrition care process. Acceptability of the new documentation forms and process was evaluated using one-on-one interviews. Data were qualitatively analysed.

Results: The new documentation forms and process were well accepted by the dietitians, one week after the design process was completed and training was provided and agreed it aligned with weight neutral approach.

Conclusions: The eNCPT is an essential part of the nutrition care process that all dietitians, regardless of practice area, can be implementing. This project demonstrates that it can be implemented in community dietetics services where systematic implementation of standardised terminology is relatively novel. The eNCPT will therefore support future efforts for further research measuring the effectiveness of services provided in the community.

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262 | Addressing childhood obesity in regional Western Australia: An innovative approach

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Background: Obesity is a significant public health issue within Western Australia (WA), with 24.9% of 5 to

17-year-olds classified as overweight or obese. The online version of the Better Health Program (TEAM Kids) is a ten-week healthy lifestyle program for 7-13-year-old children classified as overweight or obese. Participants complete weekly online learning sessions, supported by weekly 30-minute phone-based consultations with a health professional.

Aim: To determine whether a combination of online modules and phone call coaching is a viable option when delivering a nutrition and healthy lifestyle intervention in regional Western Australia.

Methods: Analysis was conducted on program data, focusing on the impact of the program on participants' dietary and physical activity behaviours, self-esteem and their anthropometric measures.

From January to July 2019, 86 children aged 7-13 years from regional Western Australia were recruited for TEAM Kids with 69.8% completing four or more coaching calls and four or more online learning sessions. All places on the program were funded by the WA Country Health Service.

Results: Significant changes were observed post-program for BMI (-0.70 , $n = 61$), physical activity hours per week ($+7.1$ hours, $n = 59$), self-esteem ($+3.7$, $n = 53$) and total nutrition score ($+4.9$, $n = 60$) ($P < 0.001$). In addition, increased consumption of water ($Z = -4.68$, $n = 60$), wholegrain bread ($Z = -4.92$, $n = 60$) and improved overall food variety ($Z = -5.51$, $n = 59$) was observed and found to be statistically significant ($P < 0.001$). Consumption of discretionary foods were also reduced ($n = 60$, $P < 0.001$).

Conclusions: These findings demonstrate that a combination of online and phone-based program delivery can be used to provide effective lifestyle interventions in regional areas.

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23 | Describing the nutrition journey of patients requiring enteral nutrition within the acute stroke/neurology setting

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Aim: Patients admitted to hospital with neurological conditions often experience additional complications such as malnutrition. Enteral nutrition may be used to prevent further energy deficits, however interruptions to these regimens occur frequently and for varied reasons.

Aim: To quantitatively and qualitatively describe the nutrition journey of stroke patients requiring enteral