

place efficiencies. A food service information technology system (FSS) was introduced at Gold Coast Hospital & Health Service (GCHHS) to improve quality of food service provision to patients, and effectively and efficiently manage food services across three facilities with distinctly different food service operations. The project involved establishment of a project team, advisory sub-group and working group, tender and procurement processes, and preparation and implementation of the FSS which took place over a 6 month period. The FSS was launched across all three GCHHS hospital campuses in July 2014. Following introduction of the FSS there have been noted improvements in the management of patient therapeutic diets and meal orders, daily operational workflows, forecasting and production, stock control and purchasing, and compliance with relevant national and Queensland Health standards. The purpose of this presentation is to share the challenges faced by the project team and the end users of the FSS – the patients, health care professionals, food service and administrative staff, to acknowledge the successes that implementation of the FSS has achieved; and to highlight potential future opportunities that the FSS offers for food service management and clinical dietetics research.

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## Nutrition for the Elderly

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### FEASIBILITY OF NUTRITION SCREENING FOR OLDER ADULTS IN GENERAL PRACTICE SETTINGS

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This study aimed to demonstrate the feasibility of including a validated nutrition screening tool and accompanying nutrition resource kit for use with older patients attending general practice. Three general practices from a rural, regional and metropolitan area within a local health district of New South Wales were recruited. Staff completed dietitian-led training workshops on the use of the Mini Nutritional Assessment Short Form (MNA-SF) and were encouraged to complete the MNA-SF within the 75+ Health Assessment for 3 months. Individual in-depth interviews and an 11-item knowledge questionnaire were completed at follow-up. Staff interviews were digitally recorded, transcribed verbatim and analysed thematically. Patients who had participated in the initial screening were invited for repeat screening within one year of the first screening. General practice staff (n = 22) identified four key themes regarding their experience of nutrition screening: ease of use of MNA-SF; ability to incorporate it into existing practice; benefit to patients' health; and patients' perceptions of screening. The nutrition resource kit was found to be applicable and useful. Knowledge scores of staff significantly improved from baseline (52%–66%;  $P < 0.05$ ). Of the 143 patients who had been screened at baseline (4.2% malnourished, 26.6% 'at risk' of malnutrition, 69.2% well-nourished), 72 patients (50.3%) underwent repeat screening. MNA score had improved in those identified as malnourished/at risk at baseline ( $P = 0.01$ ). It is feasible to include the MNA-SF and a nutrition resource kit within routine General Practice, but resources are needed for upskilling practice staff.

Funding source: Illawarra Health and Medical Research Institute

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*Nutrition & Dietetics* 2015; 72 (Suppl. 1): 3–33

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### MASKING OF VITAMIN B12 DEFICIENCY IN OLDER AUSTRALIANS: HAS FOLIC ACID FORTIFICATION INCREASED THE RISK?

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Vitamin B12 deficiency is common in some population groups, particularly adults aged over 50 years, with prevalence in Australia and New Zealand reported to be between 7% and 53%. Significant consequences of vitamin B12 deficiency include anaemia and cognitive impairment, and up to 90% of those with deficiency are diagnosed with some neurological complications. In excess, folic acid can reverse the anaemia resulting from B12 deficiency but not the cognitive deficit, with permanent neurological damage as the potential consequence of this masking effect. In Australia, bread-making flour has been fortified with folic acid under the mandate of Food Standards Australia New Zealand since 2009. This has resulted in increased folic acid in the food supply which potentially increases the risk of undiagnosed B12 deficiency. Using data from the National Nutrition and Physical Activity Survey 2011–2012, the current study aimed to assess the relationship between folate and vitamin B12 in adults aged 50 years and over in order to identify any masking effect of B12 deficiency in the older population. Statistical analyses were conducted using data from the NNAPS, with analytical techniques including binary logistic regression. Results indicate that increasing dietary folate intake does not significantly increase the risk of B12 deficiency (<220 pmol/L) in this group of 2075 Australian adults aged 50 years and over (OR 1.003, 95% CI 0.971, 1.036; population weighted). The findings of this study contribute some evidence in support of continued mandatory folate fortification as there appear to be no negative consequences in this vulnerable population group.

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### TEA AND FLAVONOID INTAKE PREDICTS OSTEOPOROTIC FRACTURE RISK IN ELDERLY AUSTRALIAN WOMEN

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Osteoporosis and associated fractures represent a significant public health burden, with women over 50 years of age most at risk. Observational studies have found associations between tea drinking and high bone density, however, there is a paucity of prospective studies examining the association between tea drinking and fracture risk. The relationship between flavonoids, the main suggested bioactive components of tea, and bone health, is also relatively understudied. The objective of this study was to examine the associations of tea and flavonoid intake with fracture risk in a cohort of women aged over 75 years. A total of 1,188 women residing in Western Australia were assessed in 2003 for habitual dietary intake. Incidence of verified osteoporotic fracture over 10 years was determined through the Western Australian Hospital Morbidity Data system. Multivariate adjusted Cox regression was used to