

2010 – MNI award for DUTCH approach!

de Ziekenhuiskrant Nummer 17
15 september 2010

Prijs voor strijd tegen ondervoeding



David Forrest, voorzitter van de jury, reikt de prijs uit aan dr. M. van Bokhorst, lid van de Stuurgroep Ondervoeding.

De Nederlandse vereniging voor klinische voeding en metabolisme (NESPEN) heeft vorige week in Nice de prijs voor 'Best Initiative to Fight Malnutrition' ontvangen tijdens het jaarlijkse Europese voedingscongres van ESPEN. Deze prijs is een belangrijke erkenning van alle activiteiten die de laatste jaren

Extra inname van eiwit en energie verbetert de kwaliteit van leven en kan herstel versnellen met forse kostenbesparingen als gevolg. De Nederlandse artsen en zorgprofessionals zijn zich hier steeds meer van bewust en sinds vijf jaar wordt hard gewerkt om ondervoeding snel te herkennen en te behandelen. Via

en verzorgingshuis en thuiszorg zijn verschillende instrumenten ontwikkeld om ondervoeding adequaat te behandelen. De Nederlandse aanpak is tijdens het congres van ESPEN voor klinische voeding en metabolisme beloond met de 'Best Initiative to Fight Malnutrition' award. The Medical Nutrition Initiative (MNI) looft jaarlijks een prijs van 30.000 euro uit voor de beste Nederlandse aanpak op het gebied van ondervoeding. Deze geldprijs wordt toegekend aan het project ter bestrijding van ondervoeding. Meer informatie is te vinden op www.stuurgroepondervoeding.nl.



procent van de inkomsten die thuiszorg krijgen. op www.stuurgroepondervoeding.nl.

Fight
Malnutrition
www.fightmalnutrition.eu



Home | Fight Malnutrition | Malnutrition | Hospital



Latest news

28 August 2011

Fight malnutrition presented at next ESPEN

First international presentation of the website

Your Position: home

Short overview

Over the last five years, the combined Dutch efforts to fight malnutrition have led to gradually decreasing malnutrition prevalence rates in all health care settings in the Netherlands.

NU

ONAFHANKELIJKE VAKINFORMATIE OVER VOEDSEL, VOEDING EN GEZONDHEID

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09-09-2010 - Nederland wint prijs voor aanpak ondervoeding

De Netherlands Society for Parenteral and Enteral Nutrition (NESPEN) heeft dinsdag de internationale prijs voor 'Best Initiative to Fight Malnutrition' in ontvangst genomen tijdens het jaarlijkse Europese voedingscongres van ESPEN.

Er is veel internationale aandacht voor de Nederlandse aanpak van ondervoeding. Nederland onderscheidt zich door een grootschalige, integrale aanpak en een veelheid aan projecten gericht op het behandelen van ondervoeding. Hiermee wordt een meerwaarde gecreëerd voor de patiënt en de zorgverlener.



Content

- **Fighting malnutrition in the Netherlands – What is the Dutch approach?**
 - **WHAT** has been achieved?
 - **HOW** did we do it?
- **What were the keys to success?**
- **Is the Dutch approach exploitable to other countries?**



**Fight
Malnutrition**
www.fightmalnutrition.eu



The Dutch approach in 10 steps

- 1. A multidisciplinary steering group with national key persons**
- 2. Up-to-date prevalence data to create and behold awareness**
- 3. Quick and easy screening tools with treatment plan**
- 4. Screening as a mandatory quality indicator**
- 5. Evidence based – validated tools and cost-effectiveness research**
- 6. Ministry of Health is key stakeholder**
- 7. Implementation projects in all care settings**
- 8. Toolkit with free accessible half fabricates and best practices**
- 9. Multidisciplinary project teams in all institutions**
- 10. Training programs and workshops**

Prof.dr. Chris Mulder, voorzitter, maag-leverdarmarts, Vumc Amsterdam • Willy Arjaans, verpleegkundig specialist, Vumc Amsterdam, namens de vereniging van Maag- Darm- Leververpleegkundigen • Prof.dr. Jaap van Binsbergen, huisarts te Brielle, hoogleraar Voedingsleer en Huisartsgeneeskunde, Radboud Universiteit Nijmegen, namens het Nederlands Huisartsen Genootschap. • Prof.dr. Rob Bleichrodt, chirurg, hoogleraar Abdominale chirurgie, UMC St Radboud, Nijmegen • Dr. Marian van Bokhorst – de van der Schueren, hoofd dienst diëtetiek en voedingswetenschappen, Vumc Amsterdam • Drs. Francis Bolle, beleidsadviseur kwaliteitsbeleid, Verpleegkundigen en Verzorgenden Nederland (V&VN), Utrecht, namens de V&VN. • Cora Jonkers, diëtist voedingsteam AMC Amsterdam • Dr. Koen Joosten, kinderarts, Medisch Centrum, Rott, Vereniging van K, Kerkkamp, anesthesioloog, Medisch Centrum Leeuwarden, Medische chirurgie.



Ministerie van Volksgezondheid, Welzijn en Sport



universiteit van Tilburg, manager vakgroep medicus psychologen van Vivre, Maastricht • Prof.dr.ir. Marjolein Visser, hoogleraar Gezond ouder worden, Instituut voor Gezondheidswetenschappen, Vrije Universiteit en EMGO Instituut, VU medisch centrum, Amsterdam

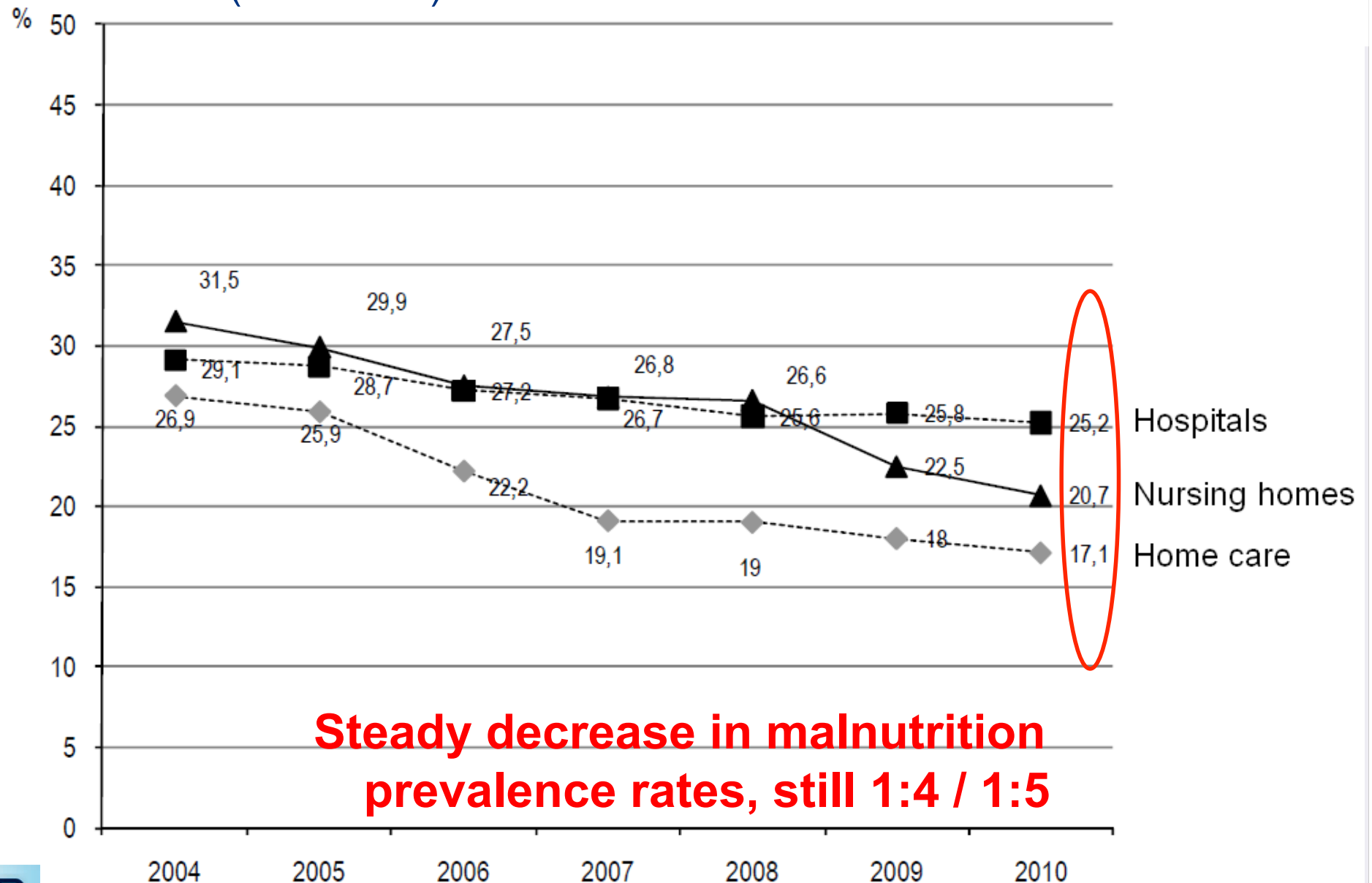
1. Dutch Malnutrition Steering Group (DMSG)

- **DMSG: A multidisciplinary steering group with national key persons**
 - professors, doctors, policy advisors and researchers in relevant medical and nutritional fields
- **Goal: fighting malnutrition together with**
 - the Dutch Annual Measurement of Care Problems (LPZ)
 - the Dutch Ministry of Health
 - the Dutch Society for Clinical Nutrition and Metabolism (NESPEN)

Fight Malnutrition
www.fightmalnutrition.eu



2. Up-to-date prevalence data to create and behold awareness (N= 30.000)



Steady decrease in malnutrition prevalence rates, still 1:4 / 1:5

3. Quick and easy screening tools with treatment plan

SNAQ screening tools : QUICK AND EASY SCREENING!!!!

- No training needed
- No equipment needed (scale nor stadiometer)
- No calculations
- Takes less than 5 minutes
- Screening results are connected to a treatment plan



SNAO
Short Nutritional Assessment Questionnaire

- Did you lose weight unintentionally?
More than 6 kg in the last 6 months
More than 3 kg in the last month
- Did you experience a decreased appetite over the last month?
- Did you use supplemental drinks or tube feeding over the last month?

● no intervention
●● moderately malnourished; nutritional intervention
●●● severely malnourished; nutritional intervention and treatment dietician

SNAQ ⁶⁵⁺			
1	Weight loss	less than 4 kg	4 kg or more
2	Mid-upper arm circumference	25 cm or more	less than 25 cm
3	Appetite and functionality	good appetite and/or well-functioning	poor appetite AND poor functioning
4	Treatment plan	not undernourished	at risk of undernutrition
			undernourished



SNAQ^{RC}
Screening and treatment plan

Screen and weigh* at admission and every three months
Document score in patients' record

- No action
- 2-3 in-between meals per day, enriched meals and monitoring of the food intake
 - Motivate the patient to eat
 - Monitor the food intake
- 2-3 in-between meals per day, enriched meals and monitoring of the food intake
 - Report to physician for consultation dietician
 - Start dietician treatment ≤ 3 days after screening
 - Evaluate treatment 5 days after start of dietician treatment

Weighing
● 1 x per 1-3 month
● 1 x per month
● 1 x per month


www.stuurgroepondvoeding.nl

Hospitals

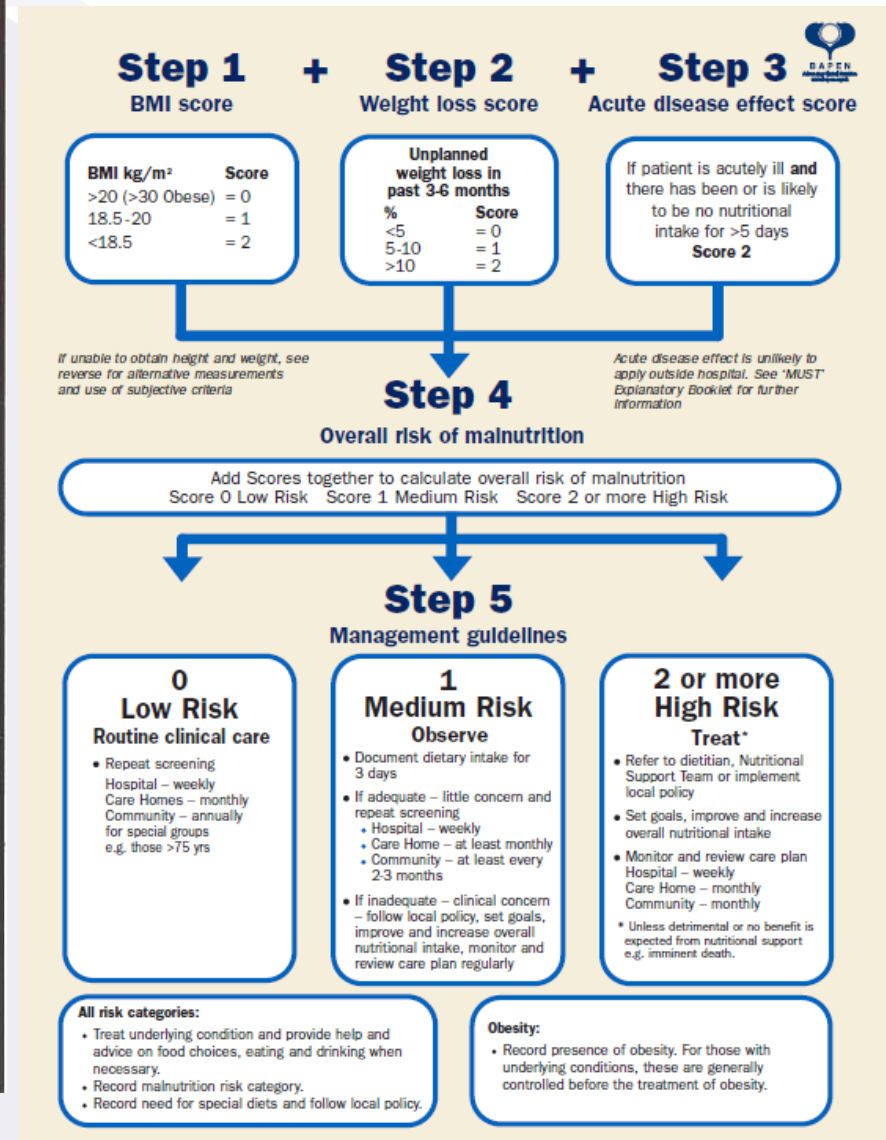
80% SNAQ and 20% MUST

SNAQ

Short Nutritional Assessment Questionnaire

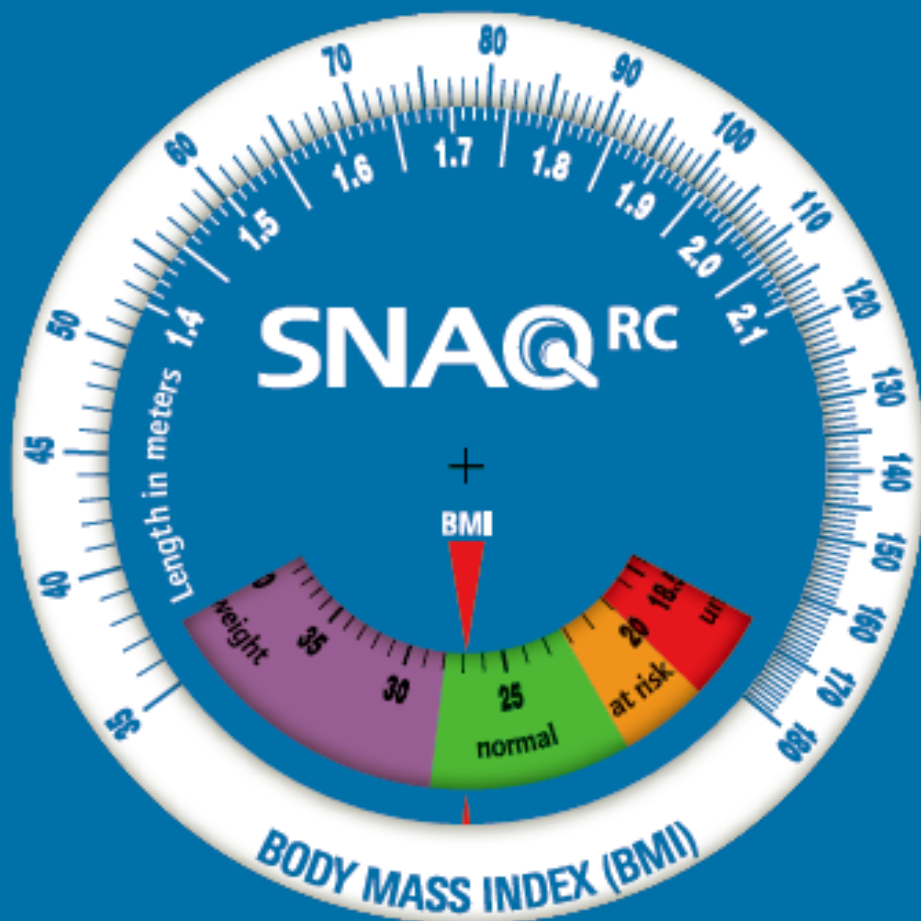
<ul style="list-style-type: none"> • Did you lose weight unintentionally? More than 6 kg in the last 6 months More than 3 kg in the last month • Did you experience a decreased appetite over the last month? • Did you use supplemental drinks or tube feeding over the last month? 	   
<ul style="list-style-type: none">  no intervention  moderately malnourished; nutritional intervention  severely malnourished; nutritional intervention and treatment dietician 	

Kruizenga HM et al. Clinical Nutrition 2005; 24: 75-82



http://www.bapen.org.uk/must_tool.html

Nursing homes – residential care



Rotate the BMI classification disc until the height equals the body weight. The red arrow indicates the BMI.

Ask these questions

Did you lose weight unintentionally?

▶ more than 3 kg in the last month



▶ more than 6 kg in the last 6 months



Are you only capable of eating and drinking with help?



Have you experienced a decreased appetite over the last month?



Measure BMI

BMI below 20 equals red



BMI 20 to 22 equals orange

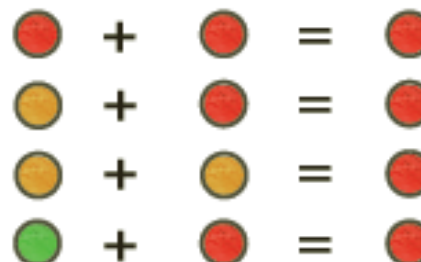


BMI 22 to 28 equals green



BMI above 28 equals overweight

Total score of questions + BMI



Residential care – treatment plan



SNAQ^{RC}

Screening and treatment plan

Screen and weigh* at admission and every three months
Document score in patients' record



• No action






- 2-3 in-between meals per day
- Motivate the patient to eat
- Monitor the food intake



- 2-3 in-between meals per day, enriched meals and monitoring of the food intake
- Report to physician for consultation dietician
- Start dietetic treatment ≤ 3 days after screening
- Evaluate treatment 5 days after start of dietetic treatment

* Weighing

-  1 x per 1-3 month
-  1 x per month
-  1 x per month



Home care and general practitioners office

SNAQ65+

1	Weight loss	less than 4 kg		4 kg or more
2	Mid-upper arm circumference	25 cm or more		less than 25 cm
3	Appetite and functionality	good appetite and/or well-functioning	poor appetite AND poor functioning	
4	Treatment plan	not undernourished	at risk of undernutrition	undemourished

4. Screening as a mandatory quality indicator



Inspectie voor de Gezondheidszorg
Ministerie van Volksgezondheid,
Welzijn en Sport

- **Screening and treatment mandatory in all health care settings**
 - Malnutrition is defined as one of the main health care issues
 - Screening and optimal treatment of malnutrition becomes part of the main policy goals of the individual hospitals, nursing homes and home care organizations.
 - Ongoing collection and feedback of malnutrition data by the Dutch Health Care Inspectorate



naam:

wachtwoord:

inloggen

zoek ziekenhuis

hulp bij raadplegen

Selecteer verslagjaar: 2010

Contactgegevens

Basisset

Operatief proces

Pijn na een operatie

Percentage heupfractuur
binnen kalenderdag

Heroperaties heupfractuur

Cataract: Registratie operatieve
data

Voldoende wachttijd cataract

Verpleegkundige zorg

Decubitus

Ondervoeding

Delirium

Intensive care

Intensive care

Beademingsuren

WCS

Gegevensset 2010

VUmc

Basisset > Ondervoeding

terug

Deze gegevens zijn digitaal ondertekend op 26 mei 2011.

2.7 Ondervoeding

naar boven

2.7.1 Screening op ondervoeding in de kliniek

- * Zijn de geïncludeerde patiënten verspreid over meer dan één locatie? Nee
- Indien u een antwoord geeft dat is gemarkeerd met een # dan wordt u verzocht de gegevens per locatie in te vullen.*

A Volwassenen

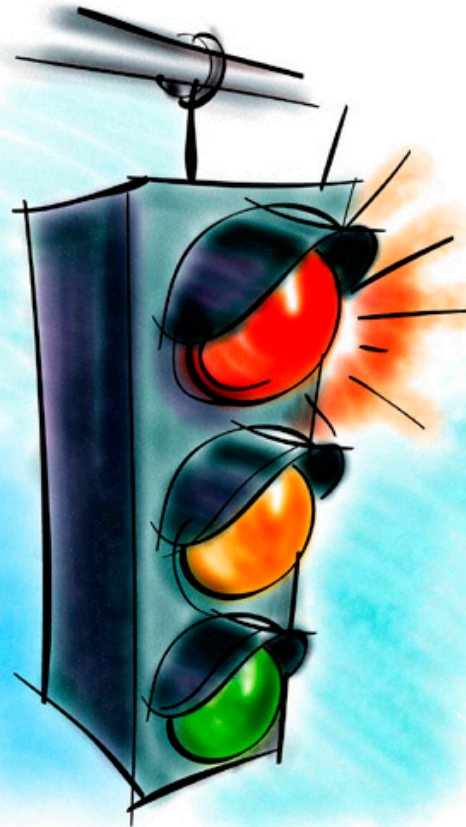
Exclusiecriteria:

- Patiënten in dagopname.
- Patiënten op de kraamafdeling.

Quality indicator 1: All patients should be screened on malnutrition at admission

Mean of all 100 Dutch hospitals:

65% of the patients are screened at admission



>80% screened
22 hospitals

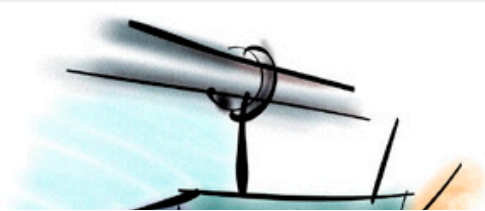
60-80% screened
41 hospitals

<60% screened
32 hospitals

Quality indicator 2: malnourished patients should meet their protein requirements on the 4th day of admission

Mean of all 100 Dutch hospitals:

41% of patients reaches 1,2-1,5 g P/kg on the 4th day



>60% optimal intake
11 hospitals

Clinical Nutrition 30 (2011) 484–489



ELSEVIER

Contents lists available at ScienceDirect

Clinical Nutrition

journal homepage: <http://www.elsevier.com/locate/clnu>



Original Article

Predictors for achieving protein and energy requirements in undernourished hospital patients

Eva Leistra^{a,b,*}, Floor Willeboordse^a, Marian A.E. van Bokhorst – de van der Schueren^{a,b},
Marjolein Visser^{b,c,d}, Peter J.M. Weijs^a, Annelie Haans – van den Oord^e, Jan Oostenbrink^f,
Anja M. Evers^b, Hinke M. Kruizenga^{a,b,c}

Vraag	Antwoord	Toelichting		
Ontslag en nazorg				
<input type="checkbox"/> Alleenwonend	Neen			<input type="checkbox"/>
<input type="checkbox"/> Huisgenoten	Partner			<input type="checkbox"/>
- Kinderen	Ja	2 zoons		<input type="checkbox"/>
- Zelfreddeend	Ja			<input type="checkbox"/>
- Beperkingen	Geen			<input type="checkbox"/>
- Gebruikte hulpmiddelen	Geen			<input type="checkbox"/>
- Zelfstandig wonend	Ja			<input type="checkbox"/>
- Terugkeer naar huidige woonsituatie	Onbekend			<input type="checkbox"/>
- Ondersteuning	Geen			<input type="checkbox"/>
SNAQ screening ondervoeding				
<input type="checkbox"/> Bent u onbedoeld afgevallen?	Ja			<input type="checkbox"/>
- Meer dan 3 kg gewichtsverlies in de laatste maand?	Ja			<input type="checkbox"/>
- Meer dan 6 kg gewichtsverlies in de laatste 6 maanden?	Neen			<input type="checkbox"/>
- Had u de afgelopen maand een verminderde eetlust?	Ja			<input type="checkbox"/>
- Heeft u de afgelopen maand drink-voeding of sondevoeding gebruikt?	Neen			<input type="checkbox"/>
- SNAQ-score	3 [punten]			<input checked="" type="checkbox"/>
- SNAQ-score van 2 of meer punten	Schakel de assistent ZE in voor tussentijdse verstrek...			<input type="checkbox"/>
- SNAQ-score van 3 of meer punten	Deze patient is ondervoed. Schakel de diëtist in bij de ...			<input type="checkbox"/>
Metingen				
<input type="checkbox"/> Huidige gewicht	71.0 [kg]			<input type="checkbox"/>
- Gemeten/Nagevraagd	Nagevraagd			<input type="checkbox"/>
<input type="checkbox"/> Huidige lengte	168 [cm]			<input type="checkbox"/>
- Gemeten/Nagevraagd	Nagevraagd			<input type="checkbox"/>
- Body Mass Index (BMI)	25.16			<input type="checkbox"/>
- Gewicht 1 maand geleden	74.0 [kg]			<input type="checkbox"/>
- Percentage gewichtsverlies na 1 maand	4.1 [%]			<input type="checkbox"/>
- Gewicht 6 maanden geleden	[kg]			<input type="checkbox"/>
- Percentage gewichtsverlies na 6 maanden	[%]			<input type="checkbox"/>
- Dieet	Geen specifiek dieet			<input type="checkbox"/>
- Systolische bloeddruk	150 [mm/Hg]			<input type="checkbox"/>
- Diastolische bloeddruk	90 [mm/Hg]			<input type="checkbox"/>
- Hartfrequentie	64			<input type="checkbox"/>
- Regulair	Ja			<input type="checkbox"/>
<input type="checkbox"/> Temperatuur	38.2 [C]			<input type="checkbox"/>
- Hoe gemeten	Tympaal			<input type="checkbox"/>
Leefgewoonten				
- Roken	Geensignaal			<input type="checkbox"/>

SNAQ score
(mandatory !)

other
nutritional
questions
(voluntary)

Opgenomen patiënten met SNAQ-score vanaf drie, behorend bij deze opname

Patient-nummer	Hr Mw	Vr nm	Achternaam	Opname-datum	Opnam tijd	KZE	Kamer/be	SN AQ	Invoer-datum	Invoer-tijd
8-184-533	Mw	W.		31-03-2008	16:08	ICVI	7D62 8	4	31-03-2008	23:13:30
	Hr	K.		12-04-2008	00:21	VHON	6B36 3	3	12-04-2008	03:35:11
	Hr	W.		17-03-2008	14:00	VIG1	4C18 1	7	17-03-2008	23:27:00
	Hr	M.		28-03-2008	17:30	VIG1	4C66 1	6	28-03-2008	23:17:22
	Hr	C.		08-04-2008	16:08	VIG1	4C14 3	7	08-04-2008	17:45:04
	Mw	C.		24-01-2008	11:00	VIG2	4B30 2	7	24-01-2008	15:42:14
	Hr	M.		11-04-2008	08:04	VKNO	1C52 1	4	12-04-2008	16:13:18
	Mw	E.		16-04-2008	08:30	VKNO	1C14 2	3	16-04-2008	09:11:32
	Mw	M.		09-04-2008	09:30	VLON	7C30 1	3	09-04-2008	12:53:33
	Hr	L.		10-04-2008	11:14	VLON	7C24 1	3	10-04-2008	14:34:28
	Hr	J.		12-04-2008	05:34	VLON	7C58 1	6	14-04-2008	15:19:15
	Hr	M.		14-04-2008	09:30	VLON	7C28 1	4	14-04-2008	13:54:17
	Mw	T.		15-04-2008	16:10	VLON	7C66 2	7	15-04-2008	17:12:53
	Hr	C.		16-04-2008	12:30	VLON	7C46 1	6	16-04-2008	19:57:15
	Hr	H.		28-12-2007	17:01	VMPU	4C52 2	7	03-01-2008	11:45:46
	Mw	L.		03-03-2008	16:00	VMPU	4C52 1	5	26-03-2008	20:13:55
	Hr	A.		22-02-2008	23:16	VNEU	2B66 2	7	23-02-2008	15:34:27
	Mw	J.		20-03-2008	17:30	VNEU	2B28 2	6	21-03-2008	03:55:50
	Mw	J.		21-03-2008	14:12	VNEU	2B66 1	4	21-03-2008	17:11:19
	Hr	H.		14-04-2008	13:16	VNEU	2B34 1	3	14-04-2008	15:45:48
	Mw	H.	vd	16-04-2008	11:00	VNEU	2B44 1	3	16-04-2008	16:13:46
	Mw	C.		10-04-2008	10:30	VONI	3C50 2	7	10-04-2008	14:54:55
	Hr	J.		14-04-2008	16:15	VONI	3C38 1	6	14-04-2008	20:25:42
	Mw	C.		16-03-2008	02:30	VTRA	6C66 1	5	19-03-2008	11:53:06
	Mw	C.		16-03-2008	02:30	VTRA	6C66 1	5	26-03-2008	09:53:14
	Hr	D.		31-03-2008	07:01	VTRA	6C62 1	7	12-04-2008	18:00:01
	Mw	E.		02-04-2008	13:00	VVAT	5C18 1	4	06-04-2008	14:23:37

Aantal: 27

E I N D E SESOP-print van VRAGEN vraag 300

Daily practice in our hospitals; daily overview of patients admitted with SNAQ scores 3 and up

5. Evidence based – validated tools and cost-effectiveness research

Clinical Nutrition (2005) 24, 75–82

Post-Discharge Nutritional Support in Malnourished Elderly Individuals

British Journal of Nutrition (2011), page 1 of 10
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doi:10.1017/S0007114511000717

Early determinants for the development of undernutrition in an older general population

Study protocol: Cost-effectiveness of transmural nutritional support in malnourished elderly patients in comparison with usual care

The Janneke Sc
Vol

Floor Neelemaat^{1*}, Abel Thijs², Jaap C Seidell³, Judith E Bosmans⁴, Marian AE van Bokhorst-de van der Schueren¹

Effectiveness and cost-effectiveness of early screening and treatment of malnourished patients^{1–3}

Hinke M Kruijenga, Maurits W Van Tulder, Jaap C Seidell, Abel Thijs, Herman J Ader, and Marian AE Van Bokhorst-de van der Schueren

J.M.G.A. SCHOLS^{3,5,6,7}, J.J. VAN BINSBERGEN^{3,8}, A. ELIENS⁹, D.L. KNOL⁴, M. VISSER^{2,3,4}

6. Ministry of Health is key stakeholder

- Early screening and optimal treatment of malnutrition is defined as a goal in the government program
- malnutrition is one of the four topics in the National Safety Management System for Dutch hospitals
- Malnutrition screening score is accepted as indication for reimbursement of medical nutrition by government and health insurers
- Has funded the implementation projects and a cost effectiveness analysis



7. Implementation projects in all care settings

- **2006-2009** **Hospitals**
- **2008, 2011** **Nursing homes**
- **2008-2011** **Home care and General Practice**

- **Project leaders with different expertise**
 - Anja Evers - the implementation process
 - Hinke Kruizenga - the contents
 - Dieticians from residential care and home care



- **The hospital project received the “pearl of ZonMw” in 2009**
(Netherlands institute for health research and development)

8. Toolkit with free accessible half fabricates and best practices

- **Guidelines and fact sheets**
- **Free half fabricates**
 - Presentation for nurses, managers, doctors,
 - Project plan
 - Newsletter
 - Patient information
 -
- **Treatment plans**
- **Best practices**
- **Literature**

Intake vs. requirements	Intervention	Evaluation
100% of requirements	Energy and protein rich foods Additional: liquid feeds if needed	Dietician contacts participant \leq 10 workdays
75-100% of requirements	Energy and protein rich foods Additional: liquid feeds if needed	Dietician contacts participant \leq 10 workdays
50-75% of requirements	Energy and protein rich foods Extra: liquid feeds and/or tube feeding	Dietician contacts participant \leq 5 workdays
<50% of requirements	Energy and protein rich foods Extra: tube feeding or complete tube feeding	Dietician contacts participant \leq 2 workdays

Website: www.stuurgroepondervoeding.nl

Stuurgroep
Ondervoeding



Stuurgroep

Ziekenhuis

Ondervoeding algemeen

Verpleeg en verzorgingshuis

Eerstelijnszorg en thuiszorg



Stuurgroep
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Ziekenhuis

Ondervoeding algemeen

Verpleeg en verzorgingshuis

Eerstelijnszorg en thuiszorg



Stuurgroep
Ondervoeding



Stuurgroep

Ziekenhuis

Ondervoeding algemeen

Verpleeg en verzorgingshuis

Eerstelijnszorg en thuiszorg



Toolkit kliniek

Zoek

Projectomschrijving

Workshops voorjaar 2011

Zakboekje

Toolkit kliniek

Toolkit

Ziekenhuis > Toolkit kliniek >

Toolkit voor de implementatie kliniek

→ **Toolkit kliniek** Deze toolkit bevat benodigheden voor de implementatie van screening op ondervoeding en een geprotocolleerd voedingsbehandelplan. Aanvullingen kunnen worden doorgegeven aan de projectleiders op ziekenhuis@stuurgroepondervoeding.nl

→ **Factsheet screening en behandeling ondervoeding** Hoe vaak komt ondervoeding voor? Wat zijn de gevolgen van ondervoeding? Hoe worden de ondervoede patiënten op tijd herkend en behandeld? Is dit effectief en kosten effectief?

Who are the visitors of www.stuurgroepondervoeding.nl

- 36.000 visitors per year
- 20.000 unique visitors per year
- 4 pages per visitor

Visits		Pages/Visit		Avg. Time on Site		% New Visits		Bounce Rate	
36,086		4.01		00:03:59		51.17%		34.12%	
? % of Site Total: 100.00%		? Site Avg: 4.01 (0.00%)		? Site Avg: 00:03:59 (0.00%)		? Site Avg: 51.15% (0.03%)		? Site Avg: 34.1%	
Detail Level: <input type="text" value="Country/Territory"/>		Visits ↓	Pages/Visit	Avg. Time on Site	% New Visits				
1.	Netherlands	33,008	4.05	00:04:02	50.65%				
2.	Belgium	2,005	3.37	00:03:15	58.00%				
3.	(not set)	263	3.85	00:03:04	43.73%				
4.	Germany	156	4.47	00:03:50	53.85%				
5.	United States	96	2.96	00:05:45	56.25%				
6.	United Kingdom	66	3.17	00:02:36	72.73%				
7.	Switzerland	64	5.14	00:04:26	18.75%				
8.	Sweden	61	5.89	00:10:02	14.75%				
9.	Iceland	39	4.64	00:03:25	56.41%				
10.	France	38	3.37	00:02:37	52.63%				

No need to learn Dutch!

www.fightmalnutrition.eu in progress

**Fight
Malnutrition**
www.fightmalnutrition.eu



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Latest news

17 July 2011

Share your products
SNAQ65+ has been awarded the EMGO Societal Impact Award of the VU University

On May 19th, 2011, Hanneke Wijnhoven was awarded the EMGO Societal Impact award for the development...

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[contact](#)

Your Position: home

Search

Short overview

Fighting malnutrition

Hospitals

Prevalence rates of malnutrition in hospitalized patients vary from 25-40%. Still, malnutrition goes by undetected and untreated. Since 2007, fifty percent of all Dutch hospitals have participated in our stepwise implementation programme to improve screening and treatment of malnutrition in hospitals. Other hospitals were welcome to use our methodology, depending on their wishes for support.

Nursing homes

Residents of nursing homes are fragile due to old age and, for instance, chronic illness. Malnutrition can worsen the overall health condition and functionality. Dutch prevalence data show that 25% of the Dutch residents in nursing homes are malnourished.

Quick and easy screening on malnutrition in the nursing home setting

In Dutch nursing homes, all residents

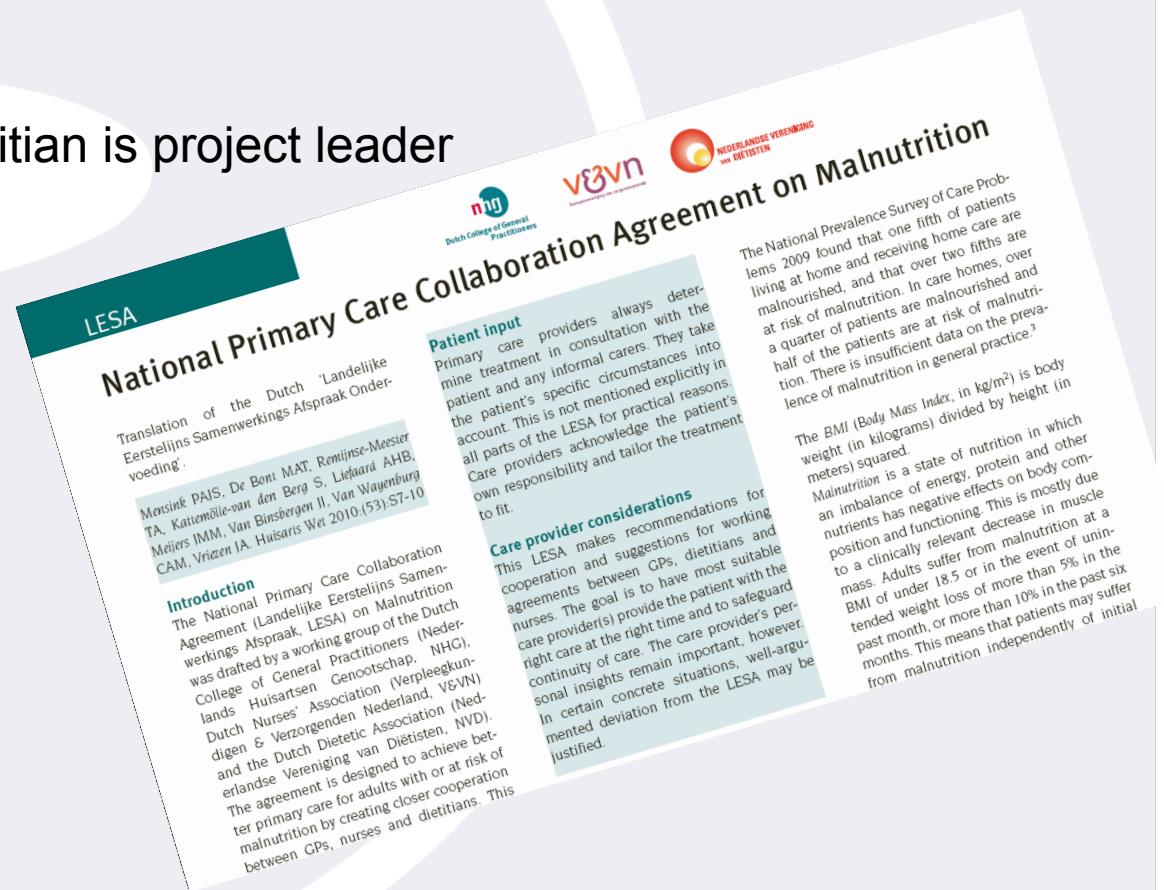
Home care

In home care patients, the prevalence of undernutrition is estimated to range between 17 and 35%; prevalence appears to be highest in older individuals. Unfortunately, nutritional status is only assessed in 16% of the home care patients and in only 5% a validated screening instrument is used.

In September 2008, the Dutch Malnutrition Steering Group started a three-year's project to improve

9. Multidisciplinary project teams with authority

- **Hospitals and nursing homes:** multidisciplinary project team with the key persons and a team of a nurse, dietitian and physician for each hospital ward
- **Home care:** Dietitian is project leader



10. Training programs and workshops

- Training of the project leaders (nurses, dietitians, managers)
 - 1. How to start with implementation of malnutrition screening? (4 hours)
 - 2. Education in malnutrition screening and treatment (1 day, 1,5-2 months after the start meeting)
 - 3. Follow up and group intervision on patient and implementation cases (4 hours, 3 months after educational meeting)
- Workshops with these aspects in one day
- Multidisciplinary screening and treatment guideline



Future plans

- Further implementation of screening and treatment in all health care settings
- Improvement of results
- **Sharing knowledge and experience in Europe and website in English**
- Strengthening the chain
- A Ministry-funded “Malnutrition Knowledge Center”
- Improvement in the basic education of (clinical) nutrition for doctors and nurses

Exploitable? What were our keys to success?

- 1. Quick and easy screening**
- 2. Multidisciplinary steering group**
- 3. Annual prevalence data**
- 4. Help from the politics**
- 5. The website! Ready to use documents**
- 6. mandatory quality indicators**
- 7. The evidence base**
- 8. Multidisciplinary approach with the dietician in “the lead”**

Visit our site-in progress

- www.fightmalnutrition.eu
- info@fightmalnutrition.eu

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