TPN COST SAVINGS BY OPTIMALIZATION OF CLINICAL NUTRITIONAL CARE FOR ALL



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INTRODUCTION

Total parenteral nutrition (TPN) costs and malnutrition are a big financial burden for hospitals. Increased TPN usage and costs and untreated malnutrition in patients had to be addressed. In 2009 a dietitian was appointed for malnutrition screening and monitoring of intramural patients with TPN and a nutritional management team was assembled. In the current study a procedure has been developed to assure optimal clinical nutritional care for all patients (oral, enteral and parenteral nutrition) and screening on malnutrition by EB practice tools.

PURPOSE

Detection and treatment of malnutrition and structured follow up of TPN patients based on EB guidelines and cost savings of 10% in 2010 or 20% in 2010-2011. Since 2012 introduction of a TPN procedure and instruction tools for caregivers and ongoing follow up of TPN use and cost and malnutrition screening results assured sustainment of the approach.

CONCLUSIONS

This study shows:

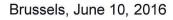
- Detection of malnutrition risk by EB screening and treatment
- Essential changes in management needed
- Essential role of dietitians as experts in nutritional assessment and follow up of clinical nutrition
- TP-EN instruction tools and protocols improve nutritional care
- Passing on our approach by training on the job of dietitian- / nutrition teams
- Ongoing cost savings
- Nutrition is part of the treatment plan and approved by NIAZ accreditation in 2015

METHOD

TPN usage and costs over the years prior to 2010 were calculated. Causes for improper prescription of TPN were identified. TPN usage guidelines according EB ASPEN/ESPEN guidelines and procedures were developed. Nursing staff and dietitians were trained in proper administration and follow up of TPN and EN usage in patients. TPN-EN instruction tools for caregivers (physicians/dietitians) were presented and training on the job for dietitian teams/nutrition teams in other hospitals started. Inclusion of enteral and parenteral nutrition expertise in the job description of dietitians follows in 2016.

RESULTS

TPN usage decreased by 52%, cost savings on TPN usage of 53% were obtained and the number of TPN users declined by 45% in 2015 compared to 2010. In 2015 41% of all admissions and 73% of admissions at higher risk units was screened on malnutrition risk, 9% of all hospitalized patients was diagnosed malnourished and treated by dietitians. In 2016 malnutrition risk screening of 80% of hospital admissions can be expected at higher risk units.





MNI Secretariat

Rue de l'Association 50 1000 Brussels

Dear Madame, Dear Sir,

Re:

MNI Grant 2016 for the best national initiative for an optimal nutritional care approach

"TPN Cost Savings by Optimalization of Clinical Nutrition for All"

First Author: Rian van Schaik

With this letter, we confirm to endorse the above mentioned study carried out by both the General Hospital AZ Sint-Lucas in Brugge and the Faculty of Bioscience and Engineering at the KU in Leuven.

Should you need any further information, please contact me.

Sincerely,

Dirk LEMAITRE

Honorary Chairman

Vlaamse Beroepsvereniging van Voedingsdeskundigen en Diëtisten