

Nutrition Zone

A pilot project to develop collaboration within multidisciplinary stakeholders to promote an effective malnutrition treatment for COVID and cancer outpatients.



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Description of the initiative

• Background / context

The lack of malnutrition treatment follow-up leads to low awareness from health care professionals and relevant health stakeholders. The COVID-19 pandemic urged us to undertake action via the regional primary care structure and its stakeholders to reduce the health-economic impact on the quality of life of recovering COVID-19 and cancer patients. Primary care zone Dender (150000 citizens) is working on a pilot project of transmural multidiscipline treatment of malnutrition.

• Rationale for the initiative

ESPEN and the Dutch Stuurgroep Ondervoeding developed recommendations. The Dutch developed also a very useful primary care manual called Voedingspaspoort which we will use to develop our multidisciplinary transmural network malnutrition. Screening, diagnosis, and treatment of malnutrition should therefore be routinely included in the primary care. So far, we have no referral protocol for malnutrition follow-up after hospitalization and nobody takes the lead in screening, treatment and follow-up what causes life-shortening situations and quality of life loss for patients.

• Objectives and scope

A pilot project that establishes a referral structures and protocols with multidisciplinary stakeholders with education, screening, referral and effective treatment in primary care. After evaluation of the pilot project and possible adjustments, the intention is to go for the implementation of this framework nationally and use the gathered experiences and data to develop a reimbursement file for nutritional follow-up of malnutrition/sarcopenia for the national health insurance.

Planned activities & deliverables

• Outline the steps to be taken

1. Stakeholder mapping.
2. Investigate current work methods, beliefs, prejudices, barriers, and levers for collaboration concerning malnutrition referral through focus group discussions and in-depth interviews.
3. Developing a negotiated multidisciplinary cooperation protocol with step-by-step plan and flow chart.
4. Awareness creation and dissemination of the protocol for treatment of malnutrition.
5. Training healthcare professionals involved in the treatment of malnutrition & sarcopenia.
6. Follow-up implementation protocol & evaluation.

• What are the concrete deliverables of the project?

Guarantee an effective individualized malnutrition/sarcopenia treatment with a referral to the right healthcare professional who cooperates multidisciplinary.

• What achievements are possible in the next 12 and 24 months?

We plan an internal evaluation after 6 months and some necessary adjustments. After 1 year we will go back with the evaluation report to the stakeholders of the primary care areas, the professional association of the healthcare stakeholders and the national health service (RIZIV). The collected data, experience and insights will help us to do so.

After 2 year we plan to evaluate the whole project and have a reimbursement file for multidisciplinary treatment of malnutrition/sarcopenia at primary care level that we can present to our stakeholders.

Resources & enablers

• Describe personnel, financial needs

PERSONNEL

Coordinator Tasks Desk research + investigation
Administration: preparing meetings, meeting reports, developing communication tools & education

Trainers to educate the partners & stakeholders

Steering committee with representatives of the stakeholders

Work group of directly involved stakeholders (GP's, dieticians, physiotherapists, dentists, pharmacists, speech therapists, hospitals, home nursing, home assistance, neighbourhood care)

FINANCIAL NEEDS

Coordinator/investigator 1/10 FTE: 22500,- €

development and dissemination of communication tools: 5000,- €

meeting facilities & education: 1000,- €

project promotional communication: 1.500,- €

total = 30000,- €

• Specify how the grant will be spent

The grant will be spend over a period of 2 year on the coordination of the project, the research, the steering committee, organisation of stakeholder meetings and a work group, development of flowchart, protocol, communication tools, education, dissemination of tools and project promotional communication.

• What factors will make it successful?

- People who believe in the project and pull the project.
- Real collaboration with people who care about their patients and want to achieve results.
- Negotiated protocols that are followed.
- Effective promotional communication so people know what happens, who offers which service and how to reach them to become treated.

Results/outcomes & expected impact

• How will the findings be implemented?

Via VIVEL to other ELZs, via VVKVM, VBVD/UPDLF, Post-COVID.be, Kom Op tegen Kanker to professionals and RIZIV.

• How will this project advance patient care / contribute to optimal nutritional care?

This project will contribute to a substantial improvement in the quality of health care and treatment of malnourished outpatients and primary care patients.

• What makes the project innovative?

Taking the advantage of pandemic, which has a major impact on nutritional status & QOL, to make effective efforts to treat malnutrition extramural and interdisciplinary.

• Will the project be likely to influence national nutrition policy?

If we have good outcomes, certainly because best practices are passed on to organisations involved in the national nutritional policy but before this is achieved, we must work together to realize our goals.

• Is the project transferable to other settings / countries?

Yes, especially countries without multidisciplinary malnutrition treatment protocol and after adaptation to the local situation and needs.

References

Arends e.a. ESPEN expert group recommendations for action against cancer related malnutrition (2017) [ESPEN expert group recommendations for action against cancer-related malnutrition - Clinical Nutrition \(clinicalnutritionjournal.com\)](https://www.clinicalnutritionjournal.com/)

Holdaway A., Recovering at home after a hospital stay for COVID-19 illness, UK, 2020. <https://www.malnutritionpathway.co.uk/covid19-resourceool>

NVD, Ondervoeding bij kwetsbare mensen juist nu een probleem, NVD, 2020. https://www.nvdietist.nl/images/NVD_NU/Ondervoeding/20200422_FlyerNVD_ondervoeding_tijdens_COVID-19_A4_210x297_v6.pdf

Stuurgroep Ondervoeding, Het voedingspaspoort, 2020. <https://www.stuurgroepondervoeding.nl/het-voedingspaspoort-continueit-van-voedingszorg-bij-kwetsbare-ouderen>