

How to Fight Malnutrition: From a general guidance to an implementation and change in clinical practice. The Danish approach.....

MNI Grant Winner 2009 for the Best National Initiative to
Fight Malnutrition, ESPEN Congress 2009

Henrik Højgaard Rasmussen/DAPEN
Prof. and Head of Center for Nutrition and Bowel Disease
Aalborg University Hospital
Clinical Institute
Aalborg University
Denmark

DAPEN

Initiative and Objectives achieved in 2009

Multi-modal approach to fight malnutrition
which led to:



Establishment of national guidelines



Accreditation of all Danish hospitals
concerning nutrition



Creation of a strategic information system on
awareness and prevalence of undernutrition
as well as guidelines



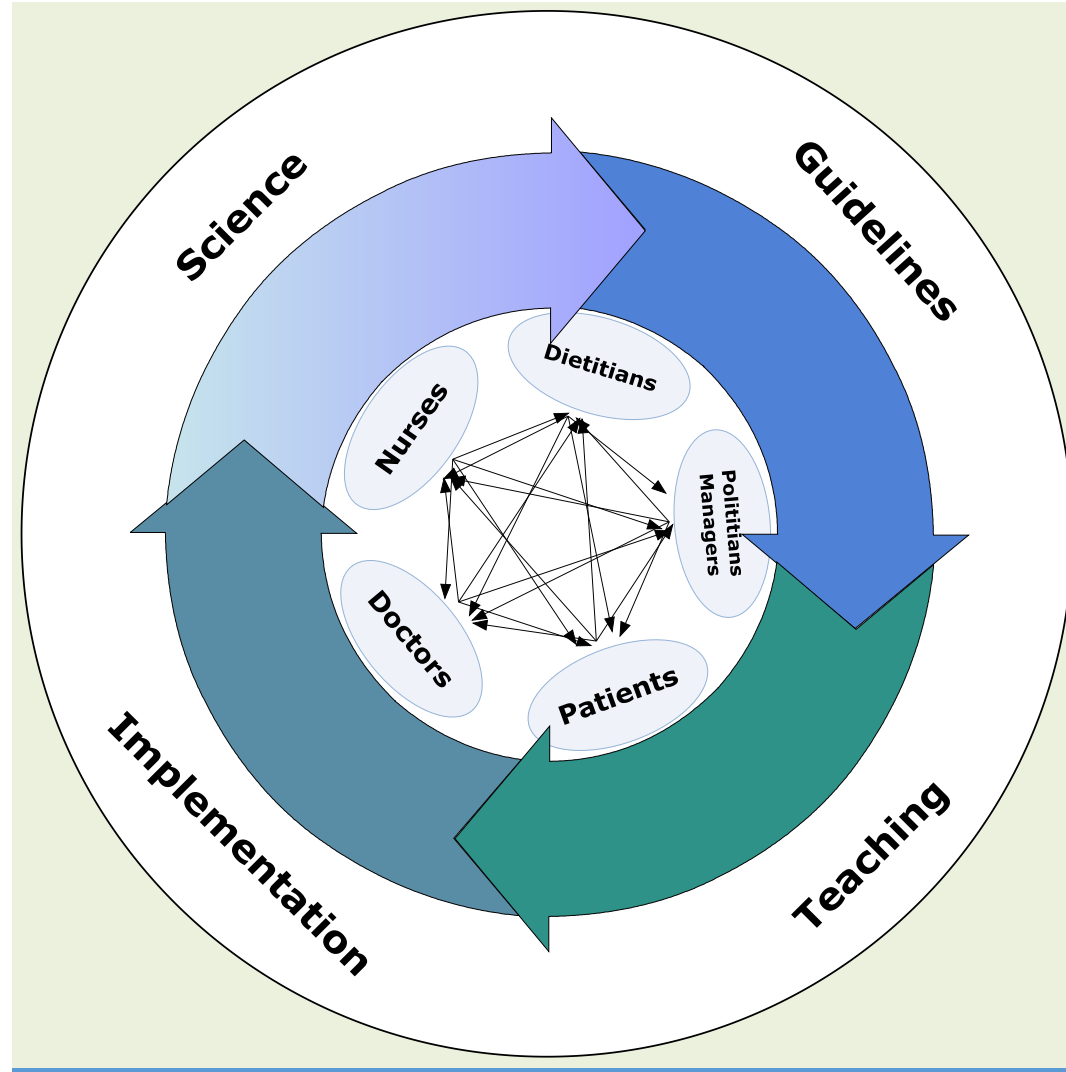
Large growth of formal nutrition teams and
with clear competencies

General basic perspectives:

Multi-modal and cross-sectional along the patient journey

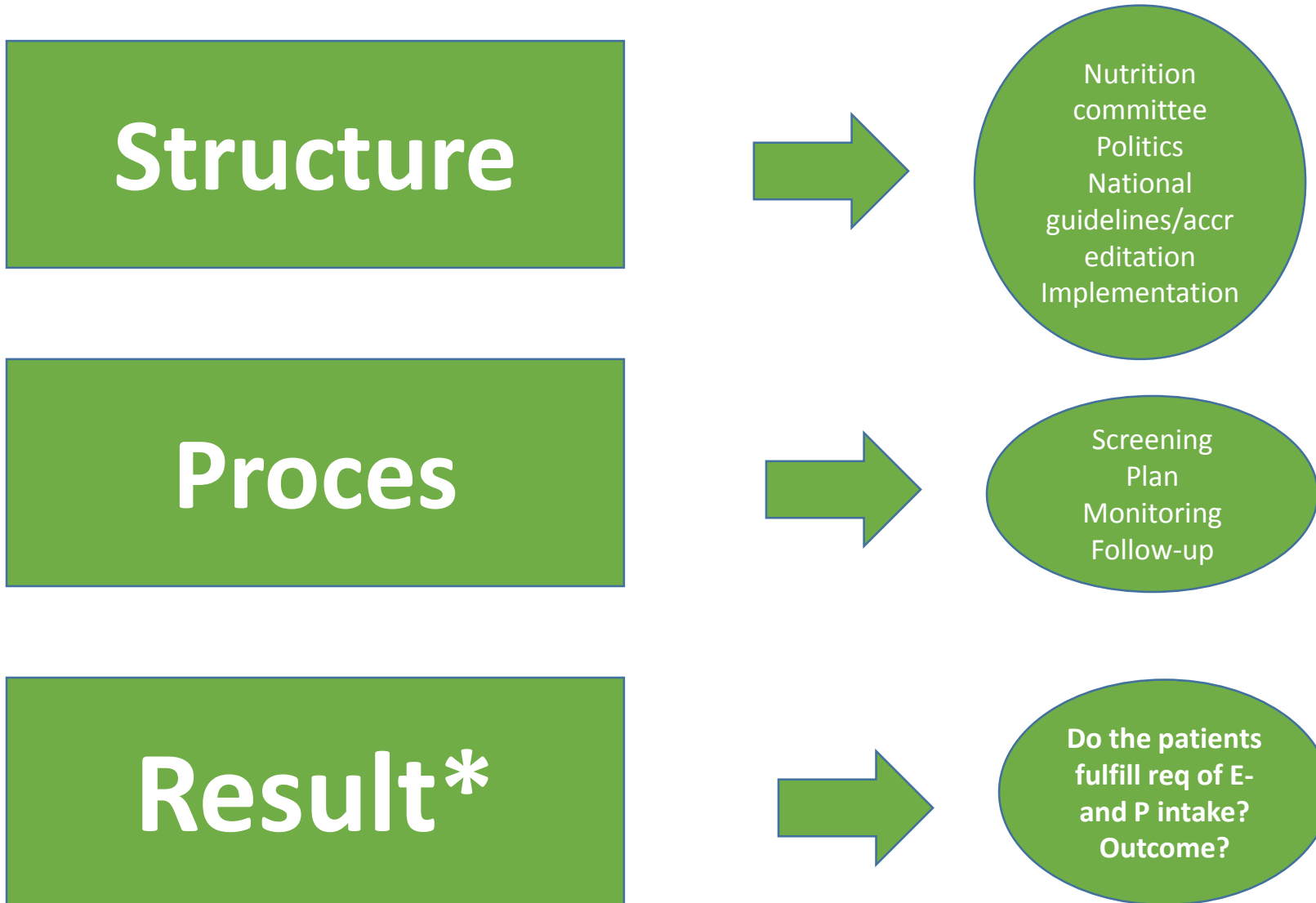
Home – Hospital – Institution - Community

What is important?



Adapted from Kondrup

The framework for good nutritional practice



The importance of a good structure and organisation for clinical nutrition

Structure

	Attitude Entirely or largely agree	Practice Yes, this is a routine in all patients at my department			
	Total group %	Total group %	Departments with w-DS# %	Departments with p-DS# %	P – value*
Nutrition status should be evaluated in all patients on admission	90	27	81	46	0,0001
All patients should be weighed at admission	93	48	83	34	0,0001
Energy intake should be taken in account on wards rounds	92	15	80	32	0,0001
Energy requirements should be determined before prescribing nutrition therapy	97	31	88	41	0,0001
Ongoing checks of risk-patients achieving the desirable level of 24-hour energy intake	97	19	80	57	0,0001
Nutrition care plan should be included in the patients' records	93	13	60	31	0,0001

w-DS = veldefineret struktur og
p-DS = mindre veldefineret struktur

Holst et al. e-spen journal. (2008) 3, e102-e107

Process

Result

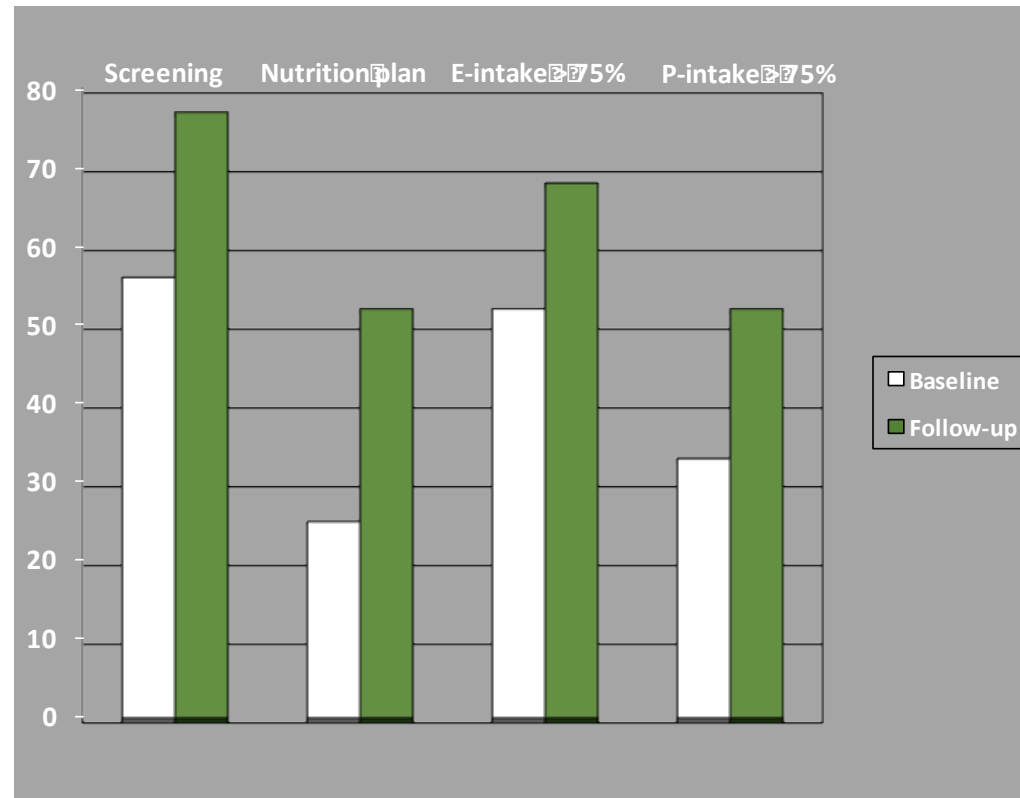
Good Nutritional Practice

Multi-modal intervention improved oral intake in hospitalized patients.

A one year follow-up study.

Holst M, Beermann T, Mortensen MN, Skadhauge LB, Lindorff-Larsen K, Rasmussen HH.

Clin Nutr. 2015 Apr;34(2) 315-22 10.



*Overall 545 patients participated (287 before/258 after) from 26/22 departments

p < 0.001 for all variables

Good nutritional practice in hospitals during an 8-year period: The impact of accreditation

M. Holst, M. Staun, J. Kondrup, C. Bach-Dahl, H.H. Rasmussen

E-SPEN 2014

A questionnaire-based investigation among doctors and nurses in Danish hospitals were compared to a similar investigation in 2004 and included 65 questions including GNP, knowledge, education, guidelines, organization and barriers. Four questions regarding accreditation by The Danish Healthcare Quality Program were added.

Results: Response rate was 25% (925 questionnaires returned). Significant improvements were seen in:

- screening (76% vs 40%),
- nutrition plan (69% vs 46%), and
- monitoring (46% vs 29%).

Lack of knowledge were among the most important barriers (41%).

Conclusion: After introduction of quality indicators in clinical nutrition according to the Danish Healthcare Quality Program, Good Nutritional Practice improved

Nutrition Therapy in the Transition between Hospital and Home: An Investigation of Barriers

Mette Holst and Henrik Højgaard Rasmussen
J Nutr Met 2014

- Education
- Organisation
- Economy

Tool for screening – planning: Primary Health Care

Eating Validation Scheme



Nutrition xxx (2013) 1–8



Contents lists available at ScienceDirect

Nutrition

journal homepage: www.nutritionjrnal.com



Applied nutritional investigation

Ability of different screening tools to predict positive effect on nutritional intervention among the elderly in primary health care

Anne Marie Beck Ph.D. ^{a,*}, Tina Beermann M.Sc. (Clin. Nutr.) ^b, Stine Kjær ^c,
Henrik Højgaard Rasmussen Prof. ^d

The old medical patient + plan for implementation

National Board of Health 2013 and Local Government Denmark 2013-

Sundhedsstyrelsen



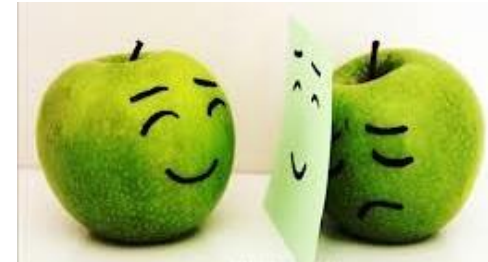
VÆRKTØJER TIL TIDLIG OP-
SPORING AF SYGDOMSTEGN,
NEDSAT FYSISK FUNKTIONS-
NIVEAU OG UNDERERNÆRING
– sammenfatning af anbefalinger

2013



Background - today

- Mandatory screening of patients in hospitals since 2003 (Guideline by National Board of Health)
- Myriads of guidelines on nutrition in all sectors
- Passed accreditation, international and national
- No recent data, neither for screening or adequacy of intake
- All recent (small) observational studies: low intake in at-risk patients, just as before 2003



Possible solution: Bigger backing band

- Increase pressure on political system
- ...in a format that fits the political system

Forum for disease-related malnutrition

Overall 17 different stakeholders

Core organisations:

- Danish Agriculture & Food Council
 - farming and food industry, farmers' associations
- The Danish Diet & Nutrition Association
 - administrative dietitians, kitchen managers, dietitians
- DAPEN
- And others: i.e. unions, industry, patient organisations, national board of health (observers)



6 recommendations: for parliament/government (and solutions)

- National goals for disease related malnutrition – patients and elderly are not yet screened systematically
 - central reporting of results from all sectors of public health care (like Holland)
- Patients' rights to treatment within a specified time
 - Time limits defined for each sector
- Financial encouragement for those who perform well
 - The financial benefits of nutrition support should also benefit those who actually do the job

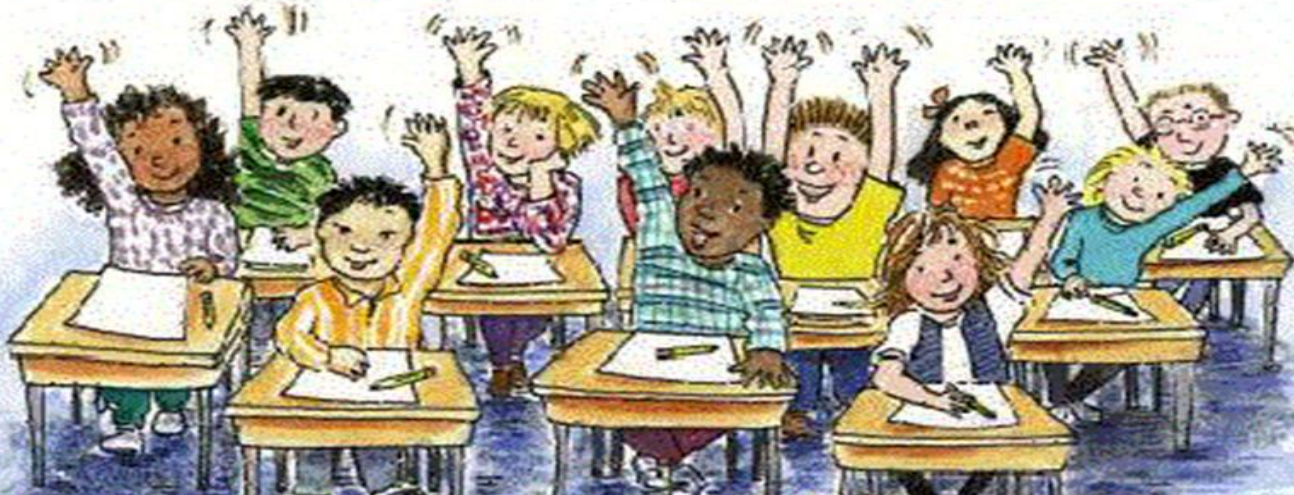


6 recommendations: for parliament/government (and solutions)

- Danish legislation on public health must include sections on food and nutrition
 - Nutrition is the base of all treatment (i.e. prevention, treatment and rehabilitation).
 - It is a treatment modality, not a house hold service.
- Appropriate food, meals and nutrition for all patients and elderly
 - More individualized solutions
- Information campaign
 - To increase awareness among patients and their relatives
 - Patient empowerment

What is needed?

Political pressure
Stakeholders
Re-imbursement
Quality-indicators
Nutrition integrated in disease-specific guidelines
Education at all levels
RCT's - practice
Nutrition should go along with the patient



COPENHAGEN, DENMARK
JOINTLY ORGANIZED WITH NORWAY
17-20 SEPTEMBER 2016
WWW.ESPEN.ORG



COLLABORATION IN NUTRITION

Thank you for your attention