

## Linking hospital and community to fight malnutrition

An Italian initiative to recognize and fight malnutrition

### Background

Malnutrition is a significant problem in today's society and its prevalence has been reported to be, at a worldwide level, around 42%, with very high peaks also in industrialized countries (32%, an average between US and European countries). In Italy recent estimates report the same overlapping data.

Approximately 30% of patients admitted to hospitals and nursing homes are found to be malnourished and the state of malnutrition usually increases during their stay. Moreover, when focusing on specific patients' groups, such as oncology or ICU patients, prevalence of malnutrition even increases.



- A vicious cycle exists between hospital and community regarding malnutrition, particularly in the elderly.
- Hospital admits malnourished patients from community, while it discharges acutely malnourished patients to community

Unfortunately there is a huge lack of awareness, at all levels and among all healthcare professionals, about malnutrition, its prevalence and the associated risks.

### Action Plan objectives

1. to interrupt the vicious cycle, existing between hospital and community regarding malnutrition, by increasing awareness of malnutrition and of malnutrition-related morbidity and mortality among community and hospital care givers and in the general population.
2. an increased awareness of malnutrition by hospital and community care givers will lead within five years to 10% reduction of malnutrition upon hospital admission.

**1**

**Raising Awareness of Malnutrition**

1. Health and social care professionals in hospital and community
2. Hospital management, Community health management, Regional Health Agencies, National Health Agency
3. Society

**2**

**Encourage Screening & Treatment in Hospital and Community**

**3**

**Improve patient nutritional status**

### Outline of measures to be taken to reach Action Plan objectives

#### Actions at the hospital level

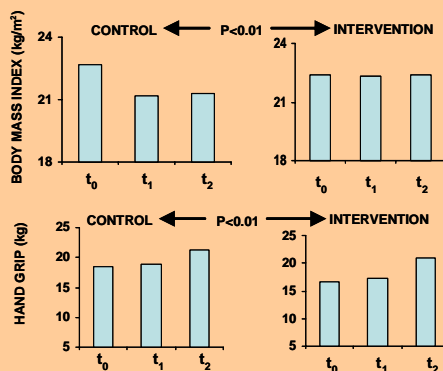
- Interact with hospital management in order to include the following nutritional records patient chart:
- MUST in all admitted patients (the "Yes we MUST" project)
- regular food intake recorded in all medical charts,
- appropriate prescription of specialized nutritional support
- Notification to general practitioner of his/her patient nutritional status at discharge ; recommendation for nutritional surveillance.

#### Actions at the community level

- NRS-2002 (Nutritional Risk Screening – 2002) in all patients
- Community care giver education
- School campaigns
- Monitoring of nutritional care quality in Nursing Homes
- Increased social awareness through publicity (using obesity as a model)

### IMPLEMENTATION & RESULTS (2) HOSPITAL CARE PROGRAM

University Hospital S. Giovanni Battista of Turin



Nutritional assessment was performed at admission (t<sub>0</sub>), at discharge (t<sub>1</sub>) and 30 days after discharge (t<sub>2</sub>) in consecutive surgical patients. Patients were randomly assigned to intervention or control groups.

**INTERVENTION:** all patients received individual nutritional counseling and/or commercial supplement prescription during hospitalization and after discharge by a dietician.

**CONTROL:** no patients were included in a nutritional care plan, unless specifically requested by ward physicians.

### IMPLEMENTATION & RESULTS (2) HOME CARE PROGRAM

Azienda Sanitaria Regionale Molise

To develop integrated health and social care services for patients or elderly people living in the community, in a community-care setting or in nursing-homes.

#### Aims:

- decrease the number of hospital admissions,
- optimize hospital discharge planning,
- improve patient quality of life

A team of health and social care professionals develops for each patient an Integrated Care Plan that includes the following aspects of nutritional care:

1. Nutritional status assessment
2. Assessment of dysphagia
3. Nutritional counseling
4. Feeding assistance
5. Appropriate prescription of specialized nutritional support
6. Home Artificial Nutrition

### RESULTS SUMMARY

1. We have implemented nutritional screening, counseling and targeted nutritional interventions in all patients admitted to selected pilot hospitals as well as notification to general practitioner of patient nutritional status at discharge and recommendation for nutritional surveillance (Regione Piemonte).
2. We have developed an integrated health and social care services for patients or elderly people living in the community, in a community-care setting or in nursing-homes in selected Communities (Regione Molise).
3. We have promoted publicity in local and national press to increased social awareness of malnutrition in hospital and community.

**SINPE is committed to implement these actions in all Italian Regions.**