

Identification of malnutrition in persons with limited active access to the health services and optimization of their nutrition intervention model - the pilot project in the region of Usti nad Labem.

TICHÝ M., KORFOVÁ M. on behalf of Czech Society of Clinical Nutrition and Intensive Metabolic Care (SKVIM-CZPEN)

SKVIMP
SPOLEČNOST KLINICKÉ VÝŽIVY
A INTENZIVNÍ METABOLICKÉ PÉČE

Description of the initiative: The agglomeration of Usti nad Labem with its surroundings represents approximately 100 000 inhabitants. Identification of risk of malnutrition and follow-up nutrition intervention for persons who are undergoing outpatient departments of Masaryk Hospital (hereafter MN) or for those who were admitted to hospital has generally been set up. However it must be noted that there are many cases where severe conditions are often detected (such as less self-sufficient seniors, persons with severe mental disorders or people from excluded localities) and which could have been avoided if the findings of nutritional risk and subsequent intervention had taken place earlier. Because of various reasons these population groups are not able to effectively and actively present the problem in its beginning. Therefore it is necessary to create a model of care that would address the situation.

Objective: The objective of work lies in activation of practitioners who perform home visits in nursing homes and other residential social-service departments or who have an office in excluded localities as well as in ensuring the availability of dietitian care with links to the Department of Clinical Nutrition MN. The effectiveness will be monitored with using a simple method (hand grip).

Scope of project and activities: The project comprehensively focused on nutritionally vulnerable but primarily hardly accessible part of population. The early optimization of nutritional care in population at high risk level of malnutrition and with difficult access to the consumption of health services should help to maintain individual performance status and thus it should save costs in terms of both health and social system.

Main achievements:

1. Implementation of issues of malnutrition to postgraduate, regionally organized education of general practitioners
2. Unification of nutritional screening tools in nursing homes and other residential social care facilities through the dietitians education (partially running)
3. Motivation of social care facilities to cooperate with a dietitians/nutritionists and to engage the project (partially running)
4. Identification of key stakeholders inside the affected communities and cooperation with them
5. Creation a functional cooperation among residential social care providers and their owners or founders and dietitians, general practitioners and nutrition office workers - nutritionists (partially running)
6. Monitoring the effectiveness of nutritional interventions using a simple method (hand grip)
7. Presentation of achievements with the possibility of takeover/modification for other regions/ countries

Perspectives the indicators:

- the percentage of cooperating general practitioners from the given localities
- the percentage of cooperating inpatient residential social care in the region
- effect of nutritional intervention on muscle strength (hand grip) as an indirect measure of self-sufficiency in terms of malnutrition

Candidate of MNI Grant Winner 2016 for the best planned national initiatives for Optimal Nutrition Care Approach, announced during the Joint Session of MNI, ESPEN and ENHA at the 38th ESPEN Congress in Copenhagen, Denmark, in September 2016

MNI GRANT 2016

Name of the national society:

Společnost klinické výživy a intenzivní metabolické péče – SKVIMP/CZPEN

Medical facility making a suggestion:

Krajská zdravotní, a.s. – Masarykova nemocnice v Ústí nad Labem, o. z.

Contacts:

professional part – Michal Tichý, MD, Ph. D., MPH (michal.tichy@kzcr.eu; +420 475 682 450)

administrative processing – Jitka Salačová, MSc (jitka.salacova@kzcr.eu; +420 475 681 111)

Name of the project:

Identification of malnutrition in persons with limited active access to the health services and optimization of their nutrition intervention model - the pilot project in the region of Usti nad Labem.

Project description:

The agglomeration of Usti nad Labem with its surroundings represents approximately 100 000 inhabitants. Identification of risk of malnutrition and follow-up nutrition intervention for persons who are undergoing outpatient departments of Masaryk Hospital (hereafter MN) or for those who were admitted to hospital has generally been set up. However it must be noted that there are many cases where severe conditions are often detected (such as less self-sufficient seniors, persons with severe mental disorders or people from excluded localities¹) and which could have been avoided if the findings of nutritional risk and subsequent intervention had taken place earlier. Because of various reasons these population groups are not able to effectively and actively present the problem in its beginning. Therefore it is necessary to create a model of care that would address the situation.

The solution lies in activation of practitioners who perform home visits in nursing homes and other residential social-service departments or who have an office in excluded localities as well as in ensuring the availability of dietitian care with links to the Department of Clinical Nutrition MN.

Reason of project submission (= contribution to patient care):

The early optimization of nutritional care in population at high risk level of malnutrition and with difficult access to the consumption of health services should help to maintain individual performance status and thus it should save costs in terms of both health and social system.

¹ - locations with higher concentration of so-called socially excluded people, people with low socio-economic status (homeless people, ethnic minorities ...)

Planned activities (= key points):

1. Implementation of issues of malnutrition to postgraduate, regionally organized education of general practitioners
2. Unification of nutritional screening tools in nursing homes and other residential social care facilities through the dietitians education (partially running)
3. Motivation of social care facilities to cooperate with a dietitians/nutritionists and to engage the project (partially running)
4. Identification of key stakeholders inside the affected communities and cooperation with them
5. Creation a functional cooperation among residential social care providers and their owners or founders and dietitians, general practitioners and nutrition office workers - nutritionists (partially running)
6. Monitoring the effectiveness of nutritional interventions using a simple method (hand grip)
7. Presentation of achievements with the possibility of takeover/modification for other regions/ countries

Allocation of financial resources (X.2016-IX.2017)

in accordance with the activities (EUR excluding VAT):

Educational materials (3000), renting lecture space and equipment (3000), reward for lecturers, organizers and administrators (5000), bonus rewards for dietitians for measuring muscle strength (3000), obtaining 20pcs of balloon hand grips (3500), travel costs (2000), overhead (500)

Innovation:

The project comprehensively focused on nutritionally vulnerable but primarily hardly accessible part of population.

Measurability of the project:

- the percentage of cooperating general practitioners from the given localities
- the percentage of cooperating inpatient residential social care in the region
- effect of nutritional intervention on muscle strength (hand grip) as an indirect measure of self-sufficiency in terms of malnutrition

Expected benefits for national / transnational level:

This project, unlike many successful grants in the past, does not declare proposals affecting national legislation or insurance plans regulated by the state health insurance, but presents a plan of definite care for a specific part of population which can greatly benefit from this procedure. In case of success the model is transferable not only to other regions in the Czech Republic, but also in accordance with the character of their social and health care systems to the other countries associated in ESPEN.