

e-Screening for Disease-related Malnutrition From Hospital to Primary Health Care in 3 years

APNEP – Portuguese PEN Society
Anibal Marinho (anibalmarinho@gmail.com) – President
Lino Mendes (lino.mendes@estesl.ipl.pt) – General Secretary



Description of the initiative

- **Background / context:** In line with our 3y strategy, nutritional screening at public hospitals became mandatory and electronically available for adults and paediatrics since 2019. Since then it was possible to develop, publish, disseminate and implement a national policy for an effective malnutrition screening implementation, as well as ensure specific training of >70% targeted HCPs. Even in a pandemic context it was possible to screen more than 295,000 inpatients in 2021 with a prevalence of approx. 30% of nutritional risk. Annually, Portugal has an average of >800,000 patients admitted to public hospitals so there is a clear need to increase the nutritional screening, now that the pandemic situation is under control in hospitals.
- **Rationale for the initiative:** This project maintains the multi-stakeholder approach, including relevant medical societies, patient & student associations and political entities (ex.: MoH, MPs, MEPs). Portuguese MoH is strongly committed to ONCA Portugal strategy to improve malnutrition diagnosis and to ensure a fair outpatient accessibility for medical nutrition. In order to prepare the outpatient accessibility, we need in advance to reinforce the nutritional screening at hospitals and start the implementation on primary health care setting. On 2022 APNEP created an Primary Health Care Task Force which is responsible for implementing the pilot nutritionDay primary care questionnaire in the next November and which already developed a guideline "Malnutrition screening in Primary Care".
- **Objectives and scope**
 - 1) Ensure that nutritional screening at hospitals increases by including the screening KPI (National Policy 2019) as national health indicator eligible for hospital reimbursement;
 - 2) Ensure that nutritional screening is electronically implemented at primary care by including malnutrition screening as national health indicator eligible for local healthcare units reimbursement.

Planned activities & deliverables

- **Outline the steps to be taken**
 - 1) Include the indicator "Proportion of inpatients screened for nutritional risk at admission within the first 48 hours after admission" in the national health indicators list for hospital financing;
 - 2) Include the indicator "Proportion of >75y outpatients screened for nutritional risk" in the national health indicators list for primary care financing;
 - 3) Disseminate and implement "Malnutrition screening in Primary Care" guideline;
 - 4) Training for HCPs (physicians, nurses and dietitians) responsible for screening at primary care.
- **What are the concrete deliverables of the project?** The implementation of effective malnutrition diagnosis at hospital and primary care will permit to obtain robust data on DRM national prevalence & health economics (cost-savings) and to implement an early individualized nutritional intervention.
- **What achievements are possible in the next 12 and 24 months?**
 - 2022:** Dissemination of primary care guideline, training ≈30% of target HCPs and 1st nutritionDay primary care.
 - 2023:** Inclusion of screening for malnutrition as health indicators for hospital and primary care financing.
 - 2024:** Tracking of screening programmes implementation at hospital and primary care settings by checking the performance indicators.

Resources & enablers

- **Describe personnel, financial needs:** APNEP's trainers/speakers and DRM experts, €45k
- **Specify how the grant will be spent:** Dissemination and implementation of primary care guideline and training sessions (eLearning & F2F) for HCPs. Direct negotiations with MoH and other political entities will be supported by APNEP.
- **What factors will make it successful?** The continuous support of Portuguese MoH and key local stakeholders, as well as international support (ESPEN/ONCA). The MoH is now part of a 4y majority government and the Deputy of Minister of Health remains the same from the previous legislative (key person for this project). We have now the political stability to improve even more and establish new policies within malnutrition screening and management.

Results/outcomes & expected impact

- **How will the findings be implemented?** In line with MoH actions and ESPEN/nutritionDay activities.
- **How will this project advance patient care/contribute to optimal nutritional care?** It will contribute to a substantial improvement in quality care & treatment of malnourished patients and finally it will culminate in an equitable accessibility to medical nutrition for hospitalized and outpatients.
- **What makes the project innovative?** Mandatory e-screening in the community & health indicators.
- **Will the project be likely to influence national nutrition policy?** Yes, as we are co-creating the national policies directly with MoH and other political stakeholders.
- **Is the project transferable to other settings/countries?** Yes, it could be a benchmark for countries without mandatory screening and/or outpatient accessibility to medical nutrition. APNEP is available to support/mentor other PEN societies and to continuously collaborate with ESPEN.