Fighting malnutrition, The Dutch approach

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Project leader Dutch Malnutrition Steering Group
Content

- **PAST** - What has been achieved?
- **PRESENT** - The current situation
- **FUTURE** - Future plans and ambitions
The Dutch Malnutrition Steering Group

MALNUTRITION KNOWLEDGE CENTRE

The Malnutrition Steering Group is the multidisciplinary knowledge centre for the awareness, prevention, identification and treatment of malnutrition.

MISSION: to reduce the occurrence and burden of malnutrition in the Netherlands

Our mission is to coordinate the collaboration between stakeholders and to initiate activities to reduce malnutrition, in particular in children, chronically and acutely ill and older persons.
VISION:
The prevention and treatment of malnutrition are an integral part of the intra-, trans- and extramural health care in the Netherlands.

AIM: The Malnutrition Steering Group is committed to reduce the prevalence of malnutrition with 3-5% in the next 5 years within all sectors.
Board of Dutch Malnutrition Steering Group

**Independent Chair** - Eeke van der Veen, former member Dutch parliament

**Finances** – Martin Bontje, former chair of board of largest Dutch Insurance company

**Member** – Koen Joosten, pediatrician and member DMG since founding in 2005, NESPEN board member

**Member** – Aldwin Vriesema, MNI
Project Leaders and Sections

<table>
<thead>
<tr>
<th>Section older persons</th>
<th>Section acute and chronically ill</th>
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<tbody>
<tr>
<td>![Images of people]</td>
<td>![Images of people]</td>
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<tr>
<th>Scientific advisory board</th>
<th>Section kids</th>
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<td>![Images of people]</td>
<td>![Images of people]</td>
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PAST – What has been achieved?

- Malnutrition is recognised as an important health care problem

- Malnutrition has become a mandatory quality indicator for Dutch health care

- New malnutrition guidelines, tools, validated quick and easy screening followed by in-depth diagnostics by the dietitian

- Malnutrition has become an official indication for reimbursement of medical nutrition in the basic health insurance
<table>
<thead>
<tr>
<th>Year Range</th>
<th>Activity Description</th>
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<tbody>
<tr>
<td>2006-2009</td>
<td>Hospitals</td>
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<tr>
<td>2008, 2011</td>
<td>Nursing homes</td>
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<tr>
<td>2008-2011</td>
<td>Home care and General Practice</td>
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<tr>
<td>2012</td>
<td>Rehabilitation clinics</td>
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<tr>
<td>2013</td>
<td>Hospital outpatient clinics</td>
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<tr>
<td>2014</td>
<td>Continuing care after hospital discharge</td>
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<td>2016</td>
<td>Focus on community dwelling older persons</td>
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The Dutch approach in 10 steps

1. Raise a multidisciplinary steering group, which represents all disciplines involved in screening and treatment of malnutrition and which has authority
2. Create awareness for the problem of disease related malnutrition by collecting prevalence data
3. Quick and easy screening tools, connected to a treatment plan
4. Screening as a mandatory quality indicator
5. Evidence based, validated tools and cost-effectiveness research
6. Ministry of Health as a key stakeholder to strengthen the message
7. Implementation projects in all health care settings:
   ○ Start pilot projects to implement screening and treatment of malnutrition in.
   ○ Evaluate and adjust where necessary
   ○ Use the field to develop tools and a toolkit
   ○ Disseminate the project over more institutions and organizations.
   ○ Make sure projects team are multidisciplinary and have authority
   ○ A website to communicate between participating teams and organizations with
8. Toolkits with tools, ready-to-use presentations and best practices, downloadable, free accessible to everyone
9. Multidisciplinary project teams in all institutions
10. Training programs and workshops
Creating awareness – e.g. online fact sheet

MALNUTRITION IS A MAJOR ISSUE

Not everyone is able to eat and drink well. Malnutrition can be the result of an extended period of insufficient eating and drinking caused, for example, by a loss of appetite or taste, problems with chewing or swallowing, illness, or loneliness. Malnutrition has negative consequences for recovery from illness and for a person’s general health status, as shown in the figure below.

- Complexity of the problem of malnutrition
- Prevalence
- Costs of malnutrition
SNAQ tools - quick and easy screening by the nurse followed by in-dept diagnostics by the dietitian

Translated in 6 languages:
English, French, German, Spanish, Italian and Portuguese

Available on: www.fightmalnutrition.eu
Screening as a mandatory quality indicator

On-going collection and feedback of malnutrition data by the Dutch Health Care Inspectorate

• In-hospital
  • % of malnourished patients with sufficient protein intake on day 4 of hospital admission

• Outpatient
  • % of screened patient at the geriatric and surgical outpatient clinic
Undernutrition screening survey in 564,063 patients: patients with a positive undernutrition screening score stay in hospital 1.4 d longer

Hinke Kruizenga, Suzanne van Keeken, Peter Weijs, Luc Bastiaanse, Sandra Beijer, Getty Huisman-de Waal, Harriët Jager-Wittenaar, Cora Jonkers-Schuitema, Mariël Klos, Wineke Remijnse-Meester, Ben Witteman, and Abel Thijs


- N= 564,063 patients
- 80% screened
- 1 out of 7 (14-15%) scored malnourished at admission
- Malnutrition most prevalent at geriatrics, oncology, gastroenterology, internal medicine
- Hospital stay 1.4 days longer in malnourished patients
Positive SNAQ / MUST at admission
Quality indicator: protein requirements on the 4th day of admission in malnourished patients

Mean of all Dutch hospitals:
50% of patients reaches 1.2-1.5 g P/kg on the 4th day of admission
Future plans of the Dutch Malnutrition Steering group

- Maintaining the quality indicators and analyse and report on the results
- Focus on diagnostics and integration of nutritional treatment in total medical treatment
- Strengthening the chain of care
- Improvement in the basic education of (clinical) nutrition for medical doctors and nurses
- National information campaign on malnutrition for older adults and family care givers
- Sharing knowledge and experience in Europe
Focus on the community-dwelling older person
Fighting malnutrition together: finding the optimal synergy
More information:
www.fightmalnutrition.eu