The European Nutrition for Health Alliance

Optimal Nutritional Care for All: Turning Dreams into Reality

Report of a one day ONCA conference

17th April 2015, Dubrovnik, Croatia

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On behalf of the European Nutrition for Health Alliance

Introduction

In November 2014 representatives from eight countries in Europe came together in Brussels to share their dreams of having a National Nutritional Plan to address and prevent malnutrition in their country under the banner 'Optimal Nutritional Care for All' (ONCA). The meeting, supported by the European Nutrition for Health Alliance (ENHA)and its partners, provided insight from successful countries, ideas, facilitation and a framework for developing and meeting milestones. Following this meeting and the charter signed by all to commit to providing working towards Optimal Nutritional Care for All, much work has been undertaken to develop the objectives set out in Brussels.

On 17th April 2015, five months after the first meeting, where some of the country stakeholders had met for the first time, delegates from each of the eight country groups came together with ENHA, and its partners to present on their work to date, share outcomes of their activities and describe next steps. This meeting, chaired by Anne de Looy of EFAD[1] and Rocco Barrazzoni of ESPEN[2], was held in Dubrovnik, Croatia prior to the Adriatic Club of Clinical Nutrition meeting and demonstrated again the impact of networking, and sharing best practice on tackling malnutrition at a national level.

The Optimal Nutrition Care for All initiative is increasingly used by participating countries as an overarching principal on which to build their work. The campaign acts as an umbrella, bringing existing activities together and enabling planned activities; as countries report that being a part of a multi-country effort to address malnutrition has provided leverage on a national level.

This report presents a summary of the one day ONCA meeting. It includes updates on progress from all eight countries involved in the ONCA campaign as well as discussion on health economics, communications and the work being conducted by ENHA on a resource based toolkit to support the development of a case for change on a national level.

[1] European Federation for the Associations of Dietitians
[2] European Society of Clinical Nutrition

The Optimal Nutritional Care for All Meeting Dubrovnik, 17th April 2015

Our vision: a world with optimal nutritional care for all

Every patient who is malnourished or at risk of undernutrition is systematically screened and has access to appropriate, equitable, high quality nutritional care.

The meeting was attended by representatives from all eight countries who participated in the Optimal Nutritional Care for All conference in Brussels 2014 (Croatia, France, Germany, Israel, Poland, Slovenia, Spain and Turkey) and included clinicians, academics, industry and Health Ministry representatives. Delegates also included representatives from ENHA, ESPEN, MNI and EFAD. A full list of attendees is included in the appendix to this report.

The meeting opened with reference to the European patient groups EPF and EGA, who were unable to attend the meeting. ENHA have a long standing collaboration with EPF and EGAN; who are keen to help countries to develop relationships with their national patient organisations. Delegates were encouraged to contact both organisations outside of the meeting to gain their support and to reference the 2013 joint publication by ENHA, EGAN and EPF entitled 'Patient Perspectives on Nutrition.

http://www.european-nutrition.org/index.php/publications/details/patient_perspectives_on_nutrition

Country reports: Status KPIs & next steps 2015-16

All countries presented on their work to date and as expected this varied according to their starting point i.e. the national recognition of the challenge of malnutrition existing activities and the priority areas for the country as a whole. Other influencing factors included political climate, dissemination of responsibilities to regional/local level, care settings and the extent to which screening and care plan policies are already in place and implemented.

Regardless of these minor differences the work, determination and drive for change from all delegates was apparent in the huge amount they had achieved in the short time since the first ONCA conference in November 2014. The boxes below provide an overview of the work being undertaken in each of the eight countries. Full presentations are available on the ENHA website www.european-nutrition.org.

CROATIA

Achievements

- Development of life-long learning courses on parenteral nutrition and two specialised courses on dysphagia
- Dissemination of newly published nutrition guidelines in hospitals in Croatia

Current Activities

Legislation changes on FSMP reimbursement

- To protect reimbursement and influence law on foods for nutrition uses and insurance law
- Project led by local NIG

Adriatic course on clinical nutrition (Dubrovnik April 2015)

- Participants from 9 countries, 80-90 people from Adriatic region
- Cover basic and more complex topics
- Two Life Long Learning courses running (parenteral & enteral nutrition)

Study on eco impact of oral nutrition supplements usage on healthcare costs

- Continuing from a study in previous years on burden of malnutrition and economics. New work will further inform, use field nurses and look at impact of nutritional status on rehospitalisation and patients in society.

GeroS

- A project working with Croatian Geriatric Society, in centres, wards and hospitals aimed at geriatric patients.
- Aim to computerize all health and social care services for geriatric patients in hospitals, geriatric centres and care homes.
- Improve services, evaluate services and cost benefit analysis

Hospital Nutrition Days- Scientific Conference 2015

- Held in hospitals to raise public awareness
- Mainly involving dietitians and clinical nutrition society

Postgraduate study on clinical nutrition to launch 2015

- Course developed with the University of Zagreb led by PEN society
- Hospital nutrition day to be more in media this year
- Raise awareness; involve as many hospitals as possible.
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Next steps and Key Performance Indicators

- To establish and strengthen the Croatian multi-stakeholder platform
- Build a strategy and plan for action on national and local level
- Implementation of standardised tool in frontline staff
- Mandatory nutritional screening – all settings
- Implementation of nutrition support team in all hospitals.
- Want mandatory nutrition training in school of medicine
- Increase public awareness.

FRANCE

Achievements

- Since the first Optimal Nutritional Care for All Conference the team have examined the current policy and practice on malnutrition in all three care settings.
- Aim to address lack of screening in community by raising public awareness.
- Have held events with journalists, who write for health magazines. This is a long term project.
- First area of priority is on hospitals as can use this setting as a conduit to others.

Key points:

- Guidelines for screening and care already exist for the community. It is possible to screen in the community, but it is rarely done.
- Usually patients don't see weight loss as a problem so they don't approach GP.
- Enteral (oral and tube feeding) and parenteral nutrition are reimbursed.
- Nursing homes are very diverse and run differently with very heterogeneous care; some do well on this issue and some badly.

Activities

The first aim for the ONCA group is to screen all patients, implement protocols for nutritional care and ensure follow up. For the first phase, the decision was made to focus on nutrition support teams.

Use 8 units from pilot study in 2008 where TNU (Transversal Nutrition Units) established, audited by MoH and validated:

- Increase in number patients screened.
- Increase in number of quality indicators; weighing and screening.
- Increase in income for hospital due to indication of the diagnosis of malnutrition in charts.

A further aim is to spread the implementation of TNUs across all hospitals over all of France
So far 53 units have been identified nationally and there are seven more which are currently being investigated.

The team have identified many examples of hospitals which are effectively addressing malnutrition.
E.g. Providing information before discharge, focus on screening and diagnosis, reduction in use of parenteral nutrition (when oral nutrition or food has been found to be more effective).

Next steps and Key Performance Indicators

- Analyse data from the 8 pilot unit, list human resources and indicators.
- Call other units to evaluate costs and benefits.
- Plan to start with microscopic data - How many doctors/nurses and build on this.
- A lot of work to do to develop this further and find out more.
- Aim to bring unit representatives together at PEN society conferences.
- Understand more about how the units established outside of the pilot are run and funded.

Further Key Performance Indicators will be developed based on these outcomes.

GERMANY

The German stakeholder group were inspired by the first ONCA conference, but this was tempered with the need to secure financial support.

Achievements

- Established a steering group with representative s of all nutrition care professionals including German Society Clinical nutrition, association of medical nutrition, nutrition and home economics, dietitians and industry bodies. Missing patient groups, government, health insurers.
- Have obtained financial support for an ONCA co-ordinator and for ongoing activities by steering group to improve awareness within different stakeholders.
- Steering group want to collect all local strategies and collate findings.

Challenges

- 16 states in Germany all run and presented differently. Malnutrition not a priority for most.
- German Ministry of Health is constructed in a very complex way and it is not clear who is responsible for this issue and who decision makers are.
- Transfer management is a big challenge in Germany. e.g. people get discharged asap to save costs in hospital, but frequent readmission. . This aspect is currently missing from the proposed ONCA tools (excel sheets and dashboard for understanding state of play of nutritional care).
- Implementation of screening. Nutrition Day is good in hospitals, but not in other settings.

Next steps and Key Performance Indicators

- Recruit for co-ordinator role.
- Development of an application for implementation of an improved definition in German ICD 10.
- Engage more stakeholders (geriatric association, patient organisations, cancer organisation).
- To develop a bottom up strategy to increase awareness and involve patient groups.
- Work on further priorities of reimbursement, screening tool and transfer management.
- Develop a declaration letter demonstrating how working with associations has benefitted the Ministry of Health and supported improvements in nutritional care.

ISRAEL

Achievements

- Engaged a wide range of stakeholders including PEN society, patient organisations, geriatric medical society, hospital managers and Ministry of Health.
- Held a nationwide meeting in March for all stakeholders.
- Agreed a committee for health quality assurance in children
- Aim for quality assurance in most health care centres for screening and treating malnutrition. Participating in a national committee for food security, creating a national food security basket and research networking. Also producing guidelines on TPN.

Challenges

- Continuity of care from community to hospitals, linked in with quality of care and communications.
- Most hospitals lack nutritionists and big problem with implementing screening in psychiatric hospitals.
- In health and community clinics have quality assurance indicators, mainly weighing patients. But because they can't reach them they call and ask instead which is unreliable.

Activities

Discussions at national meetings led to 8 recommendations

1. Systematic nutritional screening.
2. Preparing teams in all setting to screen and refer.
3. Improving nutritional quality of food served in hospitals and reducing waste.
4. Policy creation for continuity of treatment –care sequence.
5. Creating media climate allowing connection of all stakeholders.
6. Eliminate barriers to nutritional management.
7. Setting health quality metrics for success.
8. Prepare all settings and stakeholders for change.

Next steps and Key Performance Indicators

- To ensure optimal nutrition throughout the lifecycle, not just a problem for older people
- To provide optimal nutrition for disease management- all patients in most health care centres and geriatric hospitals are screened.
- Starting to think about Front of Packs and reformulation of medical nutrition products
- Charter signing of all stakeholders May 2015
- National program led by MoH and stakeholders to screen, treat and monitor
- National programme for reformation of industrial food
- Research on cost of malnutrition by Postgraduate Students
- Committee for nutrition fortification regulation and monitoring

SLOVENIA

Achievements

- Have engaged a wide range of stakeholders; many more are at least aware of what is going on.
- Working to get screening into the national nutritional plan - (Slovenian plan includes nutrition and physical activity).
- There are currently no national nutrition standards but there is a good framework in the nutritional plan to build on.
- Partially successful on screening, mainly hospitals, but working towards primary care
- All nutritional care in hospitals in Slovenia is fully reimbursed. Only part reimbursement in care homes and other institutions/primary care.
- Implementation screening – NRS 2002, SGA, standards (hospital quality standards). This area well motivated with good people working in it.
- Part of nutrition day – regularly in hospitals one in nursing home

Activities

- National Plan - Hoping to develop national standards as a result of plan (which runs 2015-25).
- Primary Care - Focus on putting more dietititians in community and hospitals.
- Discussing nutritional care in all aspects of society, from public to governmental level.
- Geriatric Pangea project in collaboration with Italy, published for public and scientific community now have screening practices established.
- Have industry group association number in Slovenia so can co-operate more effectively and work on projects together rather than each company separately.
- Specialist areas sports nutrition, nutrition from childhood, nutrition in pregnancy
- Planning cost effectiveness project, but need collaborators and support.
- Implementing 'MUST' in biggest health centre in Slovenia through referrals from ambulance service and home nurses. Financed by an honorary grant, but hope future payment will come from national insurance.

Challenges

- To ensure the Nutrition plan is undertaken and appropriate government takes responsibility
- No economic or cost/benefit data
- Need to educate GPs and nurses
- Securing funding for screening activities

Next steps and Key Performance Indicators

- Continue planning cost effectiveness project in 2015/16
- Implementation of MUST in biggest health centre 2015
- Develop closer links with stakeholders including industry
- Engage specialist areas.

POLAND

Achievements

Following the first ONCA conference the Polish Group held a meeting at the Clinical Nutrition Society conference including representatives from medical associations. The aim was to identify the most important starting points for future.

Activities

Four areas of work identified:

1. Work with 3 oncology societies to bring national guidelines for nutrition in this area, based on ESPEN guidelines. Aim to lobby for Parenteral and Enteral nutrition to be included in costings for oncological procedures.
2. Education – expanding LLL courses and organising more for hospital teams. Workshops for pharmacists. Nutrition conference in Gdynia plus annual meeting in Warsaw.
3. Co-operation – with medical societies since Nov and more stakeholders getting on board. Wide range of societies joining and Polish counterpart of EPF and producing Polish version of patient perspectives book.
4. Discussions with Polish food federation – industry rep organisation who have confirmed will aim to support initiatives in Poland.

Next steps and Key Performance Indicators

1. Meet with Minister of Health and national health fund about need to monitor the effectiveness of medical centres if they implement nutritional support for patients with 3 or more points on the Nutrition Risk Screening scale.
2. Collect data on nutritional support in different health centres, with the aim of influencing the Minister of Health.
3. Continuing discussion to renegotiate reimbursement for ONS for a wider group of patients
4. Develop a public awareness campaign
5. Aim for nutritional screening in community by end of 2016 – include guidelines for family doctors.
6. Currently working on obtaining economic data.
7. Engage with EFAD member dietitians.
8. Address growing demand for courses on clinical nutrition among medical staff (not just doctors as previously, but also dietitians, pharmacists and nurses).
9. Ensure higher enrolment in postgraduate courses for medical staff on nutrition.

SPAIN

Achievements

- Established a nutrition alliance of stakeholders (nutridos alliance) which has engaged more stakeholders www.alianzamasnutridos.es
- Approval of non-law proposal on management of Disease Related Malnutrition (DRM) in Catalan Parliament
- A National strategy on management of DRM is being co-ordinated by the Ministry of Health.
- Held a forum on importance of managing DRM in different care settings with alliance members and showcasing best practice from different parts of Spain (June 2015).
- Started pilot projects on implementation of the National Nutritional Action Plan against DRM in Leon, Catalonia, Canary Islands, Majorca

Current Activities

- Public health team working on draft of National Nutritional Action Plan.
- Policy and standards exist in some hospitals, but not all.
- Guidelines are needed for Care Homes and the community and the screening tools for every clinical setting, but need to plan what to do after screening.
- Policies exist for screening in hospital and CH not community.
- Implementation: have pilot projects in hospitals but need to develop in care homes and community.

Cost effectiveness data:

- Malnutrition increases the cost of hospitalisation by 50% (€6572-€9089)
- Local hospital Vall d'Hebron Catalonia 19% savings €103,000 in nutritional support costs with implementation of nutritional screening*.

Next steps and Key Performance Indicators for 2015

- To define participation levels in nutrition activities and plan.
- To work with geriatricians and alliance members and engage further stakeholders.
- Obtain a meeting of presidents of scientific societies with Minister of Health.
- Send a joint letter to representatives of regional branches.
- Provide information on activities to member societies
- Communication to media.
- Continue to build a national strategy for Malnutrition

*Alvarez-Hernández, J., Planas Vila, M., León-Sanz, M., García de Lorenzo, A., Celaya-Pérez, S., García-Lorda, P., Araujo, K., Sarto Guerri, B. (2012) 'Prevalence and costs of malnutrition in hospitalized patients: the PREDyCES Study', Nutricion Hospitalaria 27(4) 1049-1059

TURKEY

Achievements:

1. Increase in the number of hospitals with screening policy – 30 for first year
2. Public service announcements in media to increase public awareness
3. Number of stakeholders has increased
4. Minister of Family and Public Health has become involved and agreed to implement nutritional screening for patients visited by public hospitals teams in own home.
5. Cancer departments have agreed to screen as an obligation
6. Performance management department to include nutritional screening as a quality indicator in new directive.
7. Union of state hospitals have agreed to start nutritional screening in 30 hospitals

Local ONCA meeting held in March 2015

- Croatia, Germany, Spain and Turkey at Turkish Clinical Nutrition Society congress with four Ministers of Health.
- Included a press conference and national stakeholder and health authorities expressed support for project.
- Created a logo for Turkish Optimal Nutritional Care for All project. Received press news in electronic media and newspapers.
- Produced a 45 second video which is on Facebook and YouTube as a part of public awareness work. Involves a famous singer (and former surgeon) in Turkey and has proven effective in raising awareness.

Activities

- Stakeholders good except nurses and patients missing. Ministry of Health very supportive
- Have organised three national co-ordination meetings
- Public awareness is increasing, but a national plan is missing.
- Need to work on education of nurses and pharmacists
- Paediatric screening project to start in May 15

Next steps and Key Performance Indicators

- To adapt and modify regulations and standards in collaboration with health authorities
- To organise regular national implementation meetings
- To developed web based screening in 30 public hospitals.

Resource ‘toolkit’ & Implementation

Lisa Wilson - ENHA

The first Optimal Nutritional Care for All conference, held in Brussels in November 2014, highlighted a need for countries developing national nutrition plans to have access to best practice and resources to support them in building a case for change. ENHA reported that work is ongoing to provide access to a wide variety of resources through their website www.european-nutrition.org.

The resource includes links to screening tools, care pathways, cost effectiveness studies and national sites where countries have developed nutrition policy. A glossary provides universal definitions of commonly used terms.

Delegates were invited to provide examples of best practice to support all those developing policy (including non-nutritionists). It was agreed that one key priority was to ensure a common understanding of what is meant by screening and risk in the context of malnutrition.

The need to cover all age groups was identified as although older people are disproportionately affected by malnutrition there is potential for all age groups to be at risk.

Discussion on Cost Evidence and Health Economics

Chair: Rocco Barrazzoni

Health economics data are crucial to convince policy makers of the importance of tackling malnutrition. Whilst there is general agreement, based on current evidence, that malnutrition increases the cost of healthcare, the amount and type of evidence available across countries varies. Some studies have examined the cost effectiveness of different types of nutritional intervention in different patient groups and healthcare settings, but the evidence needed for making a case for implementation and reimbursement at a country or regional level is not always present.

Of those countries present at the meeting, at least four have some data on the cost of malnutrition and all have plans to collect evidence and explore the issue of cost further.

Barriers encountered in relation to both costing of malnutrition and examining the cost-effectiveness of nutritional intervention include defining what to measure and how to measure it, and a lack of readily available funding to support studies. Ideally funding would be available from non-industry sources but this is often not feasible. Thus there is a need for use a collaborative approach where partners ensure strict rules about the conduct of studies, work with the right institutes and continue to work in an ethical, scientifically robust way.

The delegates discussed how much more data are needed and how that which already exists can be used effectively. It was agreed that the first priority is to identify the evidence gaps so that any future studies can be designed to address these.

Communications

Lea Coulet - MNI

This session shared ideas on how the ONCA campaign can be effectively communicated to a; supporting countries to develop policy and raising public awareness on the issue of malnutrition. Communications would be on two levels: - a national approach and an overarching ENHA/European approach which could also be used nationally, if appropriate, by individual countries.

1. *ONCA Charter.*

The aim is to keep the charter and its commitments, signed by all delegates at the first Optimal Nutritional Care for All conference, alive. The charter should be taken to every national event where organisers take a photo of delegates with the charter and their national flag. In addition press interviews and releases could be arranged and quotes obtained from the national stakeholder platform leader or health authority representative.

All event details should be sent to the European Nutrition for Health Alliance (ENHA) and made into a video which can then be shared using social media. The video could launch at the second ONCA conference (November 2015) and any health minister representatives attending would be given the video as a call for action.

ENHA would provide one platform serving all countries for uploading vidoes, releases etc which can be accessed by all.

2. *Twitter campaign*

An ENHA/ONCA Facebook page was also discussed, but it was agreed that this would increase the social media workload too much and the campaign should start small and then build up from there. Twitter provides a simple straight forward tool which can easily be used and updated.

It was agreed that any/all communication developments would be shared at the November ENHA/ONCA conference.

Future work and ONCA Conference 2015

Frank de Man, ENHA

The next Optimal Nutritional Care for All (ONCA) conference will be in November 2015, with Berlin as the venue (subject to confirmation). The draft programme for the conference will be developed at the ENHA trustee meeting on the 9th June.

Proposed Conference Content

- Each of the eight countries will be asked to update on their progress and developments.
- As well as the eight countries, a further four additional 'best practice' countries will be invited to share their experiences. These will be Belgium, Ireland, UK, and The Netherlands.
- Professional organisations (including ESPEN, EFAD, and EUGMS) will be given a platform to highlight their current activities.
- Members of the WHO Euro, European Innovation Partnership on Active and Healthy Ageing, the Joint Programming Initiative – A Healthy Diet for a Healthy Life and European Patient's Forum will be invited again to this year's conference.
- The Toolkit and supporting tools will be made available.

Close of Meeting

The Chairs thanked all delegates for their attendance and participation and extended an invitation to meet again in November at the ONCA conference 2015.

Participant List

Participant	Country/Organisations
Ingrid Acker	Germany
Rocco Barazzoni	Co-Chair
Stephan Bischoff	Germany
Paloma Casado	Spain
Lea Coulet	MNI
Cristina de la Cuerda	Spain
Anne de Looy	Co-chair
Frank de Man	ENHA
Ronit Endevelt	Israel
Ceri Green	ENHA/MNI
Nada Kozjek	Slovenia
Zeljko Krznaric	Croatia
Milena Blaz-Kovac	Slovenia
Agathe Raynaud-Simon	France
Jonathan Scrutton	ILC-UK/ENHA
Ewa Sobczak	Poland
Mehmet Uyar	Turkey
Darija Vranešić	Croatia
Lisa Wilson	ENHA