SUSTAINED REDUCTION OF TPN USAGE DURING HOSPITAL ADMISSION BY DIETITIANS

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INTRODUCTION
Total parenteral nutrition (TPN) costs are a big financial burden for hospitals. Malnutrition is a serious problem in patients, however the necessity of TPN use is debatable in some cases. A steady increase in TPN usage and associated costs was noticed in our hospital after 2007. In the present project, a nutrition team was assembled in 2009 which appointed a dietician for malnutrition screening and monitoring of intramural patients with TPN.

RESULTS
Initially, over the period 2010-2011, savings on TPN usage of more than 40% were obtained. Furthermore, over the period 2012-2013, a sustained level of 40% was realized. Decrease of TPN users is ongoing with 40% in 2013. Part of those results are recently published¹.

METHOD
The usage and costs of TPN were calculated over the years prior to 2010. Several different causes for improper prescription of TPN were identified, which led to the establishment of TPN usage guidelines and criteria. Nursing staff and dietitians were trained in proper administration and follow up of TPN usage in patients. Following the start of the project, patients were assessed strictly according to these guidelines.

Annual TPN costs during hospital admission between 2007-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost in € X 1000</td>
<td>229</td>
<td>231</td>
<td>240</td>
<td>255</td>
<td>141</td>
<td>137</td>
<td>147</td>
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</tbody>
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CONCLUSIONS
This study shows:
• Improving quality of care by follow up of TPN by dietitians
• Cost savings
• Essential changes in management
• Essential role of dietitians as experts in nutritional assessment
• Maintaining adherence to good clinical nutrition practice.

References