From Malnutrition to Wellnutrition: policy to practice

A report of the European Nutrition for Health Alliance

Based on its 2nd annual conference, held in Brussels on 22 November 2006 in association with the Finnish Presidency of the European Union.

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1. Background

In November 2006, the European Nutrition for Health Alliance held its second annual conference on malnutrition, entitled ***'From Malnutrition to Wellnutrition: policy to practice***'. The event took place in Brussels and was organised in association with the Finnish Presidency of the European Union.

The issue

The starting point for our conference reflected the *Call to Action* issued in 2003 by the Council of Europe on food and nutritional care in hospitals. Resolution ResAP(2003)3 reads:

- *Considering that access to a safe and healthy variety of food is a fundamental human right;*
- *Bearing in mind the beneficial effects of proper food service and nutritional care in hospitals on the recovery of patients and their quality of life;*
- *Bearing in mind the unacceptable number of undernourished hospital patients in Europe'*

The Council of Europe then calls upon Member states to draw up and implement national recommendations on food and nutritional care in hospitals and ensure that these plans be implemented with the participation of all relevant stakeholders at a policy, community and practice level.

Today, four years after the publication of the Resolution, the challenge issued by the Council is still unmet in most European countries. Malnutrition remains under-recognised, under-detected and under-managed across Europe. Some countries have made progress in putting the systems and policies in place to help prevent malnutrition in hospitals and care homes, however much remains to be done. Moreover, initiatives aimed at ensuring appropriate management of malnutrition at the community level remain inadequate. Awareness and training of general practitioners and social care personnel on the realities of malnutrition are also largely insufficient.

Clear national and EU commitment to making the issue of malnutrition a priority on the political agenda is needed, and needed urgently. Malnutrition costs €12 billion per year in the UK alone. In existing policy documents, 'poor nutrition' is too often understood to only cover obesity and overweight. The problems of underweight and malnutrition are poorly understood and considered of little relevance to our wealthy Western nations.

In addition to strong direction from policy, dedicated resources are needed to ensure that practical solutions to tackle malnutrition are implemented across all care and community settings. These solutions must take into consideration the inherent complexity of malnutrition. The causes of malnutrition are both social and clinical. Food poverty and poor socioeconomic conditions may exacerbate malnutrition in individuals of all ages. Malnutrition may also arise as a consequence of a particular illness, such as cancer. It is particularly prevalent in older people, with up to 15% of older people living in the community and above 50% of care home residents being malnourished. Older people are also at greater risk of not recovering from malnutrition.

The conference

The purpose of the 2006 conference was to bring together engaged stakeholders from across Europe to help the European Nutrition for Health Alliance further its aim of encouraging concerted action to tackle malnutrition across Europe. The recommendations and conclusions contained in this report are drawn from working group discussions and plenary sessions at the conference and may thus be viewed as a common 'call to action'.

Our main recommendations are the following:

- ***Malnutrition needs to be raised on the political agenda*** across the EU.
- ***Accountability of professionals*** is needed if the prevention of malnutrition is to become a core pillar of care. This involves appropriate training, standards of care, accreditation, and mandatory certification for all relevant professionals.
- ***Innovative models are needed*** to ensure that good nutrition is fully integrated into all aspects of care delivery.

The report

The purpose of this report is to present the main recommendations and conclusions of the 2006 conference.[1] We have deliberately highlighted actions to be taken by different stakeholders in the hope that readers of this report will take these recommendations as a starting point to help drive successful initiatives tackling malnutrition from within the competence of their respective organisations.

2. Key recommendations

2.1 Malnutrition needs to be raised on the political agenda across the EU

Malnutrition is not currently given the place it deserves on national or EU policy agendas. For example, the *European Platform on Diet, Obesity and Physical Exercise* launched in 2006 focuses solely on obesity and fails to mention malnutrition as an equally costly and significant manifestation of poor nutrition.

[1] For further information on the issue of malnutrition, please refer to previous ENHA publications, available on the ENHA website, www.european-nutrition.org.

More worryingly, malnutrition is not recognised by the general public as a significant public health risk. This lack of awareness is equally applicable to health and social care professionals across different clinical settings.

In light of this, we urge ***national and EU policy bodies*** to ensure that:

- Malnutrition is recognised and included as part of EU policy in public health, health and nutrition and ageing;
  - Malnutrition is positioned alongside obesity as one of the main manifestations of poor nutrition;
  - Malnutrition is included in national nutrition / public health plans.

We urge ***EU and national NGO's and regulatory agencies*** *to:*

- Address malnutrition in their key policy documents and actions.
- Raise awareness of the prominence of malnutrition through dedicated campaigns and targeted communications channels.

Community health and social workers are often the first point of contact for individuals at risk of or with malnutrition. They may play a key role in preventing malnutrition if they:

- Urge people to take malnutrition seriously;
  - Invite individuals to seek assessment and get professional advice from a trained dietician if possible;
  - Highlight the benefits of proper nutrition and nutritional support to them.
- Make sure that individuals understand the consequences of malnutrition and take steps to minimise their risk factors.
- Provide advice to patients in a language that the patient can understand so they know what is being done and can make an informed choice.

2.2 Accountability of professionals

Good nutritional care across all settings is contingent upon health and social care professionals looking out for signs and risk factors of malnutrition in individuals. In other words, health and social care professionals must take responsibility for good nutrition.

Achieving better accountability requires both top-down approaches (eg. governments implement national nutrition plans) as well as bottom-up ones (for example, medical societies advance good nutritional care as part of professionals' core job responsibility). This is true across all care settings.

Particular attention needs to be given to ***professional training and standards of care.***

Training

Changing attitudes and practice around malnutrition will only occur if professionals receive appropriate training to ensure that they recognise nutrition as one of their core competencies.

- ***Medical and nursing schools*** should offer undergraduate and postgraduate training in nutrition and nutritional careThey should also offer training on nutrition to professionals throughout their careers.
- They should also work in collaboration with ***dieticians*** to ensure that multidisciplinary approaches are built into standards and protocols.
- ***Hospitals and care homes*** should offer induction programmes for new staff to ensure that their training on nutrition is sufficient.
- ***Managers*** of primary and community care organisations, hospitals and care homes should make adequate training in nutrition a core competency for all of their staff.
- All efforts should be made to include a trained dietician within care teams in hospital and care homes.

- If a dietician is not available, staff should have access to training and specialist input from external dieticians and nutrition experts on a regular basis.

Standards of care

Across all clinical settings, good nutrition must be positioned as one of the cornerstones of good clinical practice in order to focus the attention of doctors, nurses and other professionals. Within cash-constrained budgets, it is critical to ensure that appropriate staff levels, pay and conditions for staff are in place to support quality improvements and staff retention and build up good practice within organisations.

To achieve this, a combination of bottom-up and top-down incentives and actions are needed, specifically:

- ***Relevant accreditation bodies*** should identify specific performance indicators for measuring good nutritional practice.
- They should build these indicators into centralised audit and accreditation mechanisms in all relevant institutions.
- ***Professional societies*** at a national and international level should make the provision of good nutritional care a part of core job responsibility.
- ***Appropriate certification*** of professionals in nutrition should become mandatory in all care and community settings.
- ***Social security bodies*** responsible for contractual arrangements for health professionals in the health service should ensure that specific 'nutrition' incentives are built into individual professional contracts (such as the GP contracts in the UK).

Establishing high quality nutritional care across all health and care settings requires a joined-up approach. Continuity of care and good communication about nutritional status of patients between healthcare settings is critical as individuals move from one care setting to another.

Yet specific changes and actions are needed within each of these settings as part of the chain of delivery of care. These are outlined in turn below.

Community care: tackling ownership

Specific issues for detecting and managing malnutrition arise in the community.[2] In our highly decentralised care systems, no single health or social care professional 'owns' malnutrition. Professionals need to be empowered, through their training as well as through the organisation of care, to take the lead in detecting malnutrition and guiding individuals affected through appropriate care pathways.

The ***health and social care system*** itself, through the way it is organised and resourced, may help empower professionals to take on this role.

- ***Health system guidance*** documents should make specific reference to the issue of ownership of malnutrition in the community and propose models of care.
- Specifically, they should position malnutrition prevention and management within integrated care pathways – involving dieticians, informal carers, social, health and other care professionals.
- ***Health and social care systems*** must facilitate systematic screening and assessment:
    - Put into place appropriate screening programs using validated tools for different settings;
    - Provide incentives to health and social care workers to identify individuals at risk of malnutrition.

Empowerment of health professionals, particularly nurses working in the community, may also be enhanced through professional societies.

- ***National and/or European nursing associations*** should improve leadership skills and empowerment of nurses in the field of nutrition.

[2] Readers are referred to a previous ENHA report 'Malnutrition in the Community' available on www.european-nutrition.org.

Care homes: establishing good practice

● The quality of nutritional care needs to be encouraged, continuously improved and monitored across all care settings. However, one particular setting where standards of care are urgently needed is care homes. A resident-centred, multidisciplinary approach in all aspects of nutrition and food provision is needed.

In this setting particularly, achieving good quality care requires *leadership from management, a patient-centred approach to care* and *clear guidelines and standards* to guide practice.

Specific recommendations for each of these areas are outlined below.

Leadership from management

- Ensure that clear definitions of nutritional responsibilities are set out for all care personnel, including:
    - ensuring nutritional competence within the food service;
    - Close interaction between food service staff, care personnel and residents.

A patient-centred approach

- Make resident choice a central philosophy wherever possible.
- Ensure the eating environment is conducive to good nutrition – make it sociable, familiar, comfortable and flexible.
- Allow for sufficient uninterrupted time for eating – *protected mealtimes.*
- Ensure sufficient assistance to help with feeding, using trained/supported volunteers or family.

Guidelines and standards of care

- Establish national standards for quality of nutritional care in nursing homes, including ethical aspects of end-of-life care.
- Update national guidelines for food preparation.
- Adopt clear care plans within each care home reflecting resident assessment and action.

Hospitals: promoting continuity of care

Most of the developments in nutrition standards have targeted hospital settings. Yet, too often, a patient is discharged from hospital into the community or to a care home without any record of any nutritional support he or she may have received in hospital – thus precluding the possibility for this care to be continued in the new clinical setting.

Processes must be put into place to ensure that information on patients' nutritional status is not lost upon discharge from hospital and that continuity of care is encouraged throughout the patient's journey. Specific actions are:

- Hospital nurses and doctors must keep clearly identifiable nutrition notes in the patient record.
- Upon discharge, they should be required to send a systematic letter to the GP which outlines a nutritional care plan at discharge.
- Within hospitals, multidisciplinary teams should be created to address malnutrition to ensure all perspectives are represented.
- Dedicated resources are also needed to allow hospitals to meet objectives, through:
    - the appropriate ratio of health care professionals to patients;
    - availability of equipment such as scales.

2.3 Innovative delivery and finance models

One of the key recommendations from conference participants was to explore opportunities for piloting and implementing such innovative pathways. Tackling malnutrition requires a coordinated, multidisciplinary approach and the close interaction between health and social care professionals, dieticians and informal carers across all settings. Within our fragmented care systems, such teamwork cannot happen without formalised structures being created, namely integrated care pathways that span across health and social care.

Changing models of care invariably brings along costs upfront, although these costs are well compensated by improved efficiency and better quality of care over time. In our resource-constrained care environments, we have a responsibility to ensure that care solutions that are offered are not only clinically effective but also cost-effective. The evaluation of the cost-effectiveness of new models of care must be an integral part of any new models of care proposed. **Specific recommendations include:**

- Create disease management models that include 'wellnutrition' in the community. Key components would include:
  - Create partnerships between providers of healthcare, health insurers and community care settings;
  - Look at nutrition as a new product within the insurance package;
  - Implement continuous evaluation of the impact and cost-effectiveness of new interventions;
  - Establish a 3-way contract between insured, provider and insurer.
- Create communication tools to enable different professionals to record their findings and make them available to colleagues in different settings.
- Integrate into accreditation (regulatory) and reimbursement systems, rewards for good performance on clearly-defined nutritional standards.
- Review the legislative framework to provide flexibility to permit this to happen.

3. Conclusions

It is our hope that the recommendations issued at the conference form the basis for concerted action across Europe to help eliminate malnutrition from within our communities. We wish to conclude by restating the urgency and importance of this challenge.

- The quality of life of a large number of people across Europe is severely compromised by malnutrition. Much of this malnutrition is preventable; however, the necessary mechanisms, policies and programmes have yet to be put into place to ensure that prevention and management of malnutrition is thoroughly embedded into all clinical and care settings.
- Malnutrition poses a tremendous burden on those affected and their families, which translates into a significant cost to society – a cost that exceeds that of obesity. It is an economic imperative to reduce the incidence of malnutrition and manage it appropriately when it does occur.
- The causes of malnutrition are multi-faceted and implementing effective solutions is complex. This can only be accomplished through political engagement at the European, national and community levels and through raising public awareness about the risks of malnutrition.
- Malnutrition lacks ownership within care. Yet no care can be effective if it does not take into consideration the nutritional status and needs of the individual receiving care. Professionals across the health and social care sector must take accountability for tackling malnutrition. A multidisciplinary approach, with dieticians at the core, is needed if malnutrition is to be eliminated from within our communities.

The ***European Nutrition for Health Alliance*** was formed in 2005 to raise awareness of the importance and the urgency of the issue of malnutrition and to build an agenda for action at a European level. We are an alliance of stakeholders from multiple sectors within the health arena. Our aim is to advocate and encourage concerted action amongst all relevant stakeholders to ensure that malnutrition is prevented and properly managed across all settings of care.

The Alliance is chaired by Professor Jean-Pierre Baeyens, President of the International Association of Gerontology (clinical section) and of the European Union Geriatric Medicine Society. Professor Claude Pichard, Head of Clinical Nutrition, Geneva University Hospital, is the co-Chair.

The Alliance also includes representatives from:

- Association Internationale de la Mutualité (AIM)
- European Hospital and Healthcare Federation (HOPE)
- Olle Llundqvist, Chair of the European Society for Clinical Nutrition and Metabolism (ESPEN)
- International Longevity Centre-UK
- De Friesland Health Insurance
- Mel Read, Chair, Health First Europe and Former Member of the European Parliament
- Numico, a clinical nutrition company

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