



ONCA Good Practice: Strategy & Action Plan to Implement Nutrition as Integral Part of Quality Care in CZ

Pavel Tesinsky

**Frantisek Novak
Ivana Prazanova
Martina Parizkova**

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OUTLINE



1. experience from the European ONCA initiative
2. nutrition care in hospitals and in the out of hospital sphere
3. what we achieved
4. what we are working on
5. action plan for the future

WAYS TO IMPROVE CONTINUITY OF NUTRITIONAL CARE IN THE HEALTH SYSTEM



MESSAGE FROM THE “NUTRITION DAY” DATA - CZ



- "There is a high level of **nutritional risk among hospitalized patients**, a high number of **geriatric patients with low BMI**, and a higher proportion of patients with **high weight loss** compared to the world"
- "In the Czech Republic, there is a **smaller number of doctors, nurses and dietitians** per patient"
- "Patients are discharged from the hospital care later, because the **system of transfer of the patient to home care** is not working effectively"



EXPERIENCE FROM THE EUROPEAN ONCA INITIATIVE



multidisciplinary national platform (alliance) with the involvement of all interest groups:

- **public awareness** of the importance of nutritional care creates the necessary pressure to make changes
- **voice of patients' representatives**
- **politicians**, the government and especially the Ministry of Health are the driving force at the national level
- clinically relevant **indicators of quality** of nutritional care as a measure of success
- **enforcement of reimbursement** of necessary costs



ALLIANCE FOR NUTRITIONAL CARE AND SOCIETIES OF PHYSICIANS AND DIETICIANS



- **Nutritionists**
 - Czech Society for clinical nutrition and Intensive Metabolic Care (SKVIMP)
- **Dietitians**
 - Czech Association of Dietitians (ČANT) and Section of Dietitians of the Czech Association of Nurses (SNT ČAS)
- **Patients**
 - patients organisation Life without intestine
- **Association of companies focused on medical nutrition**
 - AVKV



ALLIANCE FOR NUTRITIONAL CARE (APNP)



System of education based on certification in clinical nutrition

- inclusion of clinical nutrition into the educational program of medical faculties
- educational programs of medical faculties for dietitians (B.Sc., M.Sc.)
- certification board of the Ministry of Health
 - certification of hospitals for training doctors in clinical nutrition
 - certification of qualification programs (academic)
 - medical certification (diploma) in clinical nutrition
 - functional license F016 (Czech Chamber of Physicians)
- training program and certification of home care agencies for providing HPN (Nutricca, public service companies)

NUTRITION CARE IN HOSPITALS



GUIDELINES FOR PROVISION OF FOOD AND NUTRITION CARE IN HOSPITALS, endorsed by the Czech Ministry of Health, 2021

System of nutritional care is based on

- screening, examination of nutritional status, and nutritional therapy
- nutritionists and dietitians are guaranteeing professions
- dietary system in accordance with ESPEN Guidelines on Hospital Nutrition



Implementation of the Guidelines

- survey questionnaire (feedback from hospitals)
- Nutrition Day data (evaluation every two years)

Adjustment of DRG codes and actualisation or the role of dietitians

- codes for dietitians performances
- GLIM derived signal codes



NUTRITIONAL CARE IN THE AMBULATORY SPHERE



- need for **cooperation with primary care (GPs)**
- preparation of recommendations for nutritional screening, examination of nutritional status and implementation of the guidelines for nutritional therapy in **outpatient facilities** of general practitioners and outpatient specialists
- support for the **education of GPs and outpatients specialists** (license F016)
- **dieticians' services for outpatients** as a part of care covered by health insurance
- evidence of **cost-effectiveness** of nutritional therapy in the primary care and in outpatient specialists



PUTTING MALNUTRITION ON A PUBLIC HEALTH AGENDA



- **early identification** of patients with malnutrition and at risk of malnutrition using DRG classification (GLIM)
- implementation of a simple **scoring system for the public**
- definition of a **signal code** to identify patients with malnutrition and at risk of malnutrition
- options to **monitor the effect** of nutritional intervention on hospital malnutrition
- **cost effectiveness** evaluation for complications associated with a long-term malnutrition
- “nutrition related disorders” as the whole are better understandable in rising the awareness than “malnutrition” itself



WHAT WE ACHIEVED



- **co-operation with MoH**
- **raising general awareness** of the importance of preventing and treating malnutrition throughout society (MAW, Nutrition day)
- creation and introduction of **guidelines** for nutritional care in hospitals
- introduction of nationwide **nutritional screening at all levels** of health care
- systematic and documented **nutritional care** for all individuals with malnutrition or at risk of developing it
- availability of **nutrition teams** in hospitals
- system of **continuous education** of health professionals focused on importance of malnutrition and methods of its prevention and treatment



WHAT WE ARE WORKING ON



co-operation with Ministry of Health and health insurance companies strongly needed for reporting of provided nutritional care to health insurance companies

- nutritional care is currently **not recognizable** in the health care system
- a complete **overview of nutritional care is missing**
- adapting organization and reimbursement of health care to ensure the availability of nutritional care **quality indicators** within the public health insurance system
- drafts for modification of the DRG system ready
- continuous updates of list of nutritional care units



3 MAIN PROBLEMS TO SOLVE



- **optimization / refinement of DRG coding**
- **update of coding system of medical performance units**
- **recognition of the “certified nutritionist” superspeciality towards the payers**
- **recognition and reimbursement of the work of dietitians in the ambulatory sphere**



WHAT WE LEARNED FROM EUROPE



- addressing malnutrition in hospitals, outpatient settings and the population can be achieved by **bringing together professionals, patients, politicians and industry**
- key in the hands of an alliance that unites **all stakeholders**
- **patient /human** being is the target
- identification of patients and persons at risk of malnutrition will enable **early preventive and effective treatment** measures and thereby reduce the cost of medical care
- **role of medical professionals is to define the problem, role of politicians is to enforce appropriate legal measures, role of patients is accountability**



WHAT WE CAN GIVE: ACTION PLAN FOR THE FUTURE



- **right to nutritional care and accessibility** to all hospital and outpatients
- goals to enhance the **quality of care in clinical nutrition**
- knowledge and awareness of **disease-related malnutrition, nutrition related disorders** and risks of the lack of nutritional care access
- **education & research** in clinical nutrition
- **ethical principles** and values
- **patient empowerment** in diagnostics and therapy
- work on a **local, national and international levels**



#Malnutrice



**TÝDEN
RIZIK**

MALNUTRICE

**CZECH
REPUBLIC 2022**

MAW Euro Meeting

April 5, 2023

CZECH REPUBLIC

**Integrating Nutrition
in Care: Imperative to
European Citizens' Health**



EU2022.CZ

LIVE October 18th 11.00-15.00h CEST



*nutritionDay worldwide
benchmark & monitor your nutrition care*



SKVIMP
SPOLEČNOST KLINICKÉ VÝŽIVY
A INTENZIVNÍ METABOLICKÉ PĚČE

UNITED NATIONS DECADE OF
ACTION ON NUTRITION
2016-2025



REALITY AND OUTLOOK - CZ



- **Guidelines for Hospital Nutrition**
- **MoH Expert Group for Nutrition in Hospitals and Social care**
- **Malnutrition Awareness Week**
- **Nutrition Day**
- **EU4 Nutrition Conference Prague, October 2022**
- **SKVIMP National Congress**
- ...
- **ESPEN Congress Prague 2025**



PATIENTS' RESPONSIBILITY AND ACCOUNTABILITY



ESPEN FACT-SHEET

NUTRITIONAL CARE IS A HUMAN RIGHT

The International Declaration on the Human Right to Nutritional Care "Vienna Declaration"

Endorsed by the four major international Clinical Nutrition Societies ASPEN, ESPEN, FELANPE and PENSA in conjunction with representatives of patients' associations (EPF), dietitians (EFAD), and a global network of more than 70 national Societies.



RIGHT TO FOOD

the right to adequate food
and the right to freedom
from hunger and
malnutrition



RIGHT TO NUTRITIONAL CARE

Screening for malnutrition
Diagnosis and assessment of DRM
Food and evidence based medical
nutrition therapy (including ANH)



RIGHT TO HEALTH

the right to the enjoyment
of the highest attainable
standard of physical and
mental health

