



# CONTINUITY OF NUTRITION CARE

optimal  
nutritional care  
for all

## THE POWER OF CONCERTED EFFORTS AGAINST MALNUTRITION



# Continuity of nutrition care at home



*Ward Order of St.Johns hospital. 1917. EmmaMieville*



*Patient.at.home.marybarber.1953*

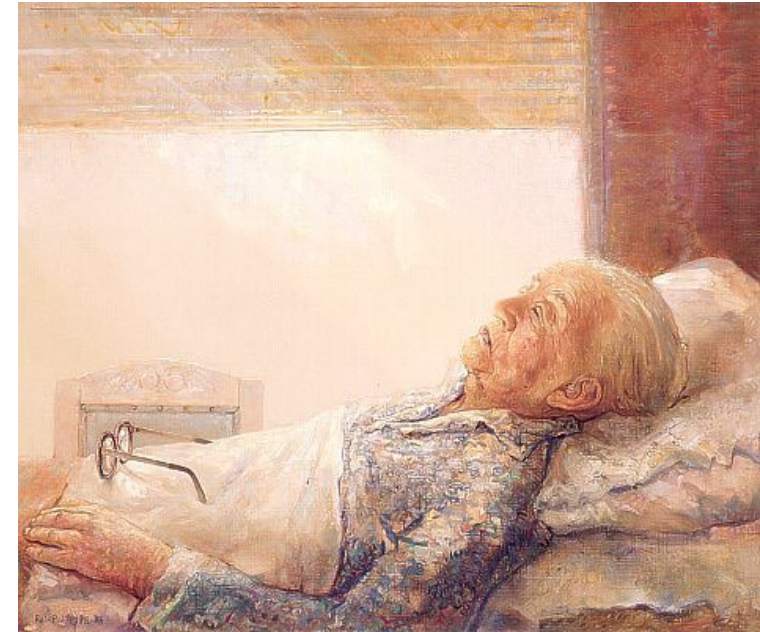
The need for Person centred integrated primary and specialist (dietetic) care

ONCA conference June 15

Prof. Dr. Maria van den Muijsenbergh, GP

Chair of the European Forum For Primary Care EFPC

# More elderly people - rising healthcare costs shift from hospital care -> community care, at home



# Multimorbidity 39%

## Need for strong multidisciplinary Primary Care



*Doctorsvisit. Jan Steen 1662*

Including dietitians



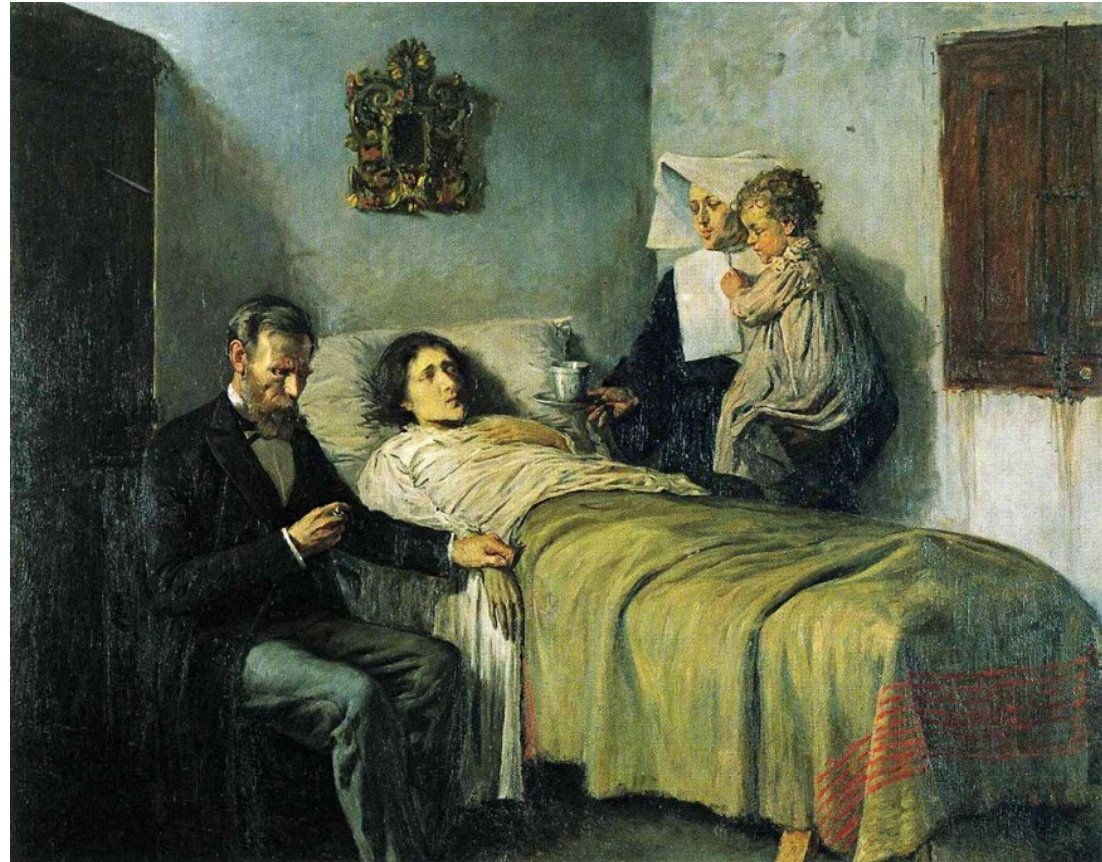
*Milkmaid. Vermeer 1660*

Chowdhury et al. (2023). Global and regional prevalence of multimorbidity in the adult population in community settings: a systematic review and meta-analysis. *EClinicalMedicine*, 57

# Person centred integrated Primary Care

Goal, not disease oriented  
Needs & values driven,  
Engaging patient and  
community

Better health outcomes  
More Equity  
Lower costs



*Ahmed A et al (2022). Person-centred care in primary care: What works for whom, how and in what circumstances? Health & Social Care in the Community*

# Patient involvement and Community engagement



### Progress Assessment

Interdisciplinary team reports, nutrition-focused physical examination, laboratory and other clinical data, changes in body weight/body composition, food intake, impact of pertinent medications/ dietary supplements, appropriate growth, person-centered goals

### Social/Living Environments

Living situation, level of caretaker(s) knowledge, change in caregivers, level of independence, loss of significant other, ability to acquire and prepare food

### Anthropometric Measurement Practices with Physical Anomalies

Scales, seated scales, lift scales, skin-fold calipers, arm circumference, stadiometer, recumbent board, head circumference, arm span, height (stature or length), BMI\*, growth charts, percentile ranks/z-scores, growth velocity, growth/developmental changes, weight, weight-for-length, weight changes, fluid accumulation, loss of muscle, change in strength, decreased z-score, significant change in BMI

### Barriers to Quality of Life

Ability to communicate, impact of food allergies/intolerances/restrictions, ability to perform ADLs,<sup>h</sup> motor function limitations, individual/care provider(s) knowledge/understanding of risk factors/causes of nutrition problems and serving and storing food, living/working environment, psychosocial factors, self-advocacy vs dependency on others, change in physical ability, financial status, access to: groceries, appropriate kitchen, pantry, equipment for safely preparing food, transportation, community meal programs, community day programs, educational programs

### Interdisciplinary Team

Physicians (eg, primary care, endocrinologist), nurses, registered dietitian nutritionists, registered dietitian nutritionist specialists (eg, pediatrics, diabetes, metabolic disorders, feeding teams), physician assistants, pharmacists, psychologists, social workers, occupational, physical, and speech therapists, qualified intellectual disabilities professional, school administrators, teachers, school nurse, teacher's aide, direct care professional, assistive technologist, applied behavior analysis therapist, Adult Protective Services, Child Protective Services, regional center, state vocational rehabilitation agencies

### Food Selection and Eating Factors

Cultural and/or religious preferences, environmental and care provider issues, social skills affecting meals, changes in feeding mode/functional eating skills, ritualistic or compulsive eating behaviors, food cravings, sensory issues, behaviors impacting mealtime, night-time eating, food combinations, orthorexia, limiting food groups, change in schedule, texture modifications, appetite, dentition, sores in mouth, chewing ability, eating ability, quantity of saliva in mouth, altered taste, oral defensiveness, digestion and elimination problems/aversions, comorbidities, health status changes, medication interactions

### Communication Methods

Ability to communicate and be understood, nonverbal language, communication of hunger and fullness, behavior that indicates pain or discomfort, written, oral, low literacy, assistive technology, Picture Exchange Communication System, augmentative communication device, sign language, social stories, models, picture books, use of pictures, tactile support, measuring cups/spoons, food models



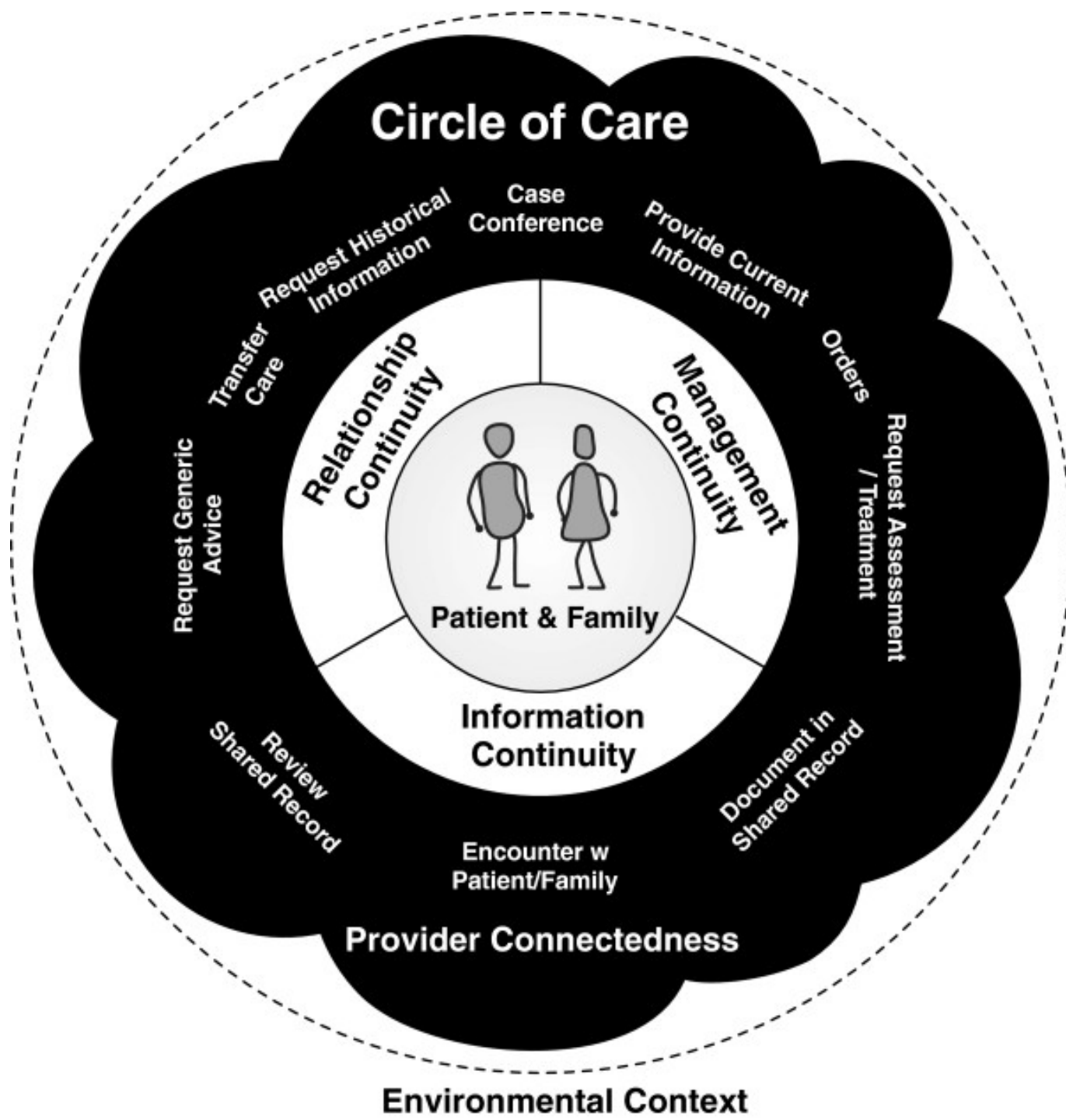
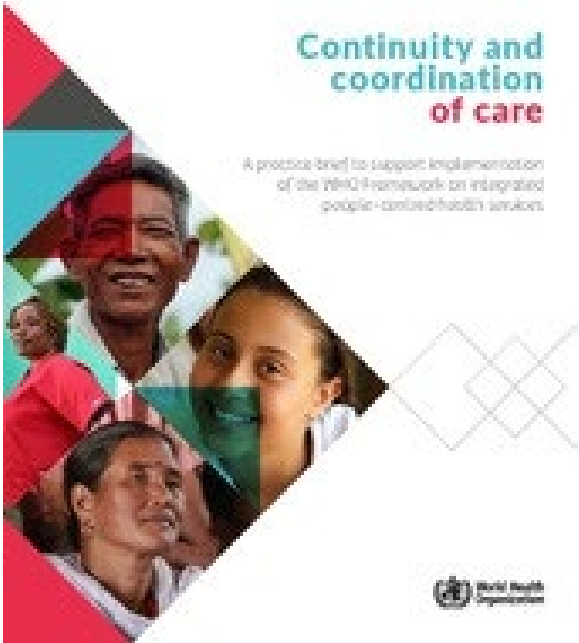
# More people with complex diseases cared for at home needing Primary Care dietitians



Ojo, O. (2015). *The challenges of home enteral tube feeding: a global perspective*. *Nutrients*, 7(4), 2524-2538.

Beckingsale I et al. *integrating dietitians into primary health care: benefits for patients, dietitians and the general practice team*. *j prim health care*. 2016 dec;8(4):372-380.





*Continuity and coordination of care: a practice brief to support implementation of the WHO Framework on integrated people-centred health services. Geneva: World Health Organization; 2018.*

# Interprofessional collaboration

## Get to know your colleagues & local networks



# Information transfer from hospital to primary care

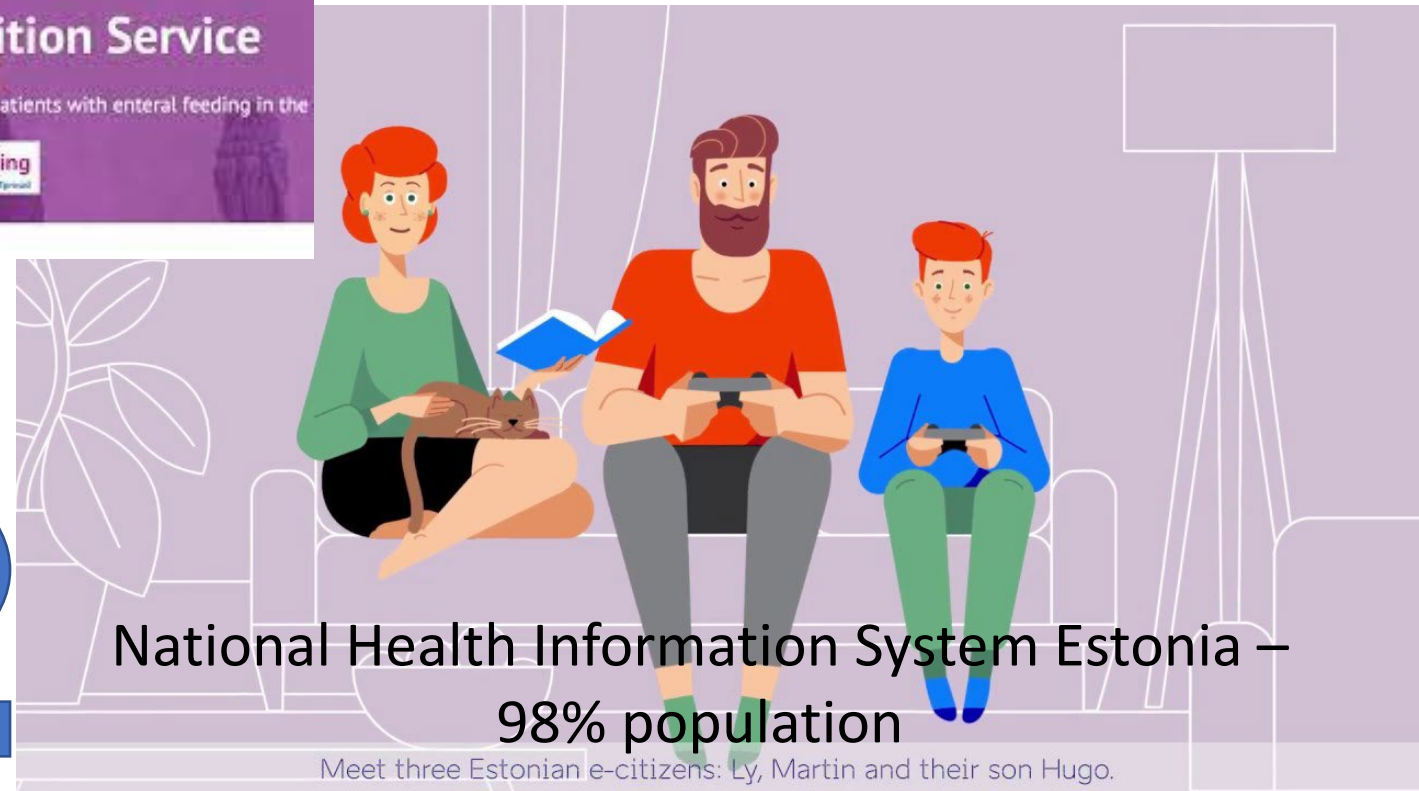
## Shared Patient records - Estonia

## “Patient Passport” – The Netherlands

## Home Enteral Nutrition service - UK



My care professionals at home, in the community or in hospital use technology to help me stay well, involve me in my care, share information and coordinate my support.”



National Health Information System Estonia –  
98% population

Meet three Estonian e-citizens: Ly, Martin and their son Hugo.

# Continuity of Nutrition Care We can do it together in Europe



**EFPC 2023 Conference Barcelona**  
September 17-19, 2023

International Humanitarian Crises:  
What is the Role of Primary Care  
for International Social Cohesion?

Conference fees

Students:	€5
EFPC members:	€7
Non members:	€55

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**EFPC Webinars**  
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