

National society endorsing submission

- Haifa University School of Public Health

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Endorsed by the Israeli Society for Clinical Nutrition – ISCN

Title of project - Israeli National Project “Optimal Nutrition Care for All – The Right for Food”

Description of the initiative

The initiative will empower patient groups by providing information about food and nutrition in times of health and disease, and simultaneously encouraging early nutritional screening and treatment. The campaign will be developed based on qualitative survey tools among different populations at nutritional risk, and medical staff and analyzing knowledge and attitudes regarding nutrition as a basis for multi-stakeholder campaign - i.e. government, policy makers, healthcare professionals and patient groups - with a target to increase awareness of nutrition as a vital part of health and disease management.

Background of the initiative

Malnutrition is a significant public-health problem which includes both ends of the nutrition spectrum, with obesity and overweight at one end and under-nutrition at the other. Israel is one of 14 countries in Europe which has joined the European-Nutrition-for- Health-Alliance (ENHA) whose common goals are ‘Optimal-Nutrition-Care-for-All’.

Targeting to create national awareness for better nutrition for all the population, four subcommittees were formed to develop policy regarding namely: interventions in hospitals; within the community; communication; continuity of care. All stakeholders signed a charter which included: Implementation of weighing in all health-care settings; screening for malnutrition; creating health quality indicators; improving the nutritional quality of food served to patients in hospital settings; continuity of treatment-care sequence; promoting a healthy lifestyle for the entire population and establishing a national malnutrition registry.

Four main strategies were used:

1. Detection and treatment of nutritional risk situations in hospitals
2. Detection and treatment of nutritional risk situations in clinics and community health centers
3. Creating a policy for continuity of care between health settings
4. Raising public awareness of the importance of early treatment of nutritional risk situations

Results:

1. Detection and treatment of nutritional risk situations in hospitals:

- Obligatory routine screening for malnutrition was recommended, allowing nutritional intervention by a dietitian within 72 hours of admission, to who requires.
- In order to ensure continuity of care, it was recommended that the dietitian's instructions upon discharge to the community should include a letter detailing the latest information and guidelines for nutritional care within the community.
- The Ministry has given priority to development of a uniform computerized record of nutritional characterization. This interface has also included communication with the hospital's food management services.

- A staffing level standard for dietitian positions per beds was determined with the human resources department.
 - The use of Diet Quality Indicators to determine success of nutritional screening and treatment in the geriatric hospitals was introduced.
 - The role for a dietitian in supervision of the food chain was defined, which includes building a model to improve the nutritional quality, food security, food safety and culinary aspects of the food service.
 - It is recommended by the Ministry that hospitals participate in "Nutrition Day" which is aimed at identifying the food waste in the medical centers, and at least one department in each hospital is required to attend. Nine hospitals participated this year.
2. **Detection and treatment of nutritional risk situations clinics, community health funds**
- Measuring the height and weight of adult at outpatient (ambulatory) clinics is now obligatory through the National Quality Indicators program. It will take place every five years until the age of 65, every two years for ages 65-74, and yearly after that, for those aged 75 and over. Individuals over the age of 74 who experience a weight loss of 10% or more over the course of the two assessment periods will be noted and a referral should be given for nutritional counseling.
 - In the near future compulsory screening for malnutrition will be added, inclusion of ICD codes for nutritional risk to the medical file and diagnoses will be implemented, implement diagnosing set to nutritional risk according to the ICD10 an integral part of medical diagnosis and a registry for malnutrition will be launched .
 - Last year all the oral nutritional supplements (ONS) for people with tube feeding up to the age of 19 entered the technology basket of the HMO's .This year it is supposed to extend to older ages. (People will need to pay only a small part of the expenses for ONS).
 - There is a recommendation to the municipalities to hire a dietitian who will liaise with the HMOs, the schools, the hospitals and the public health department in the Ministry of Health for better continuity of care. Another important part of the work is to supervise the nutrition of people living in hostels for special needs and mental illness, and supervise lunch programs for children and the elderly.
 - There is a recommendation to include multidisciplinary team work in any treatment setting of physicians, nurses, dietitians, social workers and speech therapist, to discuss the cases of malnutrition and refer the patient to treatment.
3. **Education and training professionals**
- There is a lack of knowledge and awareness among medical personnel and caregivers about the importance of screening and treatment of various nutritional risk situations. The program aims to raise awareness of these conditions and provide knowledge on the subject. Three educational programs were built and presented to more than 200 dietitians: A. Physical assessment as part of the assessment process of the dietitian (international program with Rutgers University). B. Course in nutrition for psychiatric patients.
C. Course in food management for dietitians.
 - Nurses were creating an educational program on the important of screening for malnutrition. Medical schools were asked to add nutrition education to the syllabus for family physicians and geriatricians.
 - A short web-based survey aimed at raising awareness among the public and medical staff for malnutrition will be distributed by the Ministry of Health and a conference with case reports of success will be launched.
4. **Raising public awareness of nutritional risk situations and the importance of early treatment**
- The initiative of web-based tools will be created and implemented to help enlighten the population (chronically ill and cancer patients), to recognize the problem and know how to treat it.

Rationale of the initiative

The Israeli National Health and Nutrition Survey of the elderly age 65 and over was carried out over a one-and-a-half year period, between July 2005 and December 2006, by the Israel Center for Disease Control together with the Nutrition Department of the Israel Ministry of Health.

The survey described the general health condition, nutritional status and lifestyle of the elderly population in Israel:

- 5.5% ate less than they wanted to in the past 12 months, as a result of insufficient funds.
- According to the DETERMINE scale: 19.9% were at high risk of malnutrition, 43.3% were at moderate risk, and 36.8% were not at risk.
- According to the MNA scale: 22.6% were at risk of malnutrition. The remaining were not at risk¹.

From the Nutrition Day (ND) initiative data, conducted in Israel since 2006:

- 43% of the patients lost weight within the last 3 months prior to admission (same for W)².
- 36.7% described a decrease in eating more than 50% of their normal food intake (21.3% in W)².

Nutritional risk is frequently related to both acute and chronic diseases and often goes unnoticed or untreated. This may be related to the patients' health condition, their economic situation or other problems. Malnutrition significantly increases morbidity, mortality, length of hospital stay and hospital readmission rate.

Low awareness to nutritional risk and its health implications among Israeli public leads to late diagnosis and treatment which may decrease the efficacy of the medical treatment of different populations.

What/ how it will be done (activities)?

- Preliminary research to identify patient and medical staff groups' needs – develop a comprehensive survey using qualitative tools (Conducting 10 focus group of patient's physician's dietitians and nurses) to assess nutritional perceptions and risk, prior to the campaign.
- Mapping the needs of the population and the medical staff– integrating knowledge, perceptions and barriers regarding nutritional treatment. Understanding the dietitians' role as part of the medical treatment.
- From the qualitative data a Campaign will be developed (e.g. video, flyers) and implemented among Medical Organizations HMO's in Israel. The aim of the campaign will be to increase the knowledge and the awareness to the importance of the nutritional treatment, targeting patient groups' needs.
- The campaign will include an interactive internet tool for patients illustrating self-screening and the importance of nutritional care, including a positive message explaining that nutritional screening and treatment can reduce morbidity and improve quality of life - to be presented at community clinic facilities and the ministry internet site.
- The implementation will be by increasing accessibility of patients groups to nutritional information using social network and viral videos.

Resources utilized/ or expected (personnel/time/financial)

- Nutrition Department, Israel Ministry of Health
- Haifa University School of Public Health
- Israeli Society for Clinical Nutrition
- Israel Patient Groups
- Public Representatives
- Industry

What makes the initiative innovative?

For the first time in Israel, a unique national campaign, led by the MOH in cooperation with the academy, health association, patient groups and medical staff, will be presented and its outcome will be methodically assessed.

Success measures? What made this initiative successful?

The campaign will be tailored to patient groups' needs upon preliminary survey, and its outcomes will be measured by a completion survey, using quantitative internet tools to measure behavioral and perception changes.

Key learnings from this initiative

Implementation of public health behavioral and perceptual changes should be conducted in full cooperation with the public and the medical staff.

How did this impact nutrition intervention, outcome and patient care?

The patient and medical staff will be much more aware of the nutritional needs of different patients at risk for malnutrition and act upon.

What makes this an initiative that would be of interest on a national / international level?

This project, as part of the ONCA national project in Israel, will use methodological tools, and therefore will be easy to be implemented worldwide.

¹ http://www.health.gov.il/PublicationsFiles/Mabat_2005-2006-a.pdf

² Theilla M. et al. Fight against malnutrition: The results of a 2006-2012 prospective national and global NutritionDay survey. Clinical Nutrition ESPEN; Vol 10 (2015):e77-e82.