

Achievements and objectives of the Belgian ONCA Platform in 2020.

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Description of the initiative

Background / context

- Following the participation of Belgium in the ENHA conference in Berlin (Nov. 2015), the delegation that presented his nutritional dashboard (see de Man F et al ., Clin. Nutr. 2020,39 (5)), decided, with the support of the federal Public Authorities, to create a national platform to take part at the dynamics of the ONCA campaign at national and European levels.
- Contacts were taken with representatives of healthcare professionals (physicians, pharmacists, dieticians, nurses, language therapists, paramedic, kitchen chefs and kitchen staff...), associations, organizations, teachers, foundations, institutions... even with Public Authorities, insurances, patient' associations, food and medical industry, catering and other services providers*.

Rationale for the initiative

- Since many years, lot of initiatives at various levels are taken by Public Authorities, healthcare professionals, service providers and industry to improve both quality of food supply and nutritional care. But malnutrition stays a Belgian challenge in all care sectors: hospitals, rest and nursing homes, rehabilitation centres, care centres for disabled and at home (Vandewoude M. et al, 2019).
- Our strength is to pool on a very broad platform of all competences and forces of Belgian partners to create a win-win situation with exchange of information and experiments, to build the momentum, to reinforce current actions and develop new goals together.
- Although the platform is independent, the meetings are organized in a meeting room (with bilingual translation) at the level of Public health Ministry.

Objectives and scope

Five strategic axes are identified and lead to work groups:

- Awareness** and Public relations: to sensitize the population and political deciders on the poorly perceived problem of malnutrition that is related to chronic diseases and ageing. Excellent participation of the Belgian hospitals to the annual Nutrition Day survey.
- Policies** and standards, quality indicators, certification: to be harmonized and simplified to facilitate a benchmarking.
- Reimbursement** of oral nutritional supplements and better reimbursement of enteral feeding and parenteral nutrition: ONS is not reimbursed in Belgium. Due to Belgium ONCA action, some decisions are pending.
- Implementation** of nutritional care in all the health care sectors: hospitals (hospital meals), rest and nursing homes, rehabilitation centers, centers for the disabled... and at home: excellent initiatives exist in the 3 regions of Belgium; exchanging experience could be highly beneficial for each of them.
- Education**: to improve education of medical nutrition for caregivers at the level of pre and postgraduate teaching.

Planned activities & deliverables

Outline the steps to be taken

- Improving global concern about malnutrition.
- Determining concrete objectives in the 5 working groups.
- Evaluating at regular interval the achievements.

What are the concrete deliverables of the project?

- Contact with the Press and decision makers.
- Implementation of policies and quality indicators.
- Reimbursement of ONS.
- Nutritional care: first focusing on hospital meals.
- Education programmes.

What achievements are possible in the next 12 and 24 months?

- The 5 working groups are invited to report about their goals and achievements 2 times/year.
- Awareness**: to contact and sensitize elected politicians and decision makers after the Belgian and European election and to collaborate to a ENHA meeting at the European Parliament (scheduled in May 2020 but postponed due to Covid-19 pandemic).
- Policies**: to assess the quality of annual hospital reports and promote benchmarking; to increase nutritional concern in the hospital and nursing homes accreditation process.
- Reimbursement**: to obtain reimbursement of ONS in the prep. phase (this has been considered by INAMI-RIZIV as high priority; decision is pending).
- Implementation**: besides exchange of experience to determine the education and tasks of members of the Nutritional Support Team (in collaboration with KCE – Federaal Kenniscentrum – Centre Fédéral d'Expertise).
- Education**: to design content of the education program; the next step would be the recognition of "medical nutrition expert" for physicians, pharmacist, nurses and dietiticians. This project 'll be submitted to the Belgian Academy of Medicine (pending due to Covid-19).

Resources & enablers

Describe personnel, financial needs

- The functioning of the platform is handled by one person (global manager)
- There are 2 moderators for each of the 5 groups. All these persons are working for free.

Specify how the grant will be spent

- The budget is planned for the next 2 years (15,000 €/y)
- Real cost of the management is evaluated to 6,000 €/y (phone, Wi-Fi, travel costs,...).
- The remaining 9,000 € will be used for awareness campaign, website and support for patient associations.

What factors will make it successful?

- The fantastic enthusiasm of all the stakeholders of this broad Platform.
- The support and collaboration with Public authorities at the Federal and Regional levels.

Results/outcomes & expected impact

How will the findings be implemented?

- Objectives, barriers and results are regularly shared by the members of the Platform.

How will this project advance patient care / contribute to optimal nutritional care?

- The five strategic axes are designed for improving patient's nutritional care.
- The participation of patient's associations can strongly contribute to this objective.

What makes the project innovative?

- The number of stakeholders sharing a same goal: improving nutritional care.

Will the project be likely to influence national nutrition policy?

- This is very much embedded as a component of the rationale of the project.

Is the project transferable to other settings / countries?

- Creation of such broad platform can be an example easily transferable to other countries.

BELGIAN ALLIANCE ONCA STAKEHOLDERS (May 2020)	
<ul style="list-style-type: none">ABDH - BVZD Association Belge des Directeurs d'Hôpitaux - Belgische Vereniging van Zakenhuishouders.AFMV Association Francophone des Mutés de la Voix de BelgiqueArniea Philippe Hogeschool Antwerpen, Carepoint, Voeding en OefeningAVGQ Agence pour une Vie de Qualité. Agence wallonne de la santé, de la Protection sociale, du Handicap et des Citoyens.BHCT Building healthcare for TomorrowBodeEdeB. Fédération van de industrie van de medicatie technologieën. Fédération belge de l'industrie des technologies médicalesCEDE. Club Européenne des Diététiciens de l'Europe.CNC Centre Hospitalier Océan.Chief Gastro-engineeringCHR de la Citadelle, LiègeCHU CharleroiCHU UCL Namur site Godefroid - UTHCHU UCL Namur site Ste ElisabethClinique St-Luc Brugge - Gêrte nutritionCPAD Charleroi. Département « Anes & Famille ».CRG SA. Centre for Research and Innovation in Care. University of Antwerp.DiaD medisch LeuvenExpertes Centrum Primaire Voedingstherapie - LeuvenFNB. Fédération Nationale des Infirmiers de BelgiqueFondation opère le Carenet Stokking tegen KankerHE WNCI JPL. Haute Ecole Vives. Institut Paul LambinHealth Care ConsultancyHospital St Nicolas Eupen.Institut J. Borlet.	<ul style="list-style-type: none">KdG Karel de Grote Hogeschool Antwerpen.La Vie par un FilPAQS. Plateforme pour l'Amélioration continue de la Qualité des soins et de la Sécurité des patients.SBGG/VVGG. Société Belge de Gériatrie et Geriatriologie/Belgische Vereniging Geriatrie en GeriatriologieSBNC. Société Belge des Médecins Nutritionnistes.SBNC. Société Belge de Nutrition CliniqueSes Med. National Verband Socialistische MutualiteitenSodexo Belgium NV/SASFF SP FGD VUZ. Service public fédéral Santé publique. Sécurité de la Chaine alimentaire et Environnement / Federaal onafhankelijk Volksgesondheid, Veiligheid van de Voedselketen en LeefmilieuSpecial Olympics BelgiumULB. Hôpital Erasme - NESTUNESSA. Union en Soins de Santé.UPOLF. Union Professionnelle des Diététiciens de Langue Française. UPOLF GD Food ServiceUZ LeuvenVIZ. Vlaamse Beroepsvereniging van Voedingsexperts/klunten en DiëtistenVVDV. Vlaamse Ouderenzorg VVDV. Vlaamse Ouderen. Tegen Ouderenzorg.VVDV. Vlaamse Ouderenzorg VVDV. Vlaamse Ouderen Ouderenzorg.VWVLAVWES Katholieke Hogeschool. Studietoelating gezondheidszorgVlaamse Instelling GEZOND LEEVENVVKVM. Vlaamse Vereniging voor Klinische Voeding en MetabolismeWdK. Wilt-Giele Kruis Antwerpen.WdK. Wilt-Giele Kruis WV Wilt-Vlaanderen.ZORGEDELIJF Antwerpen

