Nutrition Zone

A pilot project to develop collaboration within multidisciplinary stakeholders to promote an effective malnutrition treatment for COVID-19 outpatients.

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Description of the initiative

- **Background / context**

Since there is no national framework for the treatment of malnutrition, primary care dietitians are seeking to drive a consensus for action by the power of partnerships.
The lack of an obligated malnutrition treatment follow-up leads to low awareness from health care professionals and relevant health and political stakeholders. Resulting in governmental COVID-19 diagnosis en treatment guidelines without attention to nutritional status and malnutrition.
The actuality of COVID-19 pandemic urges us to undertake action via the regional healthcare structure and its stakeholders to reduce the health-economic impact on the long-time and the quality of life of the so far 16.000 recovered COVID-19 patients.
Primary care zone Dender and primary care zone Scheldekracht (together 273756 citizens) who are cooperating for COVID-19 screening and treatment are willing to step into a pilot project. This COVID-19 primary care treatment zone (located in East-Flanders (Belgium)) holds a cluster of 14 villages (7.683-45.673 citizens) having 1406 diagnosed people with COVID-19 (ratio 5,38 (2,51-12,22)).

- **Rationale for the initiative**

Prolonged ICU stay is reported to be required for COVID-19 patient stabilization which worsen or causes malnutrition with severe loss of skeletal muscle mass and function which may lead to disability, poor quality of life and additional morbidity. Prevention, diagnosis, and treatment of malnutrition should therefore be routinely included in the management of COVI-19 patients (ESPEN COVID-19 Guidelines). So far, we have no referral protocol for malnutrition follow-up after hospitalization
In the Netherlands exist COVID-19 food and recovery guidelines (Diëtheek) and a tool for optimal transfer of nutritional care (the Nutrition Passport for transmural nutritional care). We would like to adapt this Dutch tool to our local situation because a step-by-step plan already exists which enables us to anticipate fast on the current needs.

- **Objectives and scope**

A pilot project that establishes a referral structures and protocols with multidisciplinary stakeholders so COVID-19 patients with diagnosed malnutrition are effectively treated and followed up after leaving the hospital, which will improve their quality of life and save on future health costs.
After evaluation of the pilot project and possible adjustments, the intention is to go for the implementation of this framework nationally and use the gathered experiences and data to develop a reimbursement file for nutritional follow-up of malnutrition/sarcopenia by a primary care dietician for the national health insurance.

Planned activities & deliverables

- **Outline the steps to be taken**

1. Stakeholder mapping.
2. Investigate current work methods, beliefs, prejudices, barriers, and levers for collaboration concerning malnutrition referral through focus group discussions and in-depth interviews.
3. Developing a negotiated multidisciplinary cooperation protocol with step-by-step plan and flow chart.
4. Awareness creation and dissemination of the protocol for treatment of malnutrition after hospitalization.
5. Training healthcare professionals involved in the treatment of malnutrition & sarcopenia.
6. Follow-up implementation protocol & evaluation.

- **What are the concrete deliverables of the project?**

Guarantee an effective individualized malnutrition/sarcopenia treatment with a referral to the right healthcare professional who cooperates multidisciplinary at the end of the hospitalization.

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

We plan an internal evaluation after 6 months and some necessary adjustments. After 1 year we will go back with the evaluation report to the stakeholders of the primary care areas, the professional association of dieticians (VBVD), VVKVM and the umbrella organization of the primary care areas (VIVEL). Important is to learn if those organizations are willing to support us to develop a reimbursement file for dietetic treatment of malnutrition at primary care level to submit to the national health service (RIZIV). The collected data, experience and insights will help us to do so.
After 2 year we plan to evaluate the whole project and have a reimbursement file for dietetic treatment of malnutrition/sarcopenia at primary care level that we can present to our stakeholders.

Resources & enablers

- **Describe personnel, financial needs**

PERSONNEL

Coordinator Tasks Desk research + investigation
Administration: preparing meetings, meeting reports, developing communication tools & education
Trainers to educate the partners & stakeholders
Steering committee (geriatrician, VVKVM, VBVD, ELZ Scheldekracht)
Work group of directly involved stakeholders (GP's, dieticians, physiotherapists, hospitals, home nursing, home assistance, neighbourhood care,

FINANCIAL NEEDS

Coordinator/investigator First year: 1/5 FTE (13.400,- €)
Second year: 1/10 FTE (6.700,-€) = 20.100,- €
development and dissemination of communication tools: 6.500,-€
meeting facilities & education: 1.900,- €
project promotional communication: 1.500,- € total = 30.000,- €

- **Specify how the grant will be spent**

The grant will be spend over a period of 2 year on the coordination of the project, the research, the steering committee, organisation of stakeholder meetings and a work group, development of flowchart, protocol, communication tools, education, dissemination of tools and project promotional communication.

- **What factors will make it successful?**
  - People who believe in the project and pull the project.
  - Real collaboration with people who care about their patients and want to achieve results.
  - Negotiated protocols that are followed.
  - Effective promotional communication so people know what happens, who offers which service and how to reach them to become treated.

Results/outcomes & expected impact

- **How will the findings be implemented?**

Via VIVEL to other ELZs, via VVKVM and VBVD to professionals and their lobbying with the Minister of Health and RIZIV.

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

This project will contribute to a substantial improvement in the quality of health care and treatment of malnourished outpatients.
Now hardly anything is happening in malnutrition follow-up. It is only diagnosed in certain risk target groups in hospital. Also, in the national COVID-19 diagnosis and treatment guidelines there is no mention of monitoring the nutritional status or nutritional after-treatment for malnutrition for outpatients. People talk about physiotherapy and psychologists; not about monitoring the nutritional status. But without adequate nutrition, no extra muscle mass develops and/or the patient makes no progress.

- **What makes the project innovative?**

Taking the advantage of current pandemic, which has a major impact on nutritional status & QOL, to make effective efforts to treat malnutrition extramural and interdisciplinary.

- **Will the project be likely to influence national nutrition policy?**

If we have good outcomes, certainly because best practices are passed on to other ELZs via VIVEL, but before this is achieved, we must work together to realize our goals.

- **Is the project transferable to other settings / countries?**

Yes, especially countries without multidisciplinary malnutrition treatment protocol and after adaptation to the local situation and needs.

References
Agentschap Zorg en Gezondheid, Draaiboek COVID-19 Schakelcentra, Brussels, 2020. https://www.zorg-en-gezondheid.be/draaiboek-schakelzorgcentra
Barazzoni R. et al, ESPEN expert statements and practical guidance for nutritional management of individuals with SARS-CoV2 infection, Clinical Nutrition, Elsevier Ltd., 2020. https://www.clinicalnutritionjournal.com/article/S0261-5(
Holdoway A., Recovering at home after a hospital stay for COVID-19 illness, UK, 2020. https://www.malnutritionpathway.co.uk/covid19-resourcetool
NVD, Ondervoeding bij kwetsbare mensen juist nu een probleem, NVD, 2020. https://www.nvdietist.nl/images/NVD_NU/Ondervoeding/20200422._FlyerNVD_ondervoeding_tijdens_COVID-19_A4_210x297_v6.pdf
Stuurgroep Ondervoeding, Het voedingspoort, 2020. https://www.stuurgroepondervoeding.nl/het-voedingspaspoort-continuiteit-van-voedingszorg-bij-kwetsbare-ouderen
van der Linden D and I. Schuurman, Behandelpad voeding bij herstel na COVID-19, Diëtheek, 2020.

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