European Commission

A COMPILATION OF GOOD PRACTICES

- First Edition -

EUROPEAN INNOVATION PARTNERSHIP ON ACTIVE AND HEALTHY AGEING

Prevention and Early Diagnosis of Frailty and Functional Decline, Both Physical and Cognitive, in Older People

Action Group A3

A COLLECTION OF GOOD PRACTICES

That support the prevention and early diagnosis of frailty and functional decline, both physically and cognitive, in older people.

This document describes the work being undertaken by partners of the Action Group "Prevention and early diagnosis of frailty and functional decline, both physical and cognitive, in older people".

It describes what the Action Group is about, its main areas of work and focuses on the results of the collection of Good Practices.

It provides conclusions for advancing in the reconfiguration of health and care provision and analyses potential policy implications at EU level.

The report was prepared under the supervision of Maria Iglesia Gomez (Head of Unit DG SANCO). The main contributors were: Inés García-Sánchez, Anna Carta, and Jorge Pinto Antunes based on the materials sent by the members of the Action Group on prevention of frailty during July-August 2013.

Acronyms used:
AG: Action Group
DG SANCO: Directorate General Health and Consumers
EC: European Commission
EIP: European Partnership
EU: European Union

Gastrological approach to malnutrition

1. Location

Country: Belgium

Region: Flanders – N-Brabant (Belgium & Netherlands)

Total population: 8,5 million

2. Description

Target population : Dependent patients (elderly in care homes, hospitals and home care).

Target population: 1,2 million ⟶ 120.000 risk patients

Main topic: Nutrition

Description:

Our holistic nutritional approach – consisting of a gastrological practice-based and an evidence-informed nursing approach – resulting in a mutual and customized set of interventions focused on the resident, his individual needs and wishes on food, the ward and the institution has a positively influence on the seriousness and the frequency of malnutrition in the elderly.
Positive results (better weight, less food supplements, less medication, more happiness) were noticed in the first intervention in 3 care homes in Flanders in 2009-2011 with the financial support of the Flemish Minister of Innovation and Sciences.
From December 2011 till May 2012 a second intervention was carried out in 2 nursing homes in Bruges with scientific guidance of the university of Ghent (see outcomes). The intervention received the Award Best Project 2012 Food & Health on the 15th Food & Health Congress in Brussels.
A third intervention (on-going) is set up in 2 nursing homes in 2 different eating cultures in 2 different countries (Belgium/Flanders and the Netherlands/N-Brabant) with scientific guidance of 3 universities (Ghent, Antwerp, Nijmegen). The aim is to prove that the gastrological interventions have a positively influence on the weight evolution and the quality of life in two different cultures and that the interventions are copy pastable in other cultures.
We experimented(on-going) to roll out the gastrological basic knowledge in 3 hospitals in the Netherlands. The hospital in Rotterdam was honoured with the Award Best Menu 2013, the hospital in Sneek (Friesland) was honoured with the Hospital Food Safety Award 2013, and the hospital in Nijmegen got the Award Best Menu in 2010 and was nominated in for the Award in 2011.
We also will set up an intervention in innovative homecare delivery to prevent undernutrition, in Bruges for 600 elderly at home (starting in 2013).
The interventions consist of a learning programme, a systematic risk screening/monitoring, a hierarchy of actions starting with normal food driven by a gastroteam and a good communication between the different actors involved in the nutritional care.

Deliverables (guidelines, ICT solutions, large data-bases, screening tools, web platforms, training programmes)
We developed an innovative modular learning programme for chefs in health care (from teaser to bachelor) together with Brussels and Ghent-based university colleges and one university. This programme is rolled out in Flanders and the Netherlands.

We developed Parameters Undernutrition Elderly as a digital screening and monitoring tool for under- or overnutrition. The tool is validated, translated in 4 languages and downloadable for free.
We developed a food quality improving system to tackle malnutrition, based on the homeostatic mechanism.
We develop (on-going) a digital platform around nutrition that offers a number of services in the cloud, that support integration with other software and hardware, and can be consumed by various roles like chefs, dieticians, caretakers, visitors, management, suppliers, nurses, moderators and others.
Parameters UE will be integrated in the platform making the tool transmural. Weight will also be sent wireless from the balances. The system will be implemented in home care in Bruges.
We develop (on-going) a new meal delivery system for meals at home. Will be implemented in Bruges.
We developed a New Deal with dieticians allowing chefs to feel free to use the ingredients they need to make meals more palatable. The deal is based on a moving average of menu's over a period of 7 days (evidence based).
We build up a network for chefs and we stimulate interdisciplinary networking (chefs, dieticians and nursing)
We focus on sustainability, flow optimalization and digitalization of administrative work in kitchens to cut operational cost which we can reinvest in food.

Outcomes:

- Has an impact on health status and quality of life for our local population.
- Has an impact on the sustainability and efficiency of the health or social care system of our local population.
- Has an impact on the expansion of market and growth.

Of the implementation in Bruges

The study was carried out in two nursing homes in Bruges. In total 112 residents and 72 health care providers (nurses: 22%, caregivers: 51.7%) participated. The study took place between December 2011 and May 2012.

The primary outcome was the reduction of the number of residents in the risk zone of malnutrition (BMI < 20kg/m2 and/or recent weight loss of ≥ 5% during the last 3-6 months). The secondary outcome was situated at the level of residents (meal satisfaction), care providers (attitude towards malnutrition and willingness to change) and the kitchen team (optimizing the communication process).

Evidence of the impact:

The average age of the residents was 83.9 years. Approximately 4 out of 10 residents (n=37) had (an increased risk of) malnutrition. At the end of the study it was stated that 11 residents (29.7%) had a lower risk and 3 residents (8.1%) a higher risk. For the residents reporting a lower satisfaction score on meals during the pre measurement we could note a statistical significant increase (10% on average) of the satisfaction score. The care providers perceived the intervention as a challenge at the start of the study (perception regarding challenge: 93%, perception regarding threat: 57.5%). Towards the end of the project we could state that the new method was well integrated in the care and was considered as a routine (perception regarding challenge: 75%, perception regarding threat : 57.5%).

Resources available

Till now the commitment is funded by the stakeholders.

3. Innovation element

- Has a multidisciplinary approach
- Uses new methodology
- Has relative advantages or brings benefits over existing practices
- Providing added value to the kitchen improves the quality of life and wellbeing of the elderly. This paradigm on food even seems to decrease the medical cost.

4. Further information

We work on a strategy 2020 for food in health care in Flanders and the Netherlands.

5. Contact Details

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