

Irish hospitals STILL not prioritising patient nutrition, doctors warned at conference

National and international experts express concern with lack of progress in implementing routine nutrition screening in Irish hospitals

Partnership programme with HSE unveiled at conference

- Prioritising nutrition is not just about hospital food although this is also critically important to quality care and a good indicator of whether the management and staff recognise the impact of nutrition on patient outcomes
- More than 1 in 4 patients admitted to Irish hospitals have significant weight loss and signs of malnutrition, the majority of whom will lose more weight before they leave
- Nutrition screening MUST be conducted on patients on admission to hospital to identify those likely to need supplementary feeding or further assessment by a dietitian. Currently few hospitals in Ireland do it, contrary to Department of Health guidelines issued in 2009.
- The financial cost – Malnutrition continues to cost the health service despite repeated calls to address the problem
- Cost to the health service €1.42 billion per year, leading to more hospital admissions and longer length of stay for patients
- Partnership – HSE announce new nutrition programme at conference aimed at making nutrition and hydration of patients a safety and quality priority in the 2015 Service Plan
- Call to action – Hospitals must prioritise the nutritional care of patients in a systematic fashion versus the ad hoc approach taken to date

10th March 2015: Irish and international experts attending a two day conference on nutrition are calling on all healthcare professionals to urgently prioritise their patients' nutritional care. Attendees were warned that poor nutritional care is indicative of poor quality healthcare and effectively exposes patients to significant avoidable risk to their recovery.

The two day conference, taking place in the Clyde Court Hotel, Dublin (March 10th and 11th) entitled *Improving Nutritional Care of Patients in Ireland a Quality and Safety Priority*, is being organised by The Irish Society for Clinical Nutrition and Metabolism (IrSPEN). The conference will focus on the critical role of nutrition in healthcare and disease management, addressing the need for tighter policies and quality standards to improve the nutritional care of patients in hospitals followed by an education programme for healthcare professionals that looks at the latest scientific evidence on nutrition in obesity and malnutrition, ageing and diseases including cancer.

Delegates at the conference were reminded of the repeated efforts by IrSPEN and others to highlight the human and financial burden of poor nutritional care and the fact that action on the issue to date has been ad hoc and disjointed.

The cost associated with this health issue is well documented, with an estimated 145,000 adults affected at any one time, and those patients costing more than three times more to treat than a normally nourished patient. A major factor that drives higher costs is greater use of acute services by malnourished patients – not only are they more likely to be admitted to hospital, once there, they are likely to develop more complications and stay at least 30% longer adding further pressure on an infrastructure already at breaking point.

Malnourished patients, in comparison to well-nourished patients, are also:

- Between 2 and 4 times more likely to develop pressure ulcers

- Three times more likely to develop an infection while in hospital;
- Significantly more likely to be readmitted to hospital within 45 days – costing significantly more in the long-term.

Professor John Reynolds, IrSPEN Chairman and head of Surgery in St James's Hospital, reiterated the need for urgent action to be taken by everyone working in the healthcare system, and for the implementation of screening programmes:

“Our main focus has been on highlighting that poor nutrition is a common problem and that screening on the point of entry into hospital is the way to tackle the problem.

“Many people who are obese can be malnourished but it is not very obvious. They may be fat but have lost a lot of their muscle mass; they have lost their ability to deal with their infections and are at higher risk of developing complications.”

IrSPEN also used the occasion to announce a partnership with the HSE, which will see the HSE commit to the introduction of a quality improvement programme focusing on nutrition and hydration.

“We have been meeting with the HSE over the last two years and are very hopeful that we can now work with them to embed good nutritional care across our healthcare systems. Nursing homes are now required to implement regular nutrition screening and care pathways that ensure they don't become malnourished – this is something that should be done in hospitals as a matter of routine.” added **Prof Reynolds**.

Announcing the HSE's commitment to tackle the issue of malnutrition in the health system, **Dr Philip Crowley, HSE National Director Quality and Patient Safety**, said:

“In the National Service Plan 2015 the HSE has committed to delivering a quality improvement programme that will focus on the nutrition and hydration needs of our service users. Good nutritional care is strongly linked with improved outcomes and better care experiences for patients. The Quality Improvement Division has begun developing this programme and we look forward to working with IrSPEN in achieving its objectives.”

Other presentations on the first day of the conference examined the economic and clinical impact of current nutrition policy and outlined recommendations to improve the provision of services to those patients at risk of malnutrition. The general consensus from national and international experts was a concern with the current level of screening and intervention for patients with malnutrition.

Niamh Rice, Clinical Nutritionist and Director of IrSPEN told the conference that recent focus on hospital food is positive but only addresses part of the problem:

“The recent focus on hospital food is helpful but improving food will not address the nutritional problems that many patients have when they are admitted to hospital. Nutrition screening on admission to hospital is essential to identify patients that are already on their way to becoming seriously malnourished and that need nutrition support or have special requirements* that they will not be able to meet by food alone.”

Also speaking at the conference was **Ben O'Connor (43), a patient living with Cystic Fibrosis** who also had a double lung transplant in 2000. Ben has needed a range of nutritional supports during his various hospital stays and the Dubliner stressed the need for healthcare workers to be more aware of the importance of good nutritional care for all patients in the hospital system, not just patients with complex needs like him:

“I may be an extreme example of someone who relies on good nutritional care to be alive but there are many people like me in hospitals right across the country. I know that a lot has been talked about hospital food recently but for me, and many others, no matter how good the food, we may not be able

to eat it, for a variety of reasons, so we may need supplements, tube feeds and the assistance of experts in order to get adequate nourishment. Patients like me depend on our health system to make them better and give them the support that they need, and proper nutritional care is a fundamental part of that that.”

Keynote speakers/chairpersons available for media interview(s):

- Overview of the Irish situation – *Professor John Reynolds, Professor of Surgery, Trinity College Dublin and IrSPEN Chairman*
- Can a national programme to improve nutritional care deliver savings? – *Professor Charles Normand, Professor Health Policy & Management, Trinity College Dublin*
- Malnutrition: healthcare challenges and their economic impact – *Prof Marinos Elia, NIHR Biomedical Research Centre, Southampton*
- Nutrition and Hydration – a forgotten safety priority – *Dr Philip Crowley, National Director Quality Improvement, HSE*
- Understanding hunger and fullness; ground breaking research that aims to understand why people feel hungry and why they feel full and how this research can help people who become dangerously underweight – *Prof Carel Le Roux, UCD*

-ENDs-

For further details please contact

Andrew Shaw or Lorraine Cronin of First Medical Communications on 0877525445 / 0877730361 or ashaw@firstmedical.ie and lcronin@firstmedical.ie

*Some patients will be unable to eat sufficient food to meet their needs, no matter how appetising and may need supplementary nutrition, tube feeding or even parenteral (intravenous) nutrition.

Notes to Editors

About IrSPEN

The Irish Society for Clinical Nutrition and Metabolism (IrSPEN), which is coordinating the alliance, is a multi-profession society that was set up in 2010 with support from the Irish Society of Gastroenterology, Irish Nutrition and Dietetic Institute and the Nutrition Society. IrSPEN is committed to addressing malnutrition and improving nutritional treatment of ‘at risk’ patients in hospital and the community.

Malnutrition Fast Facts

Malnutrition and illness go hand in hand:

- Approximately 145,000 adults malnourished at any time (>4% of Irish population)
- More than 1 and 4 patients admitted to Irish hospitals with significant weight loss /malnutrition
- Risk is highest in older patients but all patients receiving treatment or surgery for serious illnesses can be affected.

Why malnutrition matters:

Weight loss and malnutrition increase a patient’s risk of serious complications:

- 3 x greater risk of surgical site infection
- 5 x risk of catheter associated urinary tract infection
- 3.8 times risk of developing pressure ulcers

- 1.4 x risk of readmission to hospital within 45 days

Malnutrition costs LIVES:

Patients assessed as 'at risk' of malnutrition using a screening tool such as the malnutrition screening tool are at least twice as likely to die within 6 months (three times if over 65 years of age).

Studies of several thousand patients from hospitals across Europe found that severely malnourished hospital patients had 12 x greater risk of death within 6 months

The cost to the healthcare system

Malnourished patients cost approximately 3 times more than non-malnourished patients per year

- More GP visits
- More hospital admissions
- Longer length of stay
- Greater need for long term care

Malnourished patients represent 4% of Irish population but use at least 11% of the total public healthcare budget

Malnutrition costs MORE than obesity in Ireland:

- €1.42billion (the annual DIRECT public health cost of malnutrition) vs. €1.13billion (the annual direct and indirect costs of obesity per year)
- Early detection and treatment with nutrition support improves patient outcomes and reduces cost:
 - 14% fewer overall complications
 - 2-day reduction in average length of hospital stay