

CHALLENGES AND OPPORTUNITIES FOR THE FUTURE CLINICAL NUTRITION COMMITTEE IN TARTU UNIVERSITY HOSPITALS

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ABSTRACT

Patients of health care and welfare institutions have several accompanying diseases; therefore, the nutritional counsellors' or dietary nurses' competence is often insufficient for administering a special diet, but the help of clinical dietologists and physicians of different specialities is necessary.

In elaboration of clinical nutrition therapy strategies, their consistent development and coordination, an interdisciplinary clinical nutrition team can be helpful. Raising the nutritional awareness of the staff of structural units of medical and welfare institutions in helps them make rational choices in different disease cases, guaranteeing the patient's wellbeing and a health care service with maximum benefit and minimum risk for the patient's health.

Physicians and other specialists of Tartu University Hospital (nurses, speech therapists, pharmacists, nutrition counsellors, diabetes nurses) have contributed comprehensively to chronic patients' individual counselling during hospital treatment and supporting of outpatients' nutritional treatment.

In 2018, an initiative group of physicians of the hospital presented to the hospital's Executive Board the need for establishing a broad-based expert group of clinical nutrition. With the Executive Board's decision, a clinical nutrition committee was founded for rendering the nutrition treatment service.

Keywords: *clinical nutrition team; dietetics; inpatients; outpatients; nutrition home care; better hospital food*

INTRODUCTION

The theme of nutrition has never been as topical as it is now. People's interest in their health is greater than ever before. Studies of patients' satisfaction carried out at medical institutions show that patients are greatly interested in hospital food and clinical nutrition treatment.

Hippocrates (5th century BC), the father of medicine wrote, "Let thy food be thy medicine, thy medicine be thy food." Food influences not only our health but also our wellbeing and health quality. Broad-based present-day food science and nutrition science study the physical-chemical and pathophysiological processes related to the processing, preservation and packaging of foodstuffs and conditions of food safety. Nutritionists have compiled public nutrition and food recommendations for the population, which form a basis for instructions of clinical nutrition [1].

Classification of nutritional concepts of human nutrition consists of population-based public health nutrition or preventive nutrition and clinical nutrition. Clinical nutrition is an interdisciplinary speciality. Clinical nutrition is the discipline that deals with the prevention, diagnosis and management of nutritional and metabolic changes related to acute and chronic diseases and conditions caused by a lack or excess of energy and nutrients [2].

Professional dietetics presupposes knowledge of clinical medicine but also good organisation of cooperation between the speciality hospitals and the caterer

Patients receiving treatment at health care and welfare institutions have several accompanying diseases; therefore, the dietary nurse's competence is often insufficient for administering a special diet, but the help of a clinical dietologist and physicians of different specialities is necessary. Physicians and other specialists of Tartu University Hospital (dietitians, nurses, speech therapists, pharmacists, nutrition counsellors, diabetes nurses) contribute comprehensively to chronic patients' individual counselling during hospital treatment and support outpatients' nutritional treatment. In addition to everyday work in clinical nutrition, dietary nurses and dietitians do nutritional research and, in cooperation with other specialists, organise clinical nutrition in the medical institution.

Initiative to establish a Clinical Nutrition Committee at Tartu University Hospital

Many hospitals have expert groups that include both specialists in various specialities and clinical and food service dietitians. For example, the multi-disciplinary Nutrition Support Team in hospitals can contribute to five broad areas: nutritional assessment and treatment in hospitals, nutritional care providers, food services practices, hospital food quality control and organization a healthcare economics [3]. A dietetic home and ambulatory nutritional service procedure helps to avoid institutional care and provides a better quality of life at home [4, 5, 6].

Dietary nurses, speech therapists and specialists with special interest in clinical nutrition at many departments of Tartu University Hospital are concerned about the quality of patients' nutritional treatment. They formed an **initiative group** which discussed the need for establishing a broad-based expert group of clinical nutrition at several meetings that started as early as spring 2018. The participants in discussions included physicians and nurses: an intensive care physician, rehabilitation physicians, a nephrologist, a paediatrician, an oncologist, a speech therapist, a clinical pharmacist, a dietitian, and a diabetes nurse.

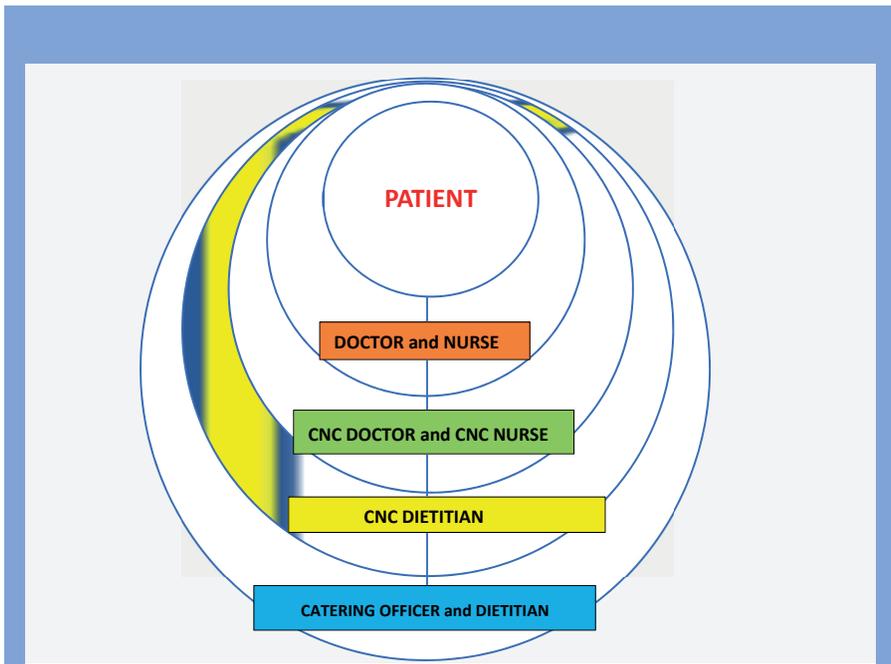


Figure 1. Organisation of the Clinical Nutrition Committee (CNC)

In April 2018, the initiative group approached the Executive Board of the Hospital with a proposal to form a clinical nutrition expert group. The members of the Executive Board fully supported the need for establishing a nutrition team and recommended publishing an article about the aims and activities of the expert group. In June 2018, the Hospital newsletter published the article “Quo vadis normal nutrition and clinical nutrition?” [7].

When the new Executive Board of the Hospital started working, the initiative group of clinical nutrition began persuasion on clinical nutrition again. With the decision of the Executive Board of Tartu University Hospital, the Clinical Nutrition Committee was founded in 2019. The Clinical Nutrition Committee includes 8 physicians, 4 nurses and 1 pharmacist – 13 members in total – from different hospitals and services: Sports Medicine and Rehabilitation Clinic, Haematology and Oncology Clinic, Internal Medicine Clinic, Children’s Clinic, Surgery Clinic, Anaesthesiology and Intensive Care Clinic, Neurology Clinic, pharmacy, and nutrition service.

The aim of the activities of the Clinical Nutrition Committee is to improve the availability and quality of health care services rendered to patients at different levels by means of Estonian treatment guides that are evidence-based, cost-efficient and consider the local circumstances and value judgements.

Everyday problems in organizing clinical nutrition

The Clinical Nutrition Committee has an important role in improvement of quality in patients nutritional care. Prevalence of diabetes, adiposity and chronic diseases, particularly cardiovascular diseases and cancer among the population causes an increasing need for adequate nutritional counselling [8]. The kitchen staff can control the whole food path from the kitchen to the patient [9].

Improvement of clinical nutrition at Tartu University Hospital includes several coordinated activities:

1. Updating of the system of diets which have been confirmed by the Ministry of Social Care and are used everywhere in Estonia needs further development (Health care requirements for nutrition at health care and welfare institutions. Adopted on 14.11.2002, no. 131. RTL 2002, 131, 1918, entry into force 01.01.2003).
2. Food preparation: procurement of raw materials, processing, serving, delivery, questions of food hygiene and food safety.
3. Counselling of inpatients considering the specificity of specialised hospitals, mainly individual special diets.

4. Outpatients' counselling considering the specificity of specialised hospitals; the initiative group has mapped their needs.
5. Application of the service of home peritoneal analysis, home parenteral and enteral nutrition, and compiling of treatment plans.
6. Consistent counselling and training of the medical staff.
7. Compilation and confirmation of informative materials and instructions in cooperation with specialists
8. Launching a healthy and high-quality hospital food project to arrange the nutrition of patients and staff – “The Campaign for Better Hospital Food” [10, 11].

CONCLUSIONS

Drafting and consistent development of a common clinical nutrition strategy in Estonian health care and welfare institutions includes cooperation between hospitals which is coordinated by an interdisciplinary clinical nutrition team. Raising the awareness of the staff of structural units of clinical nutrition and healthy normal nutrition supports rational choices in different medical cases, guaranteeing the patient's wellbeing and a health service with maximum benefit and minimum risk for health.

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