Debate: healthcare professionals in nutrition support teams

Debate: profesionales sanitarios en las unidades de nutrición

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Nutrición Hospitalaria

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Keywords:

Health management. Hospital units. Patient care team. Nutrition therapy. Nutrition support team.

Abstract

The debate from the course preceding the SENPE (Spanish Society of Clinical Nutrition and Metabolism) 2020 Conference gathered together well-known professionals who form part of nutritional support teams (NSTs), as well as other specialists from departments whose patients benefit from the services offered by these NSTs. In this article, relevant points from the round table, including strengths and weaknesses detected in the implementation of nutrition support teams, are summarized.

Palabras clave:

Gestión en salud. Unidades hospitalarias. Grupo de atención al paciente. Terapia nutricional. Equipo de soporte nutricional.

Resumen

El debate del curso previo al congreso de la Sociedad Española de Nutrición Clínica y Metabolismo (SENPE) 2020 reunió en una mesa redonda a profesionales de prestigio que forman parte de unidades de nutrición y dietética, y a otros especialistas de servicios cuyos pacientes se benefician de los servicios de estas unidades. En este artículo se muestran los puntos relevantes que se trataron en el mismo y se muestran algunas fortalezas y debilidades que se han detectado en la implementación de las unidades de nutrición.

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INTRODUCTION

Evidence indicates that nutrition support teams improve healthcare quality and reduce the costs of clinical assistance (1-5). However, in Spain, the development of these teams is disparate and, in many hospitals, is not completely implemented (6). Also, these teams are not always adequately endowed with professionals from different disciplines (7).

The debate from the course preceding the SENPE (Spanish Society of Clinical Nutrition and Metabolism) 2020 Conference gathered together well-known professionals who form part of nutritional support teams (NSTs), as well as other specialists from departments whose patients benefit from the services offered by these NSTs. The round table was titled "Healthcare Professionals in Nutrition Support Teams" and its objective was to analyze the role of each healthcare professional in these multidisciplinary teams, to collect participants' opinions, and to discuss the future of these units. Another objective was to explore the interaction between hospital nutrition support teams and three other specific departments defined as 'clients': geriatrics, general and gastrointestinal surgery, and oncology. The professionals who participated are shown at the beginning of the article.

In this article we summarize relevant points from the round table, including the strengths and weaknesses detected in the implementation of nutrition support teams.

ORGANIZATIONAL AND PROFESSIONAL MODELS USED IN NUTRITION SUPPORT TEAMS

The first interventions made during the debate addressed the organizational model of Spanish NSTs. Although different models exist, evidence shows that most teams in Spain depend on an endocrinology and nutrition department. The RECALSEEN study demonstrated that this accounts for 98 % of NSTs in hospitals with 500 or more beds (7). The specific characteristics of NSTs (structural composition, responsibilities, management, etc.) are well defined (8,9). At the head of the unit should be a specialist in endocrinology and nutrition, who leads and coordinates the different components of the NST. Participants underlined the importance of motivating the heads of endocrinology and nutrition departments, as well as the importance of a team of endocrinologists interested in nutrition with stable job conditions. Endowing teams with sufficient personal –including nurses, dieticians/nutritionists, and the functional support of a hospital pharmacist– was also deemed important.

In the same vein, defending the multidisciplinary nature of the composition of NSTs, the importance of pharmacists was also highlighted for various reasons: firstly, pharmacists receive formation in nutrition (10); secondly, in many centers they are in charge of patients' evaluation and follow-up; and thirdly, because they share the same language as endocrinology and nutrition specialists. These professionals are key players in the prescription validation process and in many of the safety procedures related with nutritional treatment during patient follow-up. Therefore, it is essential that NSTs include a pharmacist (structurally, or at least functionally) who can share his/her knowledge of all the processes implied in artificial nutrition, collaborating with the rest of the team with the objective of improving the nutritional status of patients. The pharmacist also plays a fundamental role in centers that do not have NSTs, often leading the commission on nutrition, and acting as a consultant regarding the prescription of artificial nutrition.

With regards to nursing staff, participants commented that these professionals combine scientific rigor with a holistic vision of patients. Their formation and global attention permit them to collaborate in the detection of patients at risk for, or suffering from, malnutrition; to collaborate in choosing the most appropriate nutritional support; to adapt diets according to underlying conditions; to evaluate and educate others in the care of stomas, gastrointestinal accesses, and central ports; and to participate in preventive and protective health education. At the same time, the need for specialization in nutrition for nursing personnel was made evident. It can be said that specialized nursing staff are key components of NSTs. Also, dieticians/nutritionists should form part of NSTs seeking to provide maximum quality of care. However, this is not always the case (7); participants commented that this was not understandable. Their role in NSTs is to serve as a link between food services and the NST, in the individualization and adaptation of hospital diets based on dietary codes, as well as in the individualized oral dietary and nutritional support recommendations for all patients who need them at discharge. Also worthy of mention is the formation these professionals offer patients regarding their dietary habits and posterior follow-up, with the latter point being of the utmost importance regarding the 'transdisciplinary' focus that should reign in future NSTs, in which all team members are responsible for the education of patients and families. The importance of including superior technicians in dietetics and nutrition as consultants in the elaboration/modification of dietary codes and food safety was also mentioned. This motion was seconded by all the participants.

To complete the analysis of the members of nutritional support teams, the importance of superior technicians in nutrition and food control (known in the past as 'bromatologists') for units striving for excellence was mentioned. In Spain, Andalusia is the only autonomous community in which the obligatory nature of these professionals in NSTs is regulated (11). The service these professionals provide in the control of food safety for patients, and the role they play in the recuperation of hospitalized patients, was underlined. The lack of these professionals can be explained in part by the privatization of some hospitals' food supply services, as their contracts depend on individual companies.

NUTRITION SUPPORT TEAMS FROM THE 'CLIENT' DEPARTMENTS' POINT OF VIEW

The debate was enhanced with the opinion of specialists from departments whose patients benefit from NST attention, such as geriatrics, general and gastrointestinal surgery, and oncology.

Starting with geriatrics, participants highlighted that professionals from this specialty are particularly demanding when it comes to the nutritional management of their patients, who are especially fragile, with nutritional needs that require individualized attention. Also, the role of nutrition support teams not only in tertiary hospital centers, but also in lower levels of care, was emphasized.

Similarly, patients from general and gastrointestinal surgery departments can be highly complex, with long hospital stays, requiring optimal nutritional support even before surgery. Apart from in-hospital support, it was underlined that surgeons also require ambulatory support to optimize the recommendations they offer patients, as well as in the management of candidates for bariatric surgery. The importance of the VIA RICA (clinical guidelines for intensified recuperation after abdominal surgery) was also mentioned. A continuum of nutritional attention for patients is highly relevant in all protocols of multimodal rehabilitation, being of special interest in 'prehabilitation' and early attention after surgery.

In the same vein, the oncology patient requires specialized multidisciplinary attention from the nutritional point of view. Participants underlined the great opportunity that exists for investigation regarding nutrition and different diseases such as cancer, considering the organizational and functional multidisciplinary structure of nutritional support teams, and that scarce scientific evidence exists in this field.

The professionals of nutrition support team 'client' departments highlighted three important points in their interventions: independently of the model applied, the coordination of nutrition support teams with other departments is essential; besides, the role of nutrition teams should be strengthened by raising awareness of the importance of nutrition in those implied in the care of the patient; and, at a formative level, nutrition support teams should facilitate the standardization of protocols and formation, which would also make interaction with other departments easier.

NUTRITION SUPPORT TEAMS AND THEIR ADAPTION TO THE COVID PANDEMIC

Part of the debate focused on NSTs' reaction to the recent coronavirus SARS-CoV-2 pandemic. The difficulties encountered by nutrition support teams because of the enormous surge in demand and loss of staff due to infection, or their redistribution for other clinical functions outside the unit, were discussed. Participants acknowledged the excellent adaption and flexibility of the teams, mentioning cases in which the number of diets had been doubled with half the usual amount of personnel. Strategies for facing different problems were commented on, such as the difficulties faced when having to enter patients' rooms repeatedly; the high demand of care and lack of personal protective equipment; how to procure that each person to enter a room offer water to patients and watch over elderly patients' hydration; the protocolized allocation of hypercaloric oral nutritional supplements at breakfast and afternoon snack times; or the adaption of the diet code to simplify the work of hospital kitchens, which suffer from lack of personnel and the overwhelming number of hospital admissions, which in some centers has almost doubled the official capacity. The importance of telephonic and telematic consultations, as well as the development of protocols and algorithms with specific diets for COVID patients, and for nutritional attention in critical patients, were also highlighted.

A challenge for the near future is the optimal management of the sequelae of critical patients, especially if they have required admission to intensive care units, because of the high prevalence of complications such as severe dysphagia or sarcopenia. Besides, chronic patients with other, non-COVID conditions, who have not visited hospitals because of fear of infection and have abandoned follow-up, will have to be reevaluated. Also mentioned were the oncologic patients who, on occasion, have not received prompt diagnosis and management, with all the ensuing consequences. The increase in geriatric patient needs and the increased complexity of management when they are isolated was also underlined.

NUTRITION SUPPORT TEAMS AND THEIR IMPLEMENTATION IN HOSPITALS

In the last part of the debate, key points for a greater implementation of nutrition support teams in hospitals were discussed.

The importance of codification was discussed. Consensus exists that, little by little, the codification of malnutrition and the procedures associated with nutritional treatment is being valued in discharge reports. It is necessary to make use of electronic clinical records to include a discharge report from the nutrition support team, in addition to the hospital discharge report. In this way, all the diagnoses and procedures related to malnutrition will be coded. Besides, a specific discharge report from the NST is essential to ambulatory follow-up or management in other centers in the case of geriatric patients.

The importance of NSTs participating in the development of protocols with other specialists was also discussed, for example, regarding supportive treatment protocols for oncology patients.

Finally, in this section a reflection was made on the little importance given to nutrition in society in general. There is no conscience of the importance of healthy nutrition, and hospitals follow suit.

In the final interventions by participants, the high level of enthusiasm and self-sacrifice of the personal working in NSTs was acknowledged, as well as the good working atmosphere that reigns in these units. The danger of messages that create division and conflict regarding the competencies of different professionals by people with influence in social networks was also underlined. Also, the importance of multidisciplinary units and the necessity of coordination between professionals and 'client' departments was highlighted, always focusing on the patient. The participants consider that it is necessary to fight for an adequate endowment of human resources for these teams (endocrinologist, pharmacist, dietitians/nutritionists, specialized nursing personnel, food

technicians, etc.) in stable working conditions. For this to take place, an increase of awareness in administrations and hospital management staff is required. Besides, it is necessary to strengthen equality so that access to NSTs is uniform across all autonomous communities.

Consensus exists that nutrition support teams not only increase patient survival, but also improve quality of life. Also, they offer added value to patients regarding the perception of quality of care. For these reasons, nutrition is a fundamental column of the multidisciplinary treatment of many patients.

CONCLUSIONS

Based on the discussion generated in this debate, the following conclusions can be drawn:

- The implementation of nutrition support teams in Spain is disparate, and there is a lack of specialized staff in stable working conditions. It is necessary to advance in the development of nutrition teams that aspire to excellence throughout the national territory. In this sense, an adequate endowment of personnel is needed.
- The importance of multidisciplinary units is recognized. Endocrinologists, pharmacists, nursing staff, dietitians/nutritionists, and superior technicians in nutrition and food control are key components of nutrition support teams. Defining the regulatory framework of all professionals involved in nutrition support teams, as well as the role of each discipline, is necessary.
- Independently of the team model, it is essential that nutrition support teams coordinate with other departments. Also, the role of nutrition support teams in raising care providers' awareness of the importance of nutrition must be strengthened.
- At a formative level, nutrition support teams should participate in the elaboration of protocols with other departments, and collaborate in the formation of other professionals. This can facilitate their interaction with other departments.
- Nutrition support teams have shown a great capacity of reaction and adaption regarding the multiple difficulties posed by the coronavirus pandemic. Future challenges include the optimal management of sequalae in critically ill patients, as well as the nutritional attention of chronic non-COVID patients who have not received attention during the pandemic.
- The importance of the codification of all procedures and diagnoses made by the nutrition support team was underlined, in order to demonstrate the value of nutrition support teams and to facilitate ambulatory care.

To conclude, despite the disparate nature of nutrition support team development in Spain –similar to that observed in neighboring countries, and far from what we consider excellent– this debate showed that a general vision (with slight individual nuances) exists towards establishing a homogeneous structure and functionality. We must advance towards a 'transdisciplinary' model, with coordination of all the different disciplines involved in the development of nutrition support teams.

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