



NNEdPro Global Centre for Nutrition and Health

Improving health through medical nutrition knowledge

2017 Events:

- 2nd Summer School in Applied Human Nutrition - 28th-31st July
- 3rd International Summit in Medical Nutrition Education and Research - 1st & 2nd August

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An Online Toolkit to Improve Nutritional Care

Food is medicine. This statement is particularly relevant when 1 in 3 patients are already at risk of malnutrition on admission to hospital in the UK.¹ Following an extensive study by the Canadian Malnutrition Task Force on the prevalence of malnutrition, barriers to intake, etc., a consensus-based pathway for hospital nutrition care was developed (see Figure 1). This algorithm, the Integrated Nutrition Pathway for Acute Care (INPAC), focuses on the prevention, detection and treatment of malnutrition.² Read on to learn how INPAC was used to tackle hospital malnutrition.

Does INPAC work in the real world?

The More-2-Eat project was designed so we could see how 5 hospitals in Canada would implement INPAC in one year. Through multidisciplinary collaboration between all levels of hospital administration and staff, all five sites succeeded in integrating nutrition screening into their practice, using the subjective global assessment to triage at-risk patients, and many are now accurately monitoring food intake.

To see exactly how the hospitals achieved this, the More-2-Eat team along with NNEdPro, a key collaborator, helped develop the **INPAC Implementation Toolkit**. The toolkit hosts an extensive collection of tools and resources, such as posters, forms, guidance documents, etc. that can be downloaded and adapted to meet your needs.

This toolkit is online for all to access and applicable to anyone interested in improving nutrition care in their practice. Though focused on hospitals, many of the learnings are applicable in any setting. In particular, the toolkit focuses on 'what' to do, highlighting all areas of INPAC (Figure 1).

The toolkit also focuses on 'what' to change, exemplifying the following aspects of change management: Getting Ready, Engagement and Buy-in, Adopting the Change, Keeping it Going.

We encourage everyone to take a look at the toolkit for inspiration and ideas to see how we can work together to improve nutrition care. It can be accessed at: m2e.nutritioncareincanada.ca/

"I think that More-2-Eat is just a start, and after the study is over we need to continue and that is something that speaks to me loud and clear, that this isn't just something that stops after the study is over. We've got to keep going and figuring out how we can continue making it important, and that nutrition is important and that food is medicine."

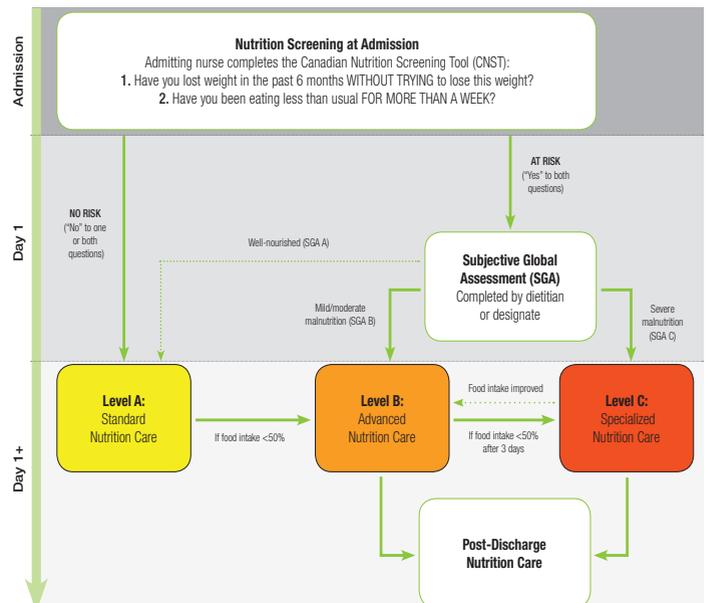
Dietitian & More-2-Eat Research Assistant

Project Team: The More-2-Eat Project is led by Prof Heather Keller, Schlegel-University of Waterloo Research Institute for Aging, Canada and NNEdPro Principal Collaborator, and funded by the Canadian Frailty Network, supported by the Government of Canada through the Networks of Centres of Excellence Program. Celia Laur, Co-Lead of NNEdPro Global Innovation Panel, is one of the main project researchers. Prof Sumantra Ray and Pauline Douglas RD are co-investigators along with assistance from Shivani Bhat in toolkit development.

Results of the More-2-Eat implementation project will be presented at the NNEdPro Summit from August 1 to 2, 2017 at Wolfson College, Cambridge, UK. To find out more, please visit: meetings.nnedpro.org.uk

1. BAPEN (2014). Nutrition screening surveys in hospitals in the UK, 2007-2011. Accessed online: www.bapen.org.uk/pdfs/nsw/bapen-nsw-uk.pdf (May 2017); 2. Keller H, et al (2015). The Integrated Nutrition Pathway for Acute Care (INPAC): Building consensus with a modified Delphi. Nutrition J.; 14(63).

Figure 1: Integrated Nutrition Pathway for Acute Care²



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