one idea three options

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nutritionDay 2010

an annual bench-marking opportunity for all types of hospital wards

in all European languages

nutritionDay-NH 2010

specific benchmarking for nursing homes and longterm care facilities

nutritionDay-ICU 2010

intensive care nutrition: process evaluation

project aims:

- promote safe nutrition care in Europe by increasing knowledge, awareness, nutrition monitoring and bench -marking
- create an active partnership between patients, caregivers and official bodies to minimise the impact of disease related malnutrition





nutritionDay II 2010 Join in! A joint initiative of the nutritionDay-team, supported by the European Society for Clinical Nutrition and Metabolism (ESPEN), the Austrian Society for Clinical Nutrition (AKE) and the Medical University of Vienna (MUW)

www.nutritionday.org

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background

methodology

data collection

Generally health care focuses mainly on the increasing incidence of obesity. "nutritionDay worldwide" shows that the prevalence of disease related malnutrition is unacceptably high as well. 15-40% of all hospitalised individuals are affected.

This results in enormous costs for the health care system, prolonged length of hospital stay and unfavourable prognosis for the patients.

In 2003 the Council of Europe agreed on a resolution which addresses this particular problem. 18 member states subsequently endorsed this.

"nutritionDay worldwide" contributes to the practical application of this political statement in European hospitals and nursing homes.

The project "nutritionDay iworldwide" addresses improved patient safety and quality of care by raising awareness and increasing knowledge about disease related malnutrition. The "nutritionDay" project is characterised by the following attributes:

one day: Data collection takes place on one scheduled day throughout Europe.

easy: No special knowledge is needed for the implementation of the project. All necessary documents are provided by the coordinating centre.

native variety: The questionnaires are available in almost every European language. This enables the project to include minority groups of patients (e.g. migrants, non native speakers).

anonymous: Name and details of the participating centre and unit are encoded. This guarantees an anonymous handling and analysis of all participating units.

comparable: Each ward receives a comparison of it's own results to reference data of all units of the same speciality type. Repeated participation allows benchmarking.

Data collection is arranged as follows:

1. unit general:

unit organisation and structure (1 sheet per unit)

2. unit all patients:

questionnaire about all patients included into the audit (1 line per patient)

3. patients' questionnaires:

a) one sheet about weight monitoring, mobility and social contactb) one sheet about nutritional behaviour on "nutritionDay"

(1 sheet per patient)

4. outcome

The patients' situation is reassessed at a predetermined period after "nutritionDay" (discharged, transferred,...).

Collected data can either be transferred online or data sheets can be sent via mail to the coordinating centre.







in cooperation with





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