Workshop I: Nutritional Support Team

WSI-5

NUTRITION SUPPORT TEAMS IN THE PHILIPPINES

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Status of hospital nutrition support practice in the Philippines:

The basic hospital nutrition support practice in the Philippines consists of a dietitian(s) and one or two doctors who are assigned to make protocols on regular and modified diets for the hospital population. Essentially patients on tube feed or parenteral nutrition are followed up in the manner of delivery and tolerance to the regimen. This set up is present in most of the hospitals in the country (90%), either private or government.

The full nutrition support program, which embodies nutrition screening and assessment, nutrition care plan development for patients identified as malnourished or at risk of developing more malnutrition, nutrient formulation and delivery, and monitoring of such management is present only in hospitals run in the major centers of the country (17 regions with 32 major medical centers). Still the nutrition support process is not fully implemented in these areas with nutrition screening and assessment performed on a regular basis in only 10/32 or 31% of these hospitals. Half or 50% of these centers are in Metro-Manila.

Nutrition support teams in the Philippines:

Nutrition support teams have been organized in the hospitals, which are regularly practicing nutrition support (31% of all major medical centers), but the fully functional nutrition support teams can only be found in seven (7) medical centers (21% of all major medical centers), 4 are within Metro-Manila and 3 in the provinces. These seven centers perform nutrition screening and assessment, nutrition surveillance, develop nutrition care plans and monitor the identified patients.

Common problems encountered by the nutrition support teams:

The main problem is performing an adequate nutrition screening and nutrition surveillance of the whole hospital patient population thus failing to identify the “priority” patients for nutrition support follow-up. The second is the lack of involvement of the medical staff in the nutrition support process and the third is the under-utilization of the dietitians, nurses, and pharmacists who can help perform nutrition support work. One of the centers came up with the solution of computerizing the nutrition support process (St. Luke’s Medical Center, Metro-Manila).

Results from computerizing the nutrition support process:

A software was developed which computes for the BMI of the patients and classifies their nutritional status (based on the WHO criteria). The program also calculates nutritional requirements, enteral, and parenteral nutrition formulations. Patient monitoring data like calorie counts can be done and encoded which will show the patients’ progress as to intake. Nutrition surveillance results, trends of anthropometric data or laboratory results can also be shown by the software. These data are available to the nutrition support team within the morning therefore full follow up and nutrition management was now possible. These are the observed positive results of the computerization program:

1. Daily nutrition surveillance is now possible
2. Weight and height entry in all patients’ records rose from 30% to 90%.
3. More critical care patients are now referred for management by the nutrition support team
4. More doctors are now aware of their patients’ nutritional status and thus more referrals are now referred not only to the nutrition support team, but to the clinical dietitians as well.
5. More patients are now seen by the whole nutrition support services section, which consists of the clinical dietitians and the nutrition support team.
6. Enteral and parenteral nutrition is better supervised.
7. Clinical dietitians are now performing full bedside work alongside the physicians.

References:

1. Llido L.O. The impact of computerization of the nutrition support process on the nutrition support program in a tertiary care hospital in the Philippines: Report for the years 2000-2003; Clinical Nutrition (article in press).