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TOTAL PARENTERAL NUTRITION FOLLOW UP BY DIETICIANS IS BETTER AND CHEAPER

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Introduction: Total parenteral nutrition (TPN) costs and malnutrition are a big financial burden for hospitals. In our hospital increasing TPN usage and costs and untreated malnutrition in patients had to be addressed. In 2009 a dietician was appointed for malnutrition screening and monitoring of intramural patients with TPN and a nutritional management team was assembled. In the current study a procedure has been developed to assure optimal clinical nutritional care for all patients (oral, enteral and parenteral nutrition) and screening on malnutrition by EB practice tools.

Purpose: Reduction of TPN use and cost savings of 10% in 2010 or 20% in 2010-2011.

Method: TPN usage and costs over the years prior to 2010 were calculated. Causes for improper prescription of TPN were identified. TPN usage guidelines according to EB ASPEN/ESPEN guidelines and procedures were developed. Proper administration and follow up of TPN and EN usage in patients was given as training to the Nursing staff and dieticians. TPN-EN instruction tools for caregivers (physicians/dieticians) were presented, including risk for refeeding syndrome, and training on the job for dietician teams/nutrition teams in other hospitals started. Inclusion of enteral and parenteral nutrition expertise in the job description of dieticians follows in 2017.

Results: TPN usage decreased by 50%, cost savings on TPN usage of 48% was obtained and the number of TPN users declined by 39% in 2016 compared to 2010. In 2016 92% of TPN patients were followed up by dieticians and a dietary treatment plan was available in the medical records. In 2016 malnutrition risk screening of 79% of hospital admissions > 2 days was realized.

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