

The Italian “new deal” of dietetics and clinical nutrition structures

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Dear readers,

On December 17, following the establishment of a board of experts on hospital and nursing home foodservices at the General Directorate for Food and Nutrition Safety, in which the Italian Association of Clinical Dietetics and Nutrition had an essential role, the State-Regional Conference of the Ministry of Health (the Italian Institution which works to promote cooperation between the activities of the state and the autonomy system) approved the Ministry of Health document regarding “National Guidelines for hospital and nursing home foodservices” (downloadable at: <http://www.governo.it/backoffice/allegati/61509-6459.pdf>) published on G.U. no 37 February 15th, 2011 with the aim of disclosing a model to propose at the national level, in order to homogenize hospital foodservice activities and the activities of the Dietetics and Nutrition Structures in this context. Such document establishes the need to provide the patient with a homogenous process ranging from evaluation of nutritional risk and nutritional state to oral and artificial nutrition (artificial enteric or parenteral nutrition) integrated with adequate overall management of foodservices. In fact, in the document, the Ministry confirms the essential role of operating units of clinical dietetics and nutrition which, by means of foodservice processes and clinical-nutritional practice, can plan and carry out the intense nutritional control essential for achieving overall quality. The document stresses the activity connected with clinical dietetics and nutrition highlighting

the frequent dishomogeneity among the various clinical dietetics and nutrition programs, especially notable among the Italian regions and, often, within the same region.

Topics treated: nutritional intervention, malnutrition, screening for risk of malnutrition in hospitals and in local structures, nutritional therapy, hospital and extra hospital foodservices, evaluation of nutritional needs, qualitative aspects of foodservices and of the activities of clinical dietetics and nutrition structures.

For this purpose, with the aim of evaluating the implementation and efficacy of the national guidelines for hospital and nursing home foodservices in hospitals and local health service facilities, the Ministry requires the activation of a national network of health facilities, in particular of the health directorates, of hospitals and/or local facilities, of hospitalization and care facilities, public and private, of the regions, aimed at monitoring the quality of service, the satisfaction and health condition of the patients as well as health and management costs.

Such monitoring must consider:

- presence of Clinical Dietetics and Nutrition Operative Units in the health facilities, specifying the personnel assigned (food science physicians, dieticians),
- the basic instrumental equipment present in each department/health facility,
- monitoring of nutritional state upon admission to the department/health facility routinely performed and repeated during hospitalization, until discharge,
- documentation of the standard hospital diet,
- the nutritional therapy during hospitalization and after discharge (dietetics, supplementing with diet food, NE, NP central and peripheral), and
- type of facility foodservice management and quality system.

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The document is a great accomplishment of the Italian Association of Clinical Dietetics and Nutrition (ADI) and other institutions, and in particular of Maria Luisa Amerio, Maria Antonia Fusco and Francesco Leonardi, who participated in the ministerial roundtable. For the first time, an official document of the Italian Republic clearly and precisely defines the existence and the role of the Clinical Dietetics and Nutrition Operative Units, conferring a uniform formalization throughout the entire national territory. As a matter of fact, this is the baton of a relay race started a few years ago which now passes to the new ADI directorate together with a wish to continue, disseminating and implementing this document. From a practical point of view, it could be interesting to implement monitoring of such agreed-on parameters. Such monitoring should be shared with the health directorates so as to facilitate the

registration of data and to start a process for the correct management of nutrition in health facilities. Considering that inappropriate management of clinical nutrition results in increased costs, it is desirable that the Clinical Dietetics and Nutrition Services as individual Units, or when possible as a network (in those regions where service networks are activated) propose a project to the health directorate of the local facilities, starting from the observation of what exists (mediated by the monitoring) leading to an improved quality of management of clinical nutrition. Thus, it is necessary that every hospital and local entity be active in organizing a roundtable with the health directors of their health facility with the object of assimilating the Ministry guidelines.

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