



MEDIA RELEASE

New diagnostic platform for hospital dietitians aims to improve patient nutrition and recovery outcomes

Nutritional support for hospitalised patients can now be managed using the Medical Nutrition Therapy Tool (MNTT). This is a simple yet effective tablet-based platform that will improve the clinical outcomes for patients by tracking the metabolic and nutritional progress of patients throughout their hospital stay. The tool was developed jointly by The Hospital Dietitians Interest Group (HDIG) and the Enteral Nutrition Association of South Africa (ENASA).

The problem

Because critically ill patients often present with hypermetabolic or catabolic states, nutritional support plays a vital role in their clinical management programme. Protein loss and caloric deficit in these patients is associated with increased morbidity and mortality, while muscle mass depletion leads to impaired function, more ventilator days, additional complications, increased length of hospital stay and generally poor clinical outcomes.

The need

Adele Marais is a hospital dietitian working at the Donald Gordon Medical Centre in Johannesburg, specializing in the treatment of cancer of the gastrointestinal tract. However, she is also passionate about optimal nutrition and a healthy lifestyle. Adele co-developed the MNTT under the auspices of HDIG and ENASA.

She explains: “There is a real need for a systematic approach in order to optimise nutritional support for critically ill patients. The primary goals of nutritional support are to preserve or restore lean body mass, maintain/improve immune function and avert metabolic complications.”

“Each patient's nutritional needs should be individually determined and a tailored nutritional therapy regimen must specify the type of solution, delivery site, access devices and administration rate and method,” explains Marais.

The situation in hospitals

Currently there are no centralised, standardised and consistent means of monitoring patient nutrition within South Africa's hospitals and dietitians therefore have difficulty motivating doctors to institute extended nutrition and for medical aids to pay for this post-hospital. This situation is not unique to South Africa as there is generally a lack of global acceptance for diagnostic testing in clinical practice.

This is largely because a generic, uniform approach to nutritional support for critically ill patients cannot be applied in practice.

“We realised that a specific tool was needed that could monitor the specific metabolic and nutritional needs of individual patients, and thus improve their health outcomes and reduce costs,” says Marais. The MNTT is the result of that work.

The solution

Internationally, the Global Leadership Initiative on Malnutrition (GLIM) offered a list of criteria in a 2019 report with the goal of normalizing the clinical diagnosis of malnutrition. While this was a key development, it became clear that nutritional monitoring was complex and required manual calculations and tracking, which are time-consuming and susceptible to human error.

Solutions are now available that facilitate this process. Computerised patient data management systems help standardise nutritional care and facilitate patient monitoring and there is evidence that such systems improve data visibility and are associated with a significant improvement in adequate nutrition delivery. The MNTT is such a solution.

Marais explains how the HDIG and ENASA are now offering this tool as part of their mission to provide free resources to their members.

“The Medical Nutrition Therapy Tool (MNTT) is a local South African development and a wonderful example of what can be achieved when medical associations collaborate,” she says.

Because of its interactive, PDF-based design that operates on an iPad or similar tablet, hospital dietitians can easily map the patient nutrition journey in hospital from admission to discharge.

“We urge healthcare workers, particularly dietitians, to investigate and become competent in using this freely available tool to the benefit of their patients,” says Naazneen Khan, Chairperson of ENASA.

How to access the MNTT

For more information on how the MNTT tool works in practice and how it can be obtained from the Hospital Dietitians Interest Group and the Enteral Nutrition Association of South Africa, interested parties can email info@hdig.co.za or info@ena-sa.org.za.

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