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## Description of the initiative

Optimal nutritional support for adults with (risk of) malnutrition entails adjusting it to the patient's needs and preferences. Dietitians and other nutrition professionals should use shared-decision making to promote optimal nutritional support. This can only take place if patients are well informed about the various treatment options. An online decision aid that informs patients about the risks of malnutrition and treatment options promotes their autonomy and involvement in the shared-decision making process. In the Netherlands, a decision aid for nutritional support for adults with (risk of) malnutrition is not available.

**Our objective** is to develop an online decision aid that offers adults with (risk of) malnutrition information about malnutrition and the pros and cons of the various treatment options including clinical nutrition.

## Planned activities & deliverables

The decision aid will be based on Dutch evidence-based guidelines for malnutrition support in adults of all ages. A project team will be composed including a project leader, a digital developer, a dietitian, and 2 patient representatives. This includes also 1 representative for older adults to ensure that the tool will also be user-friendly for this patient group. The development will take approximately 18 months.

Month 1-6: the project team discusses and decides on the content of the online decision aid including easy to read language or alternatives to written text such as animation and/or sharing experiences of other patients. Month 7-12: the digital developer develops a prototype of the online decision aid in cooperation with the project team. Month 13-18: multiple testing of the prototype in adult patients. Improving the prototype based on the feedback and reaching consensus about the final version of the online decision aid.

## Resources & enablers

€ 40.000 in total incl VAT: € 20.000 for 18 months for a project leader to manage and organize project team meetings and collaborate with digital developer in the process of development; € 10.000 for a digital developer to develop the prototype and fine tuning of the tool based on outcomes of the tests; € 4000 for project group members and prototype testers for their input and time, € 6000 for dissemination, PR and incorporation into the website of the Dutch Malnutrition Center of Expertise (DMCE).

## Success factors, outcomes and expected impact

Evidence-based guidelines including recommendations for treatment options in malnutrition care for adults are available as a starting point. The DMCE has a broad multidisciplinary network that includes professionals and representatives of the various stakeholders needed to develop, test and disseminate the decision aid. The online decision aid will be made freely accessible via our website. Professionals and patient organizations can link to the tool on their own websites. DMCE will monitor and evaluate usage of the tool after dissemination and will keep the tool up-to-date with scientific evidence.

## Contribution to optimal nutritional care

The decision aid improves the adaptation of personalized nutritional care by promoting shared-decision making. The aid informs patients and their family about the stepped-care process in malnutrition treatment, ranging from the regular food options to clinical nutrition. Using the decision aid contributes to efficiency of nutritional care and probably saves time of both the patient and the professional because the patient is well informed on beforehand. In addition, when patient's needs and preferences are elucidated quickly by the decision aid, the professional can spend time on other relevant issues regarding optimal nutritional care. This may contribute to compliance, effectiveness of treatment and efficiency of nutritional care.

## Innovative project, influence national nutrition policy & transferable to other settings/countries

To our knowledge, no decision aid is available in the Netherlands. It stimulates the use of shared-decision making in nutritional care and promotes patient autonomy which both are stimulated by the Dutch government. The tool can be used in both hospitals and primary care. It fits in with the policy of the Health and Youth Care Inspectorate to stimulate hospitals to improve malnutrition care. The process of development and dissemination, and also the user-experiences are useful for professionals in other countries who want to develop a decision aid. We will share this information via the international pages of our website.



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Incomplete submissions will not be considered.**