The Patient Nutrition Care Journey

Supporting Local Health Districts to implement the NSW Health Nutrition Care Policy

Version 1
Introduction

The provision of nutrition care and food in hospitals is a complicated process and many services are involved.

The Patient Nutrition Care Journey, developed by the ACI Nutrition in Hospitals Group, provides a framework for Local Health Districts to identify processes required to ensure patients receive appropriate food and nutrition care.

“We all know what should happen” but “how can we ensure it does happen?”

The Patient Nutrition Care Journey will:

- Describe all steps in the nutrition care pathway to ensure appropriate nutrition care and food are provided
- Assist to identify gaps in service, duplication, and inconsistencies
- Assist those responsible to implement the NSW Health Nutrition Care Policy (PD2011_078) within their domain.

Please also refer to the supporting document, available on the ACI website.

Click here »
How to use this presentation

• Click on the links within the Patient Nutrition Care Journey map (on the next slide) to skip to each stage of the journey.

• Click on the star ⭐ to return to the slide containing the Patient Nutrition Care Journey map.

• Click on the links within each stage to open relevant resources and tools.
The Patient Nutrition Care Journey

Nutrition screening, assessment, care planning monitoring
Will highlight undernourished patients and those at risk of becoming undernourished and who require a referral to other services

Food and fluids provided
Access to suitable meals and special diets will be available where clinically indicated

Mealtime environment
The mealtime environment will be conducive to eating
Meal time at least 30 min

Supervision and assistance to eat and drink
Assistance to eat and drink will be offered

Mealtime Observation
Will highlight if patients are at risk of becoming undernourished and need for referral to other services

Quality and Safety: communication, education and training, patient feedback, clinical handover and continual clinical monitoring

Policy and Governance
Nutrition and Food Governance Committees
NSW Health and Local Health Districts

Nutrition Care Policy
NSW Health

Nutrition Standards and Therapeutic Diet Specifications
for inpatients in NSW Hospitals
Admission
Medical / Nursing / Midwifery Assessment

Complete admission medical / nursing / midwifery assessment

The nutrition screening of patients begins with their admission to hospital. The following information should be asked of the patient and/or their carers at this time:

▲ Nutrition factors to be managed during the patient’s stay such as food allergies, dysphagia, or chronic diseases that require dietary management eg diabetes
▲ Weight and height
▲ Appetite on admission
▲ Assistance needed (personnel and equipment) with eating, feeding and drinking
▲ Social and psychological issues that may affect eating, appetite, or food and drink choices.

This task is completed by medical staff or nursing/midwifery staff on admission or by the patient on the pre-admission form.
Initial Diet Order

Prescribe and/or authorise the initial diet

*This task is completed by a medical officer, clinical dietitian, speech pathologist or nurse/midwife.*

Place the diet order

- This step informs food services about the patients food and fluid requirements
- Placement of the diet order must be efficient, timely and safe

*This task is completed by a medical officer, nurse/midwife, clinical dietitian, speech pathologist, dietitian assistant, allied health assistant, or clerical staff.*
Nutrition Risk Screening

Use a validated nutrition risk screening tool

- Document the result of nutrition risk screening in the medical record
- Make a referral to a clinical dietitian if indicated

This task must be completed by clinical staff trained in nutrition risk screening.

Reference

Evidence based practice guidelines for the nutritional management of malnutrition in adult patients across the continuum of care (2009)
Referral to a Clinical Dietitian

Refer any patient identified at risk of malnutrition to a clinical dietitian for nutrition assessment

*This task must be completed by the clinical staff who complete the nutrition risk screening.*

Referral to a clinical dietitian may be made for other nutrition concerns

- Acute conditions (eg post gastrointestinal surgery) or chronic diseases that require dietary management (eg coeliac disease)
- This will depend on local facility policy and patient’s requirements.

*This task could be initiated by the patient/carer, food service staff or any clinical staff. The referral is completed by clinical staff.*

Conduct nutrition assessment, develop nutrition care plan and monitor progress

*This task must be completed by a clinical dietitian.*
Referral to other Health Professionals

Refer patients to other health professionals for the management of specific issues which may affect their nutrition status such as:

- swallowing, biting and chewing difficulties
- poor dentition
- self feeding issues
- impaired function of the hand, arm or shoulder, general debility
- mental health issues
- cognitive issues

This task could be initiated by the patient/carer or any clinical staff. The referral is made by clinical staff.
Diet Order

Place the diet order

- This step informs food services about the patient’s food and fluid requirements and will determine the menu and specific range of food and fluids offered to the patient.
- Each patient’s diet order may change several times during their admission depending on the individual - diet prescription changes require authorisation by clinical staff.
- Placement of the diet order must be efficient, timely and safe.

*This task is completed by a medical officer, nurse/midwife, clinical dietitian, allied health assistant, dietitian assistant, speech pathologist or clerical staff.*
Patient Menu Selection

Deliver a menu (including therapeutic menu) to the patient
*This task is completed by food service, clinical, administration and support staff or volunteers.*

Assist the patient/carer to make their menu selection if required (eg cannot complete menu).
*This task is completed by food service, clinical, administration and support staff or volunteers.*

Guide the patient/carer to choose adequate food and fluids from the menu
*This task is completed by assistants with appropriate training (eg food service, allied health or dietitian assistant).*

Guide the patient/carer to choose according to their therapeutic diet and/or nutrition care plan from the menu.
*This task is completed by appropriately trained clinical staff under the guidance of a clinical dietitian.*
Meal Assembly

Assemble the meal according to

- The patient’s meal selections
- Therapeutic diet specifications
- Standardised portions
- Attractive presentation
- Food safety standards

This task is completed by food service staff.
Meal delivery

Deliver food in a polite and respectful manner
Be responsive to inquiries from the patient/carer
Deliver the correct meal to the correct patient
Deliver the meal according to food safety and infection control standards

If it is identified that the patient requires assistance and/or supervision for eating
- Do not place meal/tray within the patient's reach
- Notify the nurse or midwife

If it is identified that the patient does not require assistance and/or supervision for eating
- Position the meal/tray safely
- Place the tray within easy reach

Provide assistance to open packaging if required

This task is completed by food services staff. Assistance may be provided by nursing staff or volunteers with appropriate training.
Mealtime Environment

Coordinate ward mealtime
- To minimise disruptions
- Sufficient staff on ward at mealtimes
- Identify patients who require assistance/supervision
- Allocate appropriate staff, carers, relatives and volunteers to meet the patient’s needs

*This task is completed by nursing / midwifery staff.*

Preparing patient for meals
- Clearing bedside tray-table
- Hand washing and toileting
- Correct positioning of patient and sitting out of bed if appropriate

*This task is coordinated by nursing / midwifery staff.*
Supervision and Assistance to Eat and Drink

Provide appropriate equipment/utensils that meet the patient’s needs (includes the provision of adaptive aids, cutlery and drinking devices for eating/drinking)

This task is coordinated by nursing/midwifery staff with input from appropriate allied health staff.

Provide supervision and assistance with eating and drinking where there is a clinical risk
- Understand the risks eg suspected dysphagia, eating disorders
- Requires ability and skills to deal with risks

This task is completed by appropriately trained clinical staff, eg under the guidance of a speech pathologist for dysphagic patients.

Provide assistance with feeding if required where there is no clinical risk

This task is completed by nursing/midwifery staff or appropriately trained volunteers.
Mealtime Observation

Ensure the patient has sufficient time to consume their meal
*This task is completed by food service and nursing/midwifery staff.*

Observe and actively participate in the mealtime environment
- Recognise changes to the patient’s needs/capacity
- Ensure current nutrition care plan is implemented
- Document observations accurately
- Communicate with the patient, carers relatives and volunteers
- Communicate with the relevant healthcare professionals and refer if necessary
*This task is the responsibility of all staff, relatives, carers and volunteers involved in the mealtime environment.*

Complete food and fluid records accurately
*This task is the responsibility of nursing/midwifery staff, but may be completed by clinical staff.*

Complete clinical assessment of food and fluid intake
*This task is completed by medical, nursing/midwifery staff and/or clinical dietitians.*

Complete nutrition assessment and update nutrition care plan
*This task is completed by clinical dietitians.*
Transfer of Care

- Refer to [NSW Health Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals PD2011_015](#)

Prepare and provide a nutrition care plan

- Patients who require ongoing nutrition support after leaving hospital should have education and a nutrition care plan as part of their discharge communication
- The patient and/or carer should understand the nutrition care plan
- The nutrition care plan should include information about nutritional status, special dietary requirements and arrangements for follow-up - this should be communicated to any receiving facility
- The patient should have access to, or be provided with, an adequate supply of specialised nutrition support items while waiting for their own supply if required (e.g. enteral formula or equipment, thickened fluids, thickener)

*This task is the responsibility of medical staff, clinical dietitians, speech pathologists, nurses/midwives.*
Quality and safety

The patient and their carer should be at the centre of all decision making regarding their nutrition care

Communication

- Provide information about the food and nutrition service (eg information brochures)
  This task is completed by clinical, administration and support staff or volunteers.

- Engage with patients and their carers about their food and nutrition care
  This task is the responsibility of all staff.

- Engage staff and stakeholders to reach local team agreement about the importance of nutrition eg Essentials of Care
  This task is the responsibility of Local Health Districts.

- Staff orientation includes mealtime management processes and there is regular education for staff
  This task is completed by LHDs for LHD staff and HSS for HSS staff.
Quality and safety

Education and training
- Education programs on nutrition care and malnutrition should be provided annually and additionally as required

This task is the responsibility of LHDs for LHD staff and HSS for HSS staff.

Patient Feedback
- Conduct an annual patient satisfaction survey

This task is the responsibility of food service staff.

- Resolve patient/carer concerns regarding food and nutrition care promptly

This task is the responsibility of all staff.

Clinical handover
- Clinical handover must include the transfer of nutrition care information

NSW Health Clinical handover: Standard key principles PD2009 060

This task is the responsibility of clinical staff.
Quality and safety

Continual clinical care and monitoring

- Ongoing nutrition screening should occur
  *This task must be completed by clinical staff trained in nutrition risk screening.*

- Engage in a process of continual improvement of practice using practice development methodologies involving all stakeholders at a local level

- Ensure the nutrition needs of patients are met as identified in national standards on the provision of food, fluid and nutrition care - hospitals are periodically assessed against these standards
  - Australian Council Healthcare Standards EQuIP 5 criterion 1.5.7

- Collect and report on nutrition care performance measures

*These tasks are the responsibility of all staff under the governance of the LHD Food and Nutrition committee.*
Resources


Patient information brochure : Food and Nutrition Services in NSW hospitals – coming soon

Patient information brochure : Guidelines for bringing occasional food to patients – coming soon

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ACI Contact

Tanya Hazlewood
Nutrition Network Manager

+61 2 8644 2162

tanya.hazlewood@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au