

Nutritional Care Policy

PURPOSE

The purpose of this Policy Directive is to enable all inpatients in NSW Health facilities to receive adequate and appropriate nutrition. NSW Health acknowledges a duty of care to all patients to ensure access to safe, appropriate and adequate food and fluid, which are acceptable to patients and also to provide nutritional care and support through a coordinated approach by health service staff. As a result of this Policy Directive it is expected that NSW Health facilities will implement the mandatory requirements by XX/XX/201X.

MANDATORY REQUIREMENTS

Policy and Governance

- 1 Each Area Health Service has a strategic and coordinated approach to ensuring food service and nutritional care is patient centred. Patients, carers and staff have the opportunity to provide feedback that shapes policy and procedures.
- 2 Systems are in place to ensure all patients' nutritional and dietary requirements are identified, communicated, actioned and documented efficiently and effectively.
3. Systems are in place to effectively monitor the food, fluid and nutritional intake of inpatients and their level of satisfaction.

Nutrition screening, assessment, care planning and monitoring

4. Nutritional screening, assessment, care planning, documentation and monitoring of nutritional status occurs on admission and throughout the patient's hospital stay. Consideration is given to other influencing factors including medications, age, illness, disability, drug/nutrient interactions, fasting and end of life nutrition issues.

Mealtime environment

5. All NSW health facilities have strategies in place to ensure that the mealtime environment is conducive to eating.

Food and fluids provided

6. Patients are actively encouraged and assisted to select a nutritionally balanced meal.
- 7 Food, fluid and nutrition care is considered as part of an intervention and medical treatment plan. Food and fluids provided meet the nutritional and therapeutic requirements of the individual patient and considers their cultural and age related needs.
- 8 Food should be acceptable to patients in terms of type, quality, quantity, variety, and the cultural and religious appropriateness of meals offered.

Assistance to eat and drink

- 9 Procedures are in place for patients to receive the assistance and encouragement they require with eating and drinking within an appropriate timeframe.
10. Staff, carers and volunteers are able to provide assistance to patients at meal times safely.

Education and training

11. All staff, who are in contact with patients at any point of the food and nutrition system, receive appropriate education and training.

Evaluation

- 12 Systems are in place to monitor and report on the mandatory nutritional care performance indicators. These relate to:
- Nutritional screening
 - Nutritional assessment
 - SAC 1 and 2 incidents related to patient meal service
 - Patient satisfaction

IMPLEMENTATION

This policy directive is particularly relevant to those NSW health personnel whose work relates to the provision of food and nutrition care services for inpatients in NSW Health facilities.

Roles and responsibilities of the NSW Department of Health:

- Provides advice and assistance for the implementation of the nutritional care policy
- Monitors and evaluates the health system implementation of the nutritional care policy.

Roles and responsibilities of Chief Executives:

- Assign responsibility, personnel and resources to implement the mandatory requirements of the nutritional care policy.
- Report on the implementation and evaluation of the mandatory requirements of the nutritional care policy to the NSW Department of Health.

Roles and responsibilities of Health Support Services

- Ensure the standards set out in this policy and other related policies are incorporated in all Health Support Services activities including menu planning and design, food service and delivery in NSW health facilities

Roles and responsibilities of the health service executives responsible for clinical operations and governance:

- Ensure successful implementation of the mandatory requirements of the nutritional care policy across their services.
- Monitor and evaluate the implementation of the mandatory requirements of the nutritional care policy across their services and feedback evaluation results to staff.
- Ensure the mandatory requirements of the nutritional care policy are incorporated into orientation programs for new clinical staff.
- Educate clinical staff on the mandatory requirements of the nutritional care policy

Roles and responsibilities of hospital, facility, clinical stream, unit managers and heads of departments:

- Locally implement the mandatory requirements of the nutritional care policy.
- Evaluate compliance with the mandatory requirements of the nutritional care policy.
- Annually monitor and evaluate local nutritional care processes in line with the mandatory requirements of the nutritional care policy.

Roles and responsibilities of Nurse/Midwife in charge

- Ensure patients nutritional intake is well monitored and documented
- Ensure patients are well supported at mealtimes

Roles and responsibilities of all clinicians:

- Ensure their work practices are consistent with the mandatory requirements of the nutritional care policy.

REVISION HISTORY

Version	Approved by	Amendment notes

ATTACHMENTS

1. Nutritional Care Policy _ Procedures.

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1 BACKGROUND

1.1 Food and nutrition in health

Good nutrition is important for everyone, but particularly for those who are ill or are suffering from injury. The provision of adequate nutrition is an integral aspect of adequate nutritional care and is associated with better patient outcomes. For hospital patients maintaining good nutritional status or for those that are malnourished gaining nutritional repletion, relies on the ability of the hospital to provide foods which are both nourishing and acceptable to the patient in terms of their cultural and psychosocial needs. In order to achieve the best outcomes for the patient other issues such as patient access to foods and assistance with eating so that food offered to the patient can be consumed also need to be addressed.

Food is not only essential for physical health it is also essential to the individual's sense of self and has strong psychological connotations associated with nurturing. When a person is admitted to hospital frequently, the only familiar thing and one of the few things the patient feels qualified to evaluate is the food. Familiar foods are important in highly stressful situations such as being in hospital as they represent comfort and security for the individual. Although hospital food services are constrained by limitations such as system of food preparation; and the statutory requirements of providing safe food to patients they have a duty of care to meet the nutritional requirements and the psychosocial needs of each patient. All staff can contribute to making the hospital mealtime environment pleasant and can assist patients in accessing and enjoying their meals.

1.2 Hospital malnutrition – Recognition and Consequences

Hospital malnutrition is a world-wide phenomenon which is multifactorial in origin. While many patients are malnourished on admission, the nutritional status of patients may also worsen during the course of admission.

Unless systematic efforts are made to identify and manage patients at risk, malnutrition in hospital may go undetected and if untreated causes a wide range of adverse outcomes to the patient and the health system.

Consequences for the individual include

- Apathy and depression
- Dehydration
- Delayed wound healing
- Diarrhoea, constipation
- Impaired metabolic profiles
- Impaired mobility
- Increased prevalence of both adverse drug reactions and drug interactions
- Increased risk of pressure areas
- Infection
- Muscle wasting and weakness

For the health system malnutrition contributes to increased:

- Clinical intervention
- Complications
- Costs
- Lengths of stay
- Rates of readmission

- Staff time per patient
- Use of antibiotics

1.3 Associated Documents

- Nutrition Standards for adult inpatients in NSW hospitals
- Therapeutic diet standards for adult inpatients in NSW hospitals
- Nutrition standards for paediatric inpatients in NSW hospitals
- Therapeutic diet standards for paediatric inpatients in NSW hospitals

1.4 Key definitions

In this document the term:

- Must indicates a mandatory action that must be complied with
- Should indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action

Inpatient	Any person who relies on NSW Health to provide their nutrition needs during their care. This includes persons admitted to NSW Healthcare facilities, residents in multipurpose centres. Day stay patients are not considered inpatients for the purpose of this document as their stay is short.
Nutritional Assessment	The process of assessing the degree of malnourishment in nutritionally compromised patients
Nutritional Screening	A process of identifying characteristics known to be associated with malnutrition. Its purpose is to detect patients at risk of becoming malnourished who may experience an improved clinical outcome when given nutritional support.
Malnutrition	A state of nutrition in which a deficiency, excess or imbalance of energy, protein, and other nutrients causes measurable adverse effects on tissue (shape, size, composition), function and clinical outcome.
Nutritional care	Maintenance or improvement of a patient's nutritional status can hasten and improve recovery through a coordinated approach to the screening, assessment, care planning, food provision, assistance and monitoring that is provided by a range of health service staff to ensure patients' nutritional needs are met. At an individual patient level, nutritional care aims to provide appropriate and acceptable food and fluids to meet the individual metabolic demands of the patient allowing him/her to maintain physical and mental function and to prevent weight loss.
Nutrition support	The provision of nutrients to make up the shortfall between the patient's nutrient requirements and their nutrient consumption. Supplementary nutrition can be given in the form of additional snacks, enteral feeds or total parenteral nutrition (TPN)

2 POLICY AND GOVERNANCE

2.1 Policy Implementation in health services

An area-wide strategic and coordinated approach is required to ensure a high standard of nutritional care is provided to patients in all facilities. The implementation of the nutrition policy should be multidisciplinary in scope and address all the following key elements of the NSW Department of Health Nutritional Care policy statement

- The nutritional care policy is implemented across the organisation.
- Governance of nutrition care should include consumer, clinical and corporate representation.
- Patient and staff views related to nutritional care are sought to inform policy, procedures and service review and development.

2.2 Governance

An Area Food and Nutrition Committee with core representation from management, physicians, nursing, speech pathology, occupational therapy, consumers, nutrition and dietetics and food services is responsible for delivering and monitoring a comprehensive patient-focused system of nutritional care and support. Representatives from other disciplines should be consulted as needed.

The role of the Committee includes:

- policy / procedure development, endorsement and review
- monitoring performance against agreed standards
- monitoring implementation of agreed standards
- effective communication of policies and procedures

There should be governance at each level (area, site) depending on the organisational structure.

3 NUTRITIONAL SCREENING ASSESSMENT, CARE PLANNING AND MONITORING

Malnutrition screening identifies patients who are at risk of malnutrition. Nutritional assessment indicates the degree of malnutrition and helps determine appropriate actions. Early detection of malnutrition and implementation of appropriate nutritional support reduces the risk of patients' nutritional status deteriorating while in hospital.

Complex nutritional care and support is delivered best by a multi-disciplinary team. Monitoring and re-screening identifies changes in risk factors and nutritional status during admission.

3.1 Nutrition Screening

1. All patients should have their weight documented on admission and weight recorded at least weekly by nursing staff. Height should be recorded on admission.
2. On admission, factors that may prevent a patient from eating and / or drinking adequately while in hospital should be identified, communicated and appropriate actions taken.

3. Screening for risk of malnutrition is undertaken by a designated staff member using a validated tool such as the Malnutrition Screening Tool, the screening part of the Malnutrition Needs Assessment, both on admission and every 7 days throughout admission, or when patient circumstances change. It is recognised that the NSW Health facilities do provide care to stable long term patients. These patients may have a decreased frequency of screening as determined by the treatment team. It is recommended that for these patients screening occurs at least monthly or when there is a significant change in the patient's clinical condition.
4. Patients whose score at risk on a standardised screening tool or whose clinical condition is such that their treating team identifies them at risk of malnutrition are referred to a dietitian for a full nutritional assessment and nutrition support as appropriate.

3.2 Nutrition Assessment

1. The Nutritional assessment is undertaken by a dietitian using a validated assessment tool such as the Subjective Global Assessment (SGA) Tool, MNA and Patient Generated Subjective Global Assessment (PG- SGA)
2. If there is no dietitian, there should be a process in place to access a dietitian with a documented protocol outlining the management of the patient until a nutritional assessment is completed.
3. Nutritional Assessment should be discussed with the multidisciplinary team including the treating doctor and documented.

3.3 Care Planning

1. Individuals identified as malnourished or at risk of becoming malnourished should have an appropriate care plan developed and documented. This care plan should contain clearly identified goals of treatment.
2. Patients and relatives should have input into the care plan. This care plan may include social measures to ensure provision of meals, help with feeding, food and fluid intake records, modified menus, dietetic advice, oral nutritional supplements and or artificial nutritional support. They should then be monitored to ensure goals are met with further action as necessary.
3. Individual care plans are developed by a dietitian. The care plan is implemented and monitored for effectiveness and acceptability by the care team.
4. Care plans should be reviewed regularly and documented to reflect changes.
5. Care plans should be communicated appropriately to patient and care givers.
6. Where possible patients nutritional requirements should be provided from food. Oral supplements should not substitute for or be relied on to enhance the provision of adequate food and fluid unless there are clear clinical indicators
7. Patients who cannot consume adequate nutrition orally are considered for artificial nutrition support, giving consideration to end of life issues
8. Patients on thickened fluids whose fluid intake is insufficient to prevent risk of dehydration should be considered for additional hydration support.
9. Patients who are Nil-By-Mouth for more than three days should be considered for artificial nutrition support, giving consideration to end of life issues.

3.4 Monitoring of all patients

1. Changes in patient's clinical condition that may impact on their nutrition should be monitored and appropriate action taken. (such as re-screening, reassessment and changes to care plans)

3.5 Discharge Planning

1. Patients who require ongoing support after discharge should have appropriate care planning provided and a recommended care plan in the community documented as part of their discharge communication. The patient and/or carer should understand this plan and it should be communicated to any receiving facility.
2. The Discharge plan for malnourished patients includes information about nutritional status, special dietary requirements and arrangements for follow-up

4 FOOD AND FLUIDS PROVIDED INCLUDING MENUS

A comprehensive knowledge of the hospital population is required to plan menus effectively. The patient is more likely to enjoy meal and therefore receive the appropriate balance of nutrients it provides when the meal and presentation is pleasing. Meals should be delivered to the wards and served promptly to maintain the nutritional content, temperature and quality.

Effective multidisciplinary communication is vital for the efficient provision of food in hospital and to ensure that patients' nutritional requirements are met while minimising waste.

Patient information and communication helps patients to make informed choices.

1. The menu provides for the nutritional requirements of patients in accordance with the *NSW Department of Health Nutrition Standards for Adult Inpatients in NSW Hospitals* and *NSW Paediatric Diet Specifications* and the *NSW Therapeutic Diet specifications*.
2. Patients should be able to access a minimum of 1.5 litres of fluid per day (seven or eight beverages). Drinking water should be accessible to patients at all times; preferably this should be chilled mains water.
3. Patients should be provided with information about meal services and the importance of nutrition on admission in an easy to read format.
4. Patients should be given the opportunity of selecting their own food and fluids from the menu.
5. Patients are assisted with menu selection, if required, by a qualified member of staff such as a dietitian assistant or equivalent who encourages the patient to select a meal which is complete and nutritionally adequate.
6. Patients make their menu selections no more than one day ahead of the day of service.
7. Relatives / carers can provide assistance to patients who are unable to make their own menu selections, by either making menu choices on the patient's behalf or informing staff of the patients' food preferences
8. Patient satisfaction surveys are undertaken routinely (not less than annually) from a representative sample of patients and data collected is used to inform menu and service review and development.

9. Data collected includes, but is not limited to, satisfaction with temperature of meals, quality of food and fluids, menu variety, appearance of meals, assistance with accessing meals and staff courtesy.
10. Where appropriate, patient satisfaction surveys or methodologies can be adapted to reflect the patient group or type of service being measured.
11. Systems are put in place to cater for high risk patient groups including those with dysphagia, allergies and those who are severely immunocompromised.
12. All food provided by the hospital complies with relevant legislative standards, including those pertaining to food safety.
13. The diet ordering system is efficient, timely and safe.
14. The meal delivery system is efficient, timely and safe.
15. Meal times are spread out to cover most of the hours spent awake.

5 THE MEALTIME ENVIRONMENT & PROVISION OF ASSISTANCE TO EAT AND DRINK

A relaxed and pleasant mealtime environment enhances patients' enjoyment of their meals and can influence the amount of food and fluids they consume

Preparing patients for a meal plays an important role in enhancing their ability to eat and enjoy their meals.

Hospital routines, clinical procedures and ward rounds can disrupt meal times and significantly reduce patients' nutritional intake

1. The provision of a mealtime environment conducive to eating, and the provision of feeding assistance where required, should be the primary focus of clinical staff during mealtimes.
2. Interruption of patients' meal times by ward/medication rounds, teaching and diagnostic procedures should be minimised.
3. Patients are prepared for eating prior to the meal delivery. This includes positioning, toileting, hand washing and clearing of over-bed trolleys.
4. All patients who are able are given the opportunity of sitting out of bed when eating their main meals.

5.1 Assistance to eat and drink

Many patients require some form of assistance with eating and drinking while in hospital. This ranges from opening of packages to fully assisted feeding. If assistance with eating and drinking is not provided, many patients' nutritional status will be compromised.

Offering assistance and encouragement to eat is an effective way of enhancing food and nutrient intake.

1. Patients should be treated with respect and dignity at all times when being prepared for and receiving food and fluids.
2. Independence with eating and drinking is promoted in a safe and supportive way.

3. Patients need to be given adequate time (at least thirty minutes) to consume the meal before the tray is collected.
4. Patients are provided with the appropriate modification to their meal to assist them with accessing and/or eating the meal.
5. Patients are provided with the appropriate equipment/utensils for eating/drinking that meet their individual needs.
6. Development and assessment of new food products has ease of accessibility for patients as a criterion.
7. Carers, relatives and volunteers can be involved in assisting patients to eat where this is deemed safe by the treating clinician and any necessary training has been provided.
8. Wards are adequately staffed at mealtimes and there is recognition in work assignments of the importance of providing timely individualised assistance with eating and drinking.

6 STAFF EDUCATION AND TRAINING

Training of staff through education programs supports/enhances the understanding of the link between good nutritional care, preventing malnutrition and delivering better patient outcomes.

All staff in contact with patients at any point of the food and nutrition system understand their role and responsibilities, and receive appropriate education and training.

1. All staff involved in the care of patients are aware of the role of food and nutrition in preventing malnutrition, maximising patients' clinical outcomes and quality of life.
2. Staff involved in the clinical nutritional care of patients are appropriately qualified and have knowledge of key aspects of nutritional care
3. Staff are aware that nutritional status may be compromised in patients who present as overweight or obese.
4. Education programs on nutrition care and malnutrition are evaluated and improved.
5. Ongoing monitoring of nutritional competencies is mandatory

Training programs should be available for:

- Operational staff, including patient support and Food Service staff
- Medical staff
- Nursing staff
- Other allied health
- Administrative staff
- Dietitian assistants' ongoing training and can include screening, assessment, therapeutic diets, food safety, assistance with eating, feeding techniques and monitoring food intake.

Assessments of competencies should be conducted at least annually or as required.

7 Performance Indicators

The performance indicators in this policy that health services must monitor and report to the health service's peak patient care committee.

- **Patient Satisfaction Surveys:** Patient Satisfaction Survey – a statewide tool will be developed.
- **Nutritional Care SAC 1 and 2 Incidents:** Number of SAC1 and SAC2 incidents related to patient meal service. (eg patient given a known allergen; patient given incorrect food /fluid texture than prescribed resulting in aspiration).
- **Nutrition Screening:** Patients are screened within 24 hours of admission to the ward using a validated tool; the result is documented and is appropriately actioned.
- **Nutrition Assessment:** Patients identified at risk of malnutrition undergo a nutritional assessment within 2 working days of referral. This assessment will include documentation of patient's weight and height

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9 ACKNOWLEDGEMENTS

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Northern Sydney Central Coast Area Health Service
Sydney South West Area Health Service
Sydney West Area Health Service

10 LIST OF ATTACHMENTS

1. Implementation Checklist

DRAFT

Attachment 1: Area Health Service Implementation checklist

This checklist can be used to review the implementation of this policy directive.

Assessed by:	Date of Assessment:		
IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance
1. There is an Nutritional Care Policy implementation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			
2. There is a nutrition care governance structure and has clinical consumer and corporate representation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			
3. Roles and responsibilities with respect to nutritional care are delegated by organisation Chief Executive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			
4. There is a validated nutrition screening tool used by the organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			
5. There is a validated nutrition assessment tool used by the organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			
6. A nutritional care educational program is in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			
7. There is a system to measure patient satisfaction with nutrition and food in hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Notes:</u>			