ABOUT THE ACI

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this by:

- Service redesign and evaluation – applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services.
- Specialist advice on healthcare innovation – advising on the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment.
- Initiatives including Guidelines and Models of Care – developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system.
- Implementation support – working with ACI Networks, consumers and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW.
- Knowledge sharing – partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement.
- Continuous capability building – working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign.

ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.

A priority for the ACI is identifying unwarranted variation in clinical practice and working in partnership with healthcare providers to develop mechanisms to improve clinical practice and patient care.

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FOREWORD

The Agency for Clinical Innovation’s (ACI) Clinical Networks, Taskforces and Institutes provide a unique opportunity for people to work together on projects and programs that add value to the health system and help to improve patient care. We support the case for change using evidence, health economics and evaluation.

The ACI Nutrition in Hospitals Committee was established in 2009 to advise NSW Health about developing an integrated approach to optimising food and nutritional care in NSW public healthcare facilities. Members include allied health professionals, nurses, doctors, consumers, academics and food service professionals.

The ACI Nutrition in Hospitals Committee, under the auspices of the NSW Health Nutrition and Food Committee, has developed a suite of nutrition standards and diet specifications for adult and paediatric inpatients in NSW hospitals. These standards form part of a framework for improving nutrition and food in hospitals and are underpinned by the NSW Health Nutrition Care Policy (PD2011_78).

The suite of nutrition standards includes:

4. Therapeutic diet specifications for adult inpatients (Version 1 - 2011)
5. Therapeutic diet specifications for paediatric inpatients (2012)

It is important these documents are dynamic and respond to the changing clinical environment.

The ACI Nutrition Standards and Diet Specifications Reference group was established to ensure these documents remain evidenced-based and reflect best practice in food service and clinical nutrition care. This multidisciplinary group oversees the review and revision of these documents, taking into consideration current evidence and the feedback received from clinicians and food service professionals.

On behalf of the ACI, I thank members of the Nutrition Standards and Diet Specifications Reference group, co-chaired by Lyn Lace and Helen Kepreotes, for their dedication and expertise in the ongoing review of the ACI Diet Specifications for Adult Inpatients. I also thank the clinical specialists for their input and those who continue to provide valuable feedback on the documents.

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The provision of adequate nutrition to people in hospital is an integral aspect of nutrition care and is associated with better patient outcomes.

The Nutrition standards for adult inpatients in NSW hospitals (2011) and the Nutrition standards for consumers of inpatient mental health services in NSW (2013) define the basic food and nutrition needs of adult inpatients and are used as the basis of menu design.

Separate detailed guidelines called diet specifications are needed to facilitate the development of menus for patients, especially those with higher or special nutritional needs. Diet specifications describe the foods allowed and not allowed to be offered to patients ordered a particular diet.

A uniform state wide approach to diet specifications facilitates consistency, communication between health professionals and food service providers, and underpins recipe and menu development.

The ACI Diet Specifications for Adult Inpatients describe the diets used in NSW public hospitals for adults. The Therapeutic Diet Specifications for Paediatric inpatients (2012) defines diets for children in hospital.

This user guide and the Diet Specifications for Adult Inpatients are an update of the original Therapeutic Diet Specifications for Adult Inpatients (2011)

See Appendix 1 for information about the development of the original document Therapeutic Diet Specifications for Adult Inpatients (2011) and Appendix 2 for information about the history of diet specifications in Australia.

**Aims**

This document is a user guide to the separate and detailed Diet Specifications for Adult Inpatients.

It contains important information about the background to the Diet Specifications for Adult Inpatients and how they should be used.

The Specifications themselves describe the foods allowed and not allowed in each diet and provide nutrient targets for each main meal component, for those diets requiring quantitative nutrient levels.

The Specifications aim to be:

- presented in an agreed standardised format
- consistent in wording and definitions
- easy to read and interpret by non-specialist staff (e.g. food service or nursing staff without access to a dietitian) in most cases. Note – some diets will require the input of a dietitian for interpretation.
- sufficiently detailed to reliably support safe and appropriate meal provision to patients on therapeutic diets
- based on the best available evidence.

Following principles developed by the NSW Health Nutrition and Dietetic Network Group, the diets are named according to the nutrients to be modified (e.g. low sodium, high fibre), rather than disease states (e.g. cardiac). This clearly describes the exact nature of the diet, and recognises the importance of planning diets to meet patients’ individual needs, rather than applying standard protocols. The exceptions to this (diabetic, renal and Parkinson diets), acknowledge the widespread use and understanding of these terms.

**Methodology**

The ACI Nutrition Standards and Diet Specifications Reference Group was established by the Nutrition in Hospitals Committee in 2012 to oversee the review of the ACI Nutrition Standards and Diet Specifications (see Appendix 3 for membership).

The Reference group developed the review framework, created an online feedback tool and engaged senior clinical specialists to act as consultants and provide expert advice.
Feedback about the documents is reviewed by the Reference group in collaboration with the clinical specialist groups where required. Current literature is accessed and considered before changes are finalised.

Changes approved by the Reference Group are incorporated into the revised versions of the Diet Specifications.

New diets are created to meet a clinical need (e.g. Soft-dental). Diets will be rescinded (in consultation with expert clinicians) where there is no longer a clinical need for the diet.

New and revised Diet Specifications are released individually or as a group and changes are communicated to all stakeholders.

**Review of the specifications**

These specifications are initially endorsed for 3 years from the date of release. Ongoing evaluation and revisions will be managed by the ACI Nutrition Standards and Diet Specifications Reference Group.

INFORMATION FOR USERS

Content of the specifications

These specifications give guidance about the type and quantities of suitable foods for adult inpatients needing a range of diets in hospital. There are four broad categories of diets:

- those that restrict or eliminate particular food items (e.g. allergy or fluid diets)
- those that reduce or increase the level of particular nutrients (e.g. low-fat or high-fibre diets)
- those that quantify the level of particular nutrients (e.g. 50mmol sodium or 50g protein diets)
- those that specify the appropriate texture or presentation of food (e.g. soft- or cold-food diets).

Normal menu selection processes should accommodate other food preferences.

Some sites may have access to additional operational diets such as “early breakfast” or “fluids served in mugs” etc. These are not related to a clinical need and therefore are not included in these specifications.

For each diet, eight pieces of information are provided:

- **Aim** describes the broad objective of the diet with any quantitative daily targets.
- **Characteristics** describes the general patterns of foods used in the diet.
- **Indications lists** some common medical or surgical conditions for which the diet is often prescribed.
- **Nutritional adequacy** provides an assessment of whether the diet is adequate alone or whether it needs supplementation to be nutritionally adequate.
- **Precautions** gives instructions or warnings regarding use of the diet in hospitals.
- **Paediatrics** indicates suitability for use of these diets in paediatrics.
- **Specific menu** planning guidelines lists the foods allowed and not allowed on the diet.
- **References** gives a selection of authoritative sources supporting the diet specifications.

Use of the specifications

**Diet prescription**

The Diet Specifications are not designed to be used for patient education or as a resource other than to provide an appropriate diet whilst a person is an inpatient in a NSW hospital.

The Specifications do not attempt to define appropriate diets to be prescribed for individual patients. Diets must not automatically be ordered for patients with the medical or surgical indications noted in the specifications, because a very restrictive diet may prevent good nutritional recovery for patients who are undernourished or eating poorly.

Appropriate health professionals may alter the diets to meet individual patients’ needs. For example, some patients on soft-dental diets may not tolerate bread, and this would need to be noted at the time of ordering that diet.

**Diet combinations**

Combinations of diets can be ordered (e.g. low saturated fat and sodium restricted), but there is no need to specify a full diet where it is to be combined with other therapeutic diets.
**Paediatrics**

When combined with an age-appropriate diet, many of these diets are suitable for use in paediatrics.

The age-appropriate diet will ensure the types of foods offered, textures, serve sizes and frequency of meals are suitable for the child. If a diet specifies a nutrient amount (e.g. sodium 80-100mmol), combining it with an age-appropriate diet (e.g. child 4–8 years) will provide less of the nutrient. For example, the child 4–8 years diet uses half serves, so when combined with the sodium 80-100mmol diet, the child will receive around 40-50mmol of sodium. These clinical judgements will need to be made by a clinical dietitian.

Some diets are not suitable for use in paediatrics due to the restriction of essential nutrients for child development. These will be noted for each diet. Please refer to the Therapeutic diet specifications for paediatric inpatients for additional paediatric specific diets.

**Foods allowed / not allowed**

In the specific menu planning guidelines, it is not possible to list all foods or recipe items that may be suitable or unsuitable. Specific guidelines and some common examples are usually included, but other foods or dishes may also be suitable or unsuitable, depending on their nutritional profile, ingredients and texture.

Trade names of some common products have been used in some cases to clarify the intention of the guidelines, but their inclusion does not imply endorsement or recommendation of these products, nor indicate that similar products are unsuitable.

These specifications are designed for patients in hospital; they are not intended as education material for patients prescribed therapeutic diets. For this reason they do not mention foods that are not normally available in hospitals, such as alcoholic beverages, takeaway foods and specialty gourmet items.

**Food availability**

Not all products listed as being allowed for a specific diet will be available at all sites and some foods may be reserved for use in therapeutic diets only.

**Nutritional supplements**

These specifications do not attempt to indicate which nutritional supplements comply with each diet, since it is assumed that a dietitian will order the type and volume of supplements according to the patient’s individual needs. In many cases, nourishing foods such as flavoured milk and yoghurt are suitable alternatives to commercial supplements.

**Rare diets**

These specifications cover diets commonly used across NSW public hospitals. They do not include special diets designed for research purposes or particular treatment situations. The local dietitian will need to specify those diets and communicate with the food service about feasibility and implementation.

**References**


A multidisciplinary steering group was established to oversee the development of the original therapeutic diet specifications. The steering group decided the range of diets to be included, agreed on a standard template to present the specifications, and advised on consultation and approval processes.

Peter Williams FDAA, Associate Professor of Nutrition and Dietetics at the University of Wollongong, was engaged as a consultant to develop the 1st edition of the diet specifications using the agreed standard template. The diets were based on:

- existing diet standards used by NSW Health facilities
- the Dietitians Association of Australia’s Nutrition manual (eighth edition)
- the American Dietetic Association’s Nutrition care manual (available online)
- nationally endorsed dietetic practice guidelines
- standard textbooks of dietetic practice.

Where these sources provided insufficient evidence-based information, targeted literature searches were undertaken to locate primary published literature to inform the specifications.

All draft diet specifications were posted on the website of the ACI Nutrition in Hospitals Committee for open comment and advertised in the ACI Clinician Connect newsletter (June and July 2010 editions). The following groups were specifically invited to comment:

- the ACI Nutrition in Hospitals Committee (which includes doctors, nurses, dietitians, speech pathologists, consumers, academics, and staff from food services and HealthShare NSW)
- The ACI Adult Therapeutic Diet Specifications Reference Group (see Appendix for membership)
- the NSW Health Speech Pathology Advisors Group
- pathology services in each Local Health District, via NSW Health
- NSW members of the Dietitians Association of Australia, via a weekly emailed newsletter.

A list of respondents is given in the Appendix of the original document. Appropriate suggested changes were incorporated and approved by the steering group, and a revised version was sent to the NSW Health Nutrition and Dietetic Advisors Group for review. A final version was then submitted to the NSW Health Nutrition and Food Committee for approval and endorsement.

**Reference**

APPENDIX 2: History of diet specifications in Australia

The earliest Australian publication about therapeutic diets in hospital dates from more than 100 years ago. In 1908, Dr Philip Muskett, Surgeon Superintendent to the NSW Government, published *The attainment of health and the treatment of different diseases by means of diet*, which was more than 600 pages of diet plans, aimed at informing nursing staff in hospitals. As was common at the time, Dr Muskett did not provide evidence or references to support any of his recommendations, and many of the diets (such as those for gonorrhoea and acne) would have no place in modern treatment.

Audrey Cahn, head dietitian at St Vincent’s Hospital in Victoria, compiled a manual of special diets in 1937. Evelyn Anderson, from the Royal Newcastle Hospital, seems to have been the first NSW dietitian to have written diet specifications: a 1939 manual of 23 diet types. Five years later, a manual from Royal Prince Alfred Hospital defined 53 therapeutic diets, and thereafter various hospitals developed their own specifications.

It was not until 1957 that the nutrition section of the Commonwealth Department of Health published the first national guidelines. That publication, *Notes on special diets for use in hospitals*, specified 13 diet types and was updated regularly through the 1960s. In 1980, the Department released the Hospital diet manual for caterers and diet supervisors, which defined 19 diet types and was aimed at hospitals that had no full-time dietitians.

The NSW Health Commission published a Food services manual in 1977. This manual focused on the provision of full diets, but also included some information on diet modifications such as those for light diets. The later Standards for food services, released in 1989, specified that special diets should be integrated into the main menu where possible, and that a range of food items must be available to meet individual requirements, but did not define different therapeutic diets.

The Therapeutic diet specifications part one were developed by the NSW Health Nutrition and Dietetic Advisors Group in 2008. That document developed a consistent set of naming conventions and definitions for diets in NSW hospitals.


References


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