



ACI NSW Agency
for Clinical
Innovation

ACI Nutrition Network

The Patient Nutrition Care Journey

A guide to support
implementation of the
NSW Health Nutrition Care Policy

Version 1

AGENCY FOR CLINICAL INNOVATION (ACI)

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- ACI Nutrition in Hospitals group
- Local Health Districts
- NSW Health Nutrition and Food Committee
- Nursing and Midwifery Office, NSW Ministry of Health

Foreword

The Agency for Clinical Innovation (ACI) was established by the NSW Government as a board-governed statutory health corporation in January 2010, in direct response to the special commission of inquiry into acute care services in NSW public hospitals.

The ACI seeks to drive innovation across the system by using the expertise of its clinical networks to develop and implement evidence based standards for the treatment and care of patients.

In April 2009, the ACI (then known as Greater Metropolitan Clinical Taskforce) established the Nutrition in Hospitals (NIH) group to provide clinical expertise to NSW Health in developing an integrated approach to optimising food and nutritional care in NSW public healthcare facilities. The ACI NIH group includes doctors, nurses, dietitians, speech pathologists, consumers, academics, food service staff and Health Support Services.

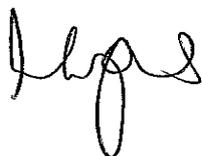
The ACI, under the auspices of the Nutrition and Food Committee of NSW Health, lead the development of the NSW Health *Nutrition Care Policy (PD2011_78)*. This policy directive was released in December 2011 and forms the framework for improving nutrition care and food in hospitals.

The provision of nutrition care and food in hospitals is extremely complex and it is a critical component of patient care. A large number of staff are involved - from clinicians, to food service and support staff, to managers and also patients and their carers. Improving nutrition in hospitals requires a collaborative and coordinated approach with hospital-wide leadership. It is everybody's problem and therefore it should be part of everybody's job.

This guide is a companion document to the NSW Health *Nutrition Care Policy* and will enable Local Health Districts to identify key processes and tasks required to ensure patients receive appropriate food, fluids and nutritional care in NSW health facilities, from admission to transfer of care. Along with the *Patient Nutrition Care Journey* interactive slides, it is part of the ACI nutrition care resource package that also includes the following documents:

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

On behalf of the ACI, I would like to thank Helen Jackson, co-chair of the Nutrition in Hospitals Group and the members of the *Patient Nutrition Care Journey* reference group for their dedication and expertise in developing this guide and the accompanying presentation slides.



Nigel Lyons
Chief Executive and Co-Chair, Nutrition in Hospitals
Agency for Clinical Innovation

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Executive Summary

Good nutrition is important for everyone, but particularly for those who are unwell or recovering from injury. The provision of adequate, safe and appropriate food and nutrition care to patients in hospital is an integral aspect of clinical care that influences patient outcomes.

The provision of food and nutrition care to patients within NSW Hospitals is a complex process involving many steps. These include:

- Clinical assessment
- Nutrition risk screening and nutrition assessment
- Nutrition care planning
- Food and nutrition prescription
- Menu selection
- Food production
- Meal assembly and delivery
- Mealtime preparation and management
- Feeding assistance and supervision
- Communication, including clinical handover
- Monitoring of nutrition care
- Transfer of care

Food and nutrition care in hospital requires a collaborative and coordinated approach, involving clinicians, support staff, managers, patients and their carers. The *Patient Nutrition Care Journey* outlines the key processes and tasks required to ensure patients receive appropriate food, fluids and nutritional care throughout their admission to a NSW Health facility. It is underpinned by the NSW Health *Nutrition Care Policy (PD2011_78)*¹ and aims to support implementation of the policy within Local Health Districts.

The *Patient Nutrition Care Journey* will assist Local Health Districts to determine key processes and tasks required to further enhance the food and nutrition care provided within each of their facilities and ensure the nutritional needs of patients are met. It will

- Describe all steps in the nutrition care pathway to ensure appropriate nutrition care and food are provided
- Assist LHDs to identify gaps in service, duplication, inconsistencies
- Assist those responsible to implement the NSW Health *Nutrition Care Policy (PD2011_78)*¹ within their domain.

Introduction - Food and Nutrition Care in NSW Hospitals

Background

Food is vital to patients in hospital. It is an important factor that influences both their clinical outcomes and satisfaction with their hospital stay.²⁻⁴ Providing good-quality food and fluids to patients in hospital is a basic requirement that helps to effectively managing patients' nutritional needs during their admission.

It is widely acknowledged that hospital patients are a varied group with special needs. Many patients already have, or are at risk of developing, some degree of protein-energy malnutrition.⁵⁻¹¹ Studies conducted in NSW hospitals confirm this risk, with reports of up to 50% of patients having some degree of malnutrition.¹²⁻¹⁷ These levels are similar to those reported in other Australian studies and patients can be malnourished on admission, or become malnourished throughout their hospital stay.¹⁸⁻²¹

Malnutrition in hospital is frequently undetected and untreated, causing a wide range of adverse consequences including:²¹⁻³⁰

For the individual

- delayed wound healing
- increased risk of pressure areas
- muscle wasting and weakness
- increased prevalence of both adverse drug reactions and drug interactions
- infection
- dehydration
- impaired mobility
- diarrhoea, constipation
- impaired metabolic profiles
- apathy and depression.

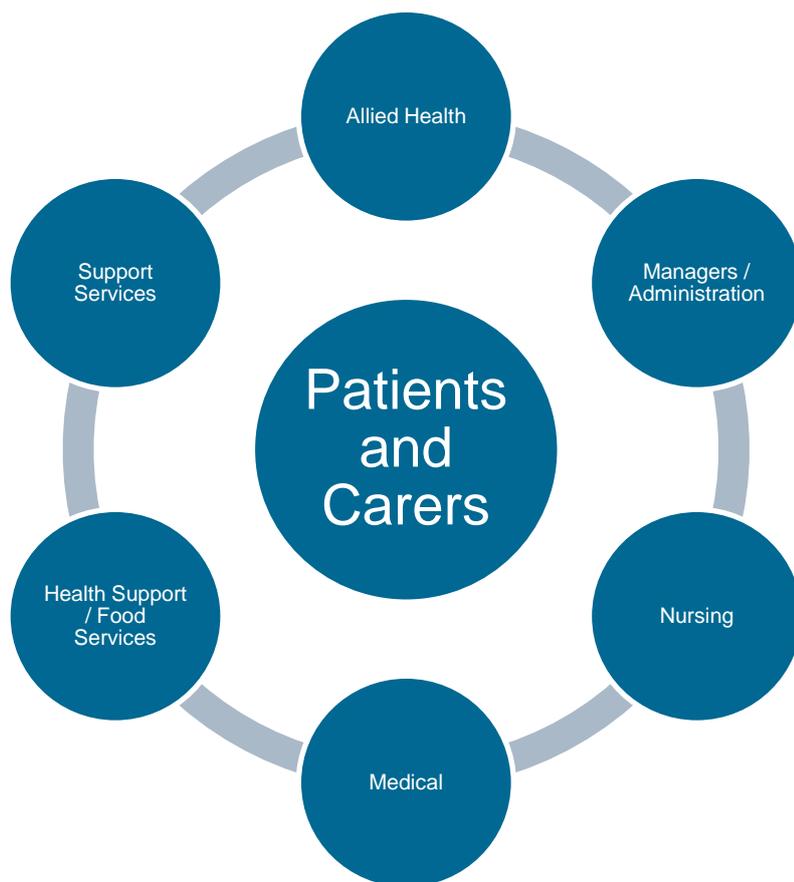
For the health system

- increased lengths of stay
- increased rates of readmission
- increased costs
- greater antibiotic use
- increased complications
- increased clinical intervention
- increased staff time per patient.

Investing in food and nutrition care in hospitals leads to benefits for both the patient and the health system.

Multidisciplinary patient centred care

Providing the right food to the right patient at the right time is an important part of the complicated nutrition care process. Supporting patients to consume their meals is critical to their clinical care and the provision of high quality food and nutrition care to hospital patients is highly complex. The entire process requires collaboration between clinicians, support staff, managers, patients and their carers. Each one has specific tasks and responsibilities within the *Patient Nutrition Care Journey*.



Preparing this guide

In 2009 the ACI (then known as the GMCT) established the Nutrition in Hospitals (NIH) group to address the delivery of nutritional care in NSW public hospitals. This group has facilitated the development of a suite of documents and policies related to food and nutrition care in hospitals, including the following

- NSW Health Nutrition Care Policy (PD2011_78)¹
- Nutrition standards for adult inpatients in NSW hospitals³¹
- Nutrition standards for paediatric inpatients in NSW hospitals³²
- Therapeutic diet specifications for adult inpatients³³
- Therapeutic diet specifications for paediatric inpatients³⁴

The new Nutrition standards and Therapeutic diet specifications for NSW hospitals are important in ensuring that patients have access to the food and nutrition they need while in hospital. However, they are only part of the process to improving food and nutrition care.

The NSW Health *Nutrition Care Policy* and the *Patient Nutrition Care Journey* provide the overarching framework for improving food and nutrition care in hospitals. This guide, along with the accompanying interactive presentation slides, was prepared by an expert reference group consisting of representatives from clinical dietetics, food services, nursing, speech pathology and consumers.

Initial drafts of the guide and presentation slides were circulated to all members of the ACI Nutrition in Hospitals group for comment. The final drafts were circulated to Local Health Districts via each Chief Executive for feedback. The final versions were endorsed by the NSW Health Nutrition and Food Committee, co-chaired by Dr Kerry Chant, Chief Health Officer and Dr Nigel Lyons, Chief Executive of the ACI in August 2012.

The Patient Nutrition Care Journey

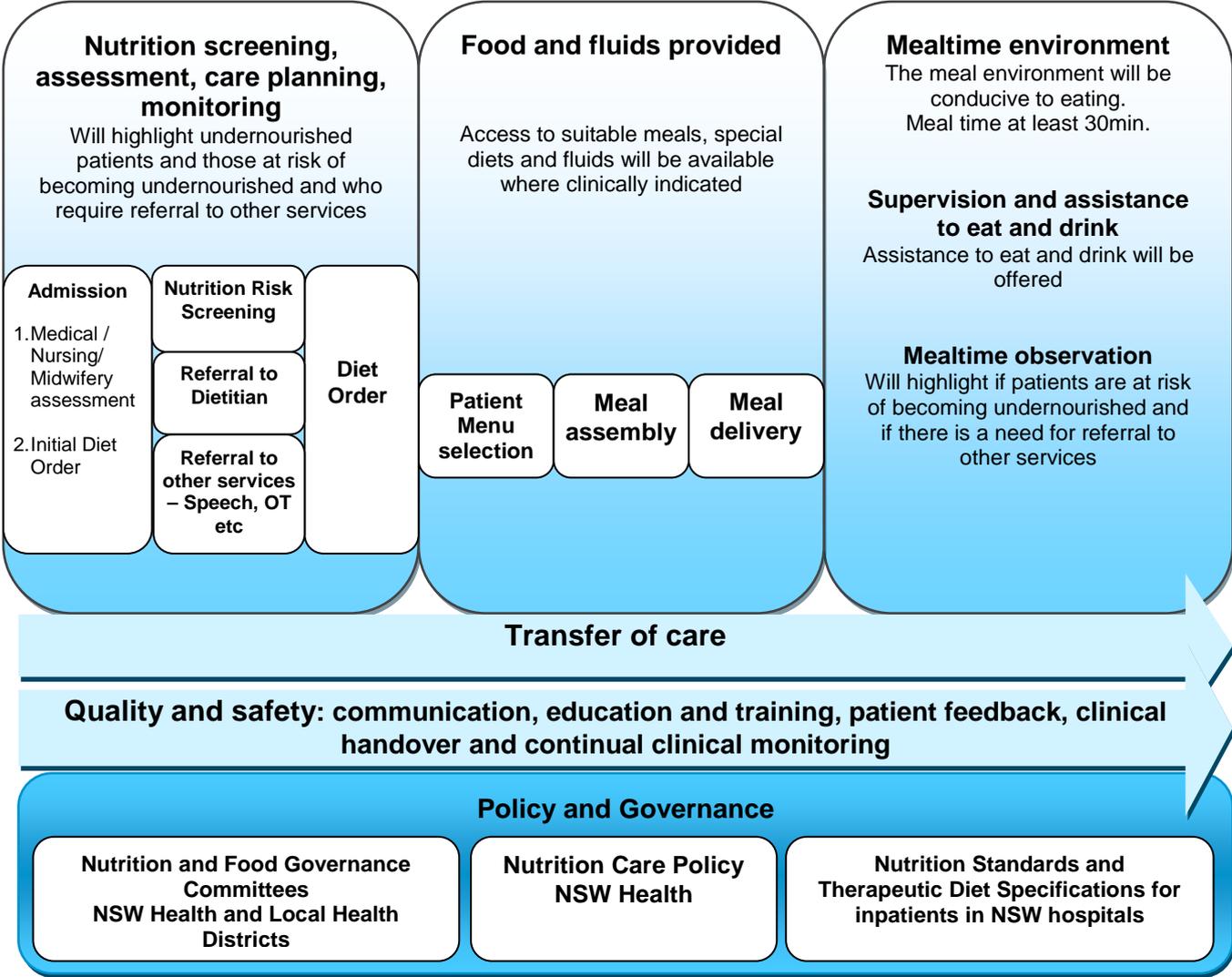
The *Patient Nutrition Care Journey* outlines the key processes and tasks required to ensure patients receive appropriate food, fluids and nutritional care throughout their admission to a NSW Health facility. It is underpinned by the NSW Health *Nutrition Care Policy (PD2011-78)*¹ and aims to support implementation of the policy within Local Health Districts.

The *Patient Nutrition Care Journey* from admission to transfer of care was mapped by the expert reference group to ensure all relevant stages in relation to nutrition care were identified. Each stage was then broken down into required tasks and those responsible for completing each task were identified.

Where possible, documents and resources relevant to each stage of the *Patient Nutrition Care Journey* have been referenced to support the implementation process.

Please also refer to the interactive *Patient Nutrition Care Journey* presentation slides.

Patient Nutrition Care Journey



Nutrition screening, assessment, care planning and monitoring

Following are the relevant tasks that directly apply to the initial stage of the *Patient Nutrition Care Journey*.

Task	Details	Completed by:	Resources
Admission: Medical / Nursing / Midwifery Assessment	Complete admission medical / nursing/midwifery assessment <i>Include information relating to the patients food and nutrition (eg height, weight, food allergies, dysphagia, appetite, chronic disease, assistance required for eating, feeding and drinking, social or psychological issues).</i>	Medical staff or nursing / midwifery staff on admission or the patient on the pre-admission form	
Initial Diet Order	Prescribe and/or authorise the diet <i>This is based on current clinical need, medical history, and patient preference.</i>	Medical officer, clinical dietitian, speech pathologist or nurse/midwife	Therapeutic Diet Specifications for adult and paediatric inpatients
	Place the diet order <i>This step informs food services about the patient's food and fluid requirements. Placement of the diet order must be efficient, timely and safe.</i>	Medical officer, nurse/midwife, clinical dietitian, speech pathologist, dietitian assistant, allied health assistant or clerical staff	
Nutrition Risk Screening	Determine Nutrition risk <i>Use a validated nutrition risk screening tool.</i> Document result of nutrition risk screening in medical record	Clinical staff trained in nutrition risk screening	Nutrition risk screening tools Clinical practice guidelines - malnutrition
Referral to a Clinical Dietitian	Refer any patient identified at risk of malnutrition to a clinical dietitian for nutrition assessment	Clinical staff who completes the nutrition risk screening	
	Referral to a clinical dietitian for other reasons eg acute conditions (post gastrointestinal surgery) or chronic disease requiring dietary management (eg coeliac disease)	The referral is completed by clinical staff This task could be initiated by the patient/carer, clinical staff or food service staff	
	Conduct nutrition assessment, develop nutrition care plan and monitor progress using appropriate best practice tools	Clinical dietitian	Nutrition Assessment tools Clinical practice guidelines - malnutrition
Referral to other health professionals	Refer patients to other health professionals for the management of specific issues which may affect their nutrition status <i>This includes swallowing, biting, chewing difficulties, impaired function (hand, arm, shoulder or general debility), self-feeding issues, poor dentition, mental health issues or cognitive issues.</i>	The referral is made by clinical staff This task could be initiated by the patient/carer or any clinical staff	
Diet Order	Place the prescribed or authorised diet order <i>Each patient's diet order may change several times during their admission depending on the individual. Must be efficient, timely and safe.</i>	Medical officer, nurse/midwife, dietitian, allied health assistant, dietitian assistant, speech pathologist or clerical staff	

Food and fluids provided

Following are the relevant tasks that directly apply to this stage of the *Patient Nutrition Care Journey*.

Task	Details	Completed by:	Resources
Patient Menu Selection	Deliver a menu (including therapeutic menu) to the patient	Food service, clinical, administration and support staff or volunteers	
	Assist the patient/carer to make their menu selection if required (eg where the patient cannot complete the menu)	Food service, clinical, administration and support staff or volunteers	
	Guide the patient/carer to choose adequate food and fluids from the menu	Assistants with appropriate training (eg food service, dietetic or allied health assistants)	
	Guide the patient/carer to choose according to the therapeutic diet and/or nutrition care plan from the menu	Appropriately trained clinical staff under the guidance of a clinical dietitian	
Meal Assembly	Assemble the meal according to patients meal selections; therapeutic diet specifications; standardised portions; attractive presentation; food safety standards	Food service staff	
Meal delivery	<p>Deliver food in a polite and respectful manner</p> <p>Be responsive to inquiries from the patient/carer</p> <p>Deliver the correct meal to the correct patient</p> <p>Deliver the meal according to food safety and infection control standards</p> <p>If it is identified that the patient requires assistance and/or supervision for eating</p> <ul style="list-style-type: none"> • do not place the meal/tray within the patient's reach • notify the nurse or midwife <p>If it is identified that the patient does not require assistance and/or supervision for eating</p> <ul style="list-style-type: none"> • Position the meal/tray safely • Place the tray within easy reach. <p>Provide assistance to open packaging if required</p>	<p>Food services staff</p> <p>(Assistance may be provided by nursing/midwifery staff or volunteers with appropriate training)</p>	

Mealtime Environment, Supervision and Observation

Following are the relevant tasks that directly apply to this stage of the *Patient Nutrition Care Journey*.

Task	Details	Completed by:	Resources
Mealtime Environment	Coordinate ward mealtime to minimise disruptions; ensure sufficient staff on ward at mealtimes; identify patients who require assistance/supervision; allocate staff, carers, relatives and volunteers to meet individual patient's needs	Nursing/midwifery staff	
	Prepare the patient for meals <i>Clear bedside tray-table; Hand washing and toileting; Correct positioning of patient and sitting out of bed if appropriate.</i>	Coordinated by nursing/midwifery staff	
Supervision and Assistance to Eat and Drink	Provide appropriate equipment/utensils that meet the patient's individual needs <i>Includes the provision of adaptive aids, cutlery and drinking devices for eating/drinking.</i>	Coordinated by nursing/midwifery staff with input from appropriate allied health staff	
	Provide supervision and assistance with eating and drinking where there is clinical risk <i>This requires an understanding of the risks (eg suspected dysphagia, eating disorders), and the abilities and skills to deal with the risk.</i>	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	Nursing/midwifery staff or appropriately trained volunteers	
Mealtime Observation	Ensure the patient has sufficient time to consume their meal	Food service and nursing/midwifery staff	
	Observe and actively participate in the mealtime environment <ul style="list-style-type: none"> Recognise changes to the patient's needs/capacity Ensure current nutrition care plan is implemented Document observations accurately Communicate with patients, carers, relatives, volunteers, and health professionals 	This is the responsibility of all staff, relatives, carers and volunteers involved in the mealtime environment.	
	Complete food and fluid records accurately	Responsibility of nursing/midwifery staff (may be completed by clinical staff)	Observation / Food charts
	Complete clinical assessment of food and fluid intake	Medical, nursing/midwifery staff and/or clinical dietitian	
	Complete nutrition assessment and update nutrition care plan	Clinical dietitian	

Transfer of Care

Following are the relevant tasks that directly apply to this stage of the *Patient Nutrition Care Journey* where the patient requires ongoing nutrition support.

Task	Details	Completed by:	Resources
<p>Nutrition care plan for transfer of care</p>	<p>Provide education and a nutrition care plan as part of transfer of care communication</p> <p><i>The patient and/or carer should understand this plan.</i></p> <p><i>The discharge nutrition care plan should include information about nutritional status, special dietary requirements and arrangements for follow-up.</i></p> <p><i>This should be communicated to any receiving facility.</i></p> <p><i>Provide, or ensure access to, an adequate supply of specialised nutrition support items where required.</i></p>	<p>Medical staff, clinical dietitian, speech pathologist, nurse/midwife</p>	<p>Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals PD2011_015</p> <p>ACI Guidelines for Home Enteral Nutrition (HEN) Services, 2012</p>

Quality and Safety

The patient should be at the centre of all decision making regarding their nutritional care.

Task	Details	Completed by:	Resources
Communication	Provide patients/carers with information about the food and nutrition service (eg patient/carer information brochure)	Clinical, administration and support staff or volunteers	Patient information brochures : ACI Food and Nutrition in NSW Hospitals, HSS Guidelines for bringing occasional food to patients
	Engage with patients and their carers about their food and nutrition care	All staff	
	Engage staff and stakeholders to reach local team agreement about the importance of nutrition	LHDs	NSW Health Essentials of Care Program
	Staff orientation includes mealtime management processes and there is regular education for staff	LHDs for hospital staff and HSS for HSS staff	
Education and training	Education programs on nutrition care and malnutrition should be provided annually and additionally as required	LHDs for hospital staff and HSS for HSS staff	
Patient feedback	Conduct annual patient satisfaction surveys	Food service	Food /Patient satisfaction surveys
	Resolve patient concerns regarding food and nutrition care promptly	All staff	
Clinical Handover	Clinical handover must include the transfer of nutrition care information	Clinical staff	Clinical handover PD2009_060
Clinical Care and Monitoring	Ongoing nutrition screening should occur	Clinical staff trained in nutrition risk screening	Nutrition screening tools
	Engage in a process of continual improvement of practice <i>Use practice development methodologies involving all stakeholders at a local level.</i>	All staff under the governance of the LHD food and nutrition committee	
	Ensure the nutrition needs of patients are met as identified in national standards on the provision of food, fluid and nutrition care <i>Hospitals are periodically assessed against these standards.</i>	All staff under the governance of the LHD food and nutrition committee	Australian Council Healthcare Standards EQUIP V5 criterion 1.5.7.
	Collect and report on nutrition care performance measures <ul style="list-style-type: none"> • Weight and height • Nutrition screening • Nutrition assessment • Adverse events 	All staff under the governance of the LHD food and nutrition committee	

Resources / Links

- NSW Health Nutrition Care Policy (2011)
http://www.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_078.pdf
- NSW Health Essentials of Care program.
<http://www.health.nsw.gov.au/nursing/projects/eoc.asp>
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