

# Terms of Reference

## Nutrition Standards and Diet Specifications Adult and Paediatric Reference Group

<b>Reports to:</b>	Nutrition Network - Nutrition in Hospitals Committee (NIHC)		
<b>Reporter:</b>	Chairperson(s)		
<b>Chairperson/s:</b>	Lyn Lace, Dietitian Advisor, SNSWLHD		
<b>Terms of office:</b>	2 years, with potential for extension		
<b>Secretariat:</b>	Nutrition Network Manager		
<b>Endorsed by:</b>	NIHC Co-chairs	<b>Date:</b>	Nov 2017
<b>Next review:</b>	Nov 2019		
<b>Review process:</b>	Review by Reference Group and Network Manager every 2 years. Revised draft circulated to members for endorsement at the first meeting of the year.		

### Background:

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. Our Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate to develop successful healthcare innovations. We support the case for change using evidence, health economics and evaluation.

Under the auspices of the Nutrition and Food Committee of NSW Health, ACI commissioned the development of the following suite of nutrition standards and therapeutic diet specifications:

- ACI Nutrition Standards for Adult Inpatients in NSW Hospitals
- ACI Therapeutic Diet Specifications for Adult Inpatients
- ACI Nutrition Standards for Paediatric Inpatients in NSW Hospitals
- ACI Therapeutic Diet Specifications for Paediatric Inpatients
- ACI Nutrition Standards for Consumers of Inpatient Mental Health Services in NSW.

Expert reference groups from within the ACI Nutrition Network guided the progress of each document. Members included dietitians, speech pathologists, food service managers, researchers and consumers. Final versions of all documents were circulated widely for comment.

The suite of nutrition standards form part of a framework for improving nutrition and food in hospitals and aim to ensure that hospital menus provide the opportunity for patients to select food that satisfies their nutrient requirements and enhances their experience in hospital. They do this by:

- providing a sound nutritional basis for the development of the standard hospital menu, and
- establishing overarching principles that ensure a patient-focused food and nutrition service.

### Purpose:

The purpose of the ACI Nutrition Standards and Diet Specifications Adult and Paediatric Reference group is to ensure the documents remain evidenced-based and reflect best practice in food service and clinical nutrition care.

## **Responsibilities / Functions:**

The ACI Nutrition Standards and Diet Specifications Adult and Paediatric Reference group has the responsibility to:

- Ensure all activities are in accordance with ACI functions and philosophies
- Establish and maintain a framework to obtain expert guidance in food service and clinical nutrition care.
- Facilitate the review of literature and other relevant standards.
- Actively seek, review and respond to feedback from users regarding the accuracy, practical application and comprehensiveness of the documents.
- Determine priorities and action as appropriate.
- Oversee the development and implementation of an effective communication strategy to raise awareness of the actions of the group within the NSW health system.
- Oversee evaluation activities related to the documents and their implementation
- Develop positive working relationships with jurisdictions across Australia, national organisations and Commonwealth Government branches that are working on similar strategies in order to learn from their work and to share ACI's successes.

## **Review process - See appendix**

### **Meetings:**

#### Methods

- Teleconference
- Face to Face

*Some discussions and decision-making may occur via email*

Frequency – monthly

### **Voting and decision making**

- All decisions made by the reference group are made from a consensus position, with responses from at least ½ the members + 1 (excluding the Network Manager) required.
  - o Decisions relating to Texture modified diets and thickened fluid diets need approval from at least 2 Speech pathologists in addition to dietitian members.
  - o Decisions relating to non-texture modified diets and thickened fluids need approval from 2/3 of dietitian members
- In the event of the absence or non-response of an adequate number of members (or professional representation), co-chairs may evoke an interim decision.
- If a consensus cannot be reached, the co-chairs may evoke a majority vote decision or raise the issue at the next Nutrition in Hospitals Committee.

## **Roles and Responsibilities**

### Chairperson(s) roles and responsibilities

- Act as the key contact for the group
- Lead the group and facilitate discussion when required.

### Member roles and responsibilities

- participate in at least 8 meetings per year
  - o Speech Pathology members are required to attend the start of the meeting where all agenda items relevant to them will be discussed first.
- confirm membership annually
- contribute their expert knowledge in a constructive manner to ensure the aims of the group are achieved.
- complete the designated actions within the timeframes agreed
- act as an advocate for the relevant agency being represented (where applicable)

### Secretariat roles and responsibilities

- ensure production and circulation of the agenda, together with relevant documents at least 1 week prior to the meeting
- ensure that the meeting runs on time
- ensure all agenda items are discussed

- document and distribute the meeting minutes and action points as well as any other relevant documentation to the group within 2 weeks of the meeting
- arrange meeting venue, dates and times
- provide other secretariat support as required

#### **Reporting committees:**

- Where needed, the Reference Group will form sub-groups to take on identified pieces of work.
- Leaders for working groups will report progress to each Reference group meeting.

#### **Linkages**

- ACI Networks (as appropriate) – refer to Appendix B
- HealthShare Information and Communication Technology (ICT) and Menu Governance committee
- MoH Nutrition & Food Committee
- NSW Health Nutrition and Dietetics Network (NDNG)
  - o Identify specialist and/or senior dietitian subject matter experts for specific diets
- NSW Health Speech Pathology Advisory Network (SPAN)

#### **Method of evaluation:**

- Reporting to the NIHC against the Terms of Reference.

#### **Quorum:**

- Half membership plus one.
- Where the meeting does not reach a quorum, recommendations will be circulated to all members and confirmed at the next meeting.

#### **Members**

The Reference group is to be comprised of the following representatives:

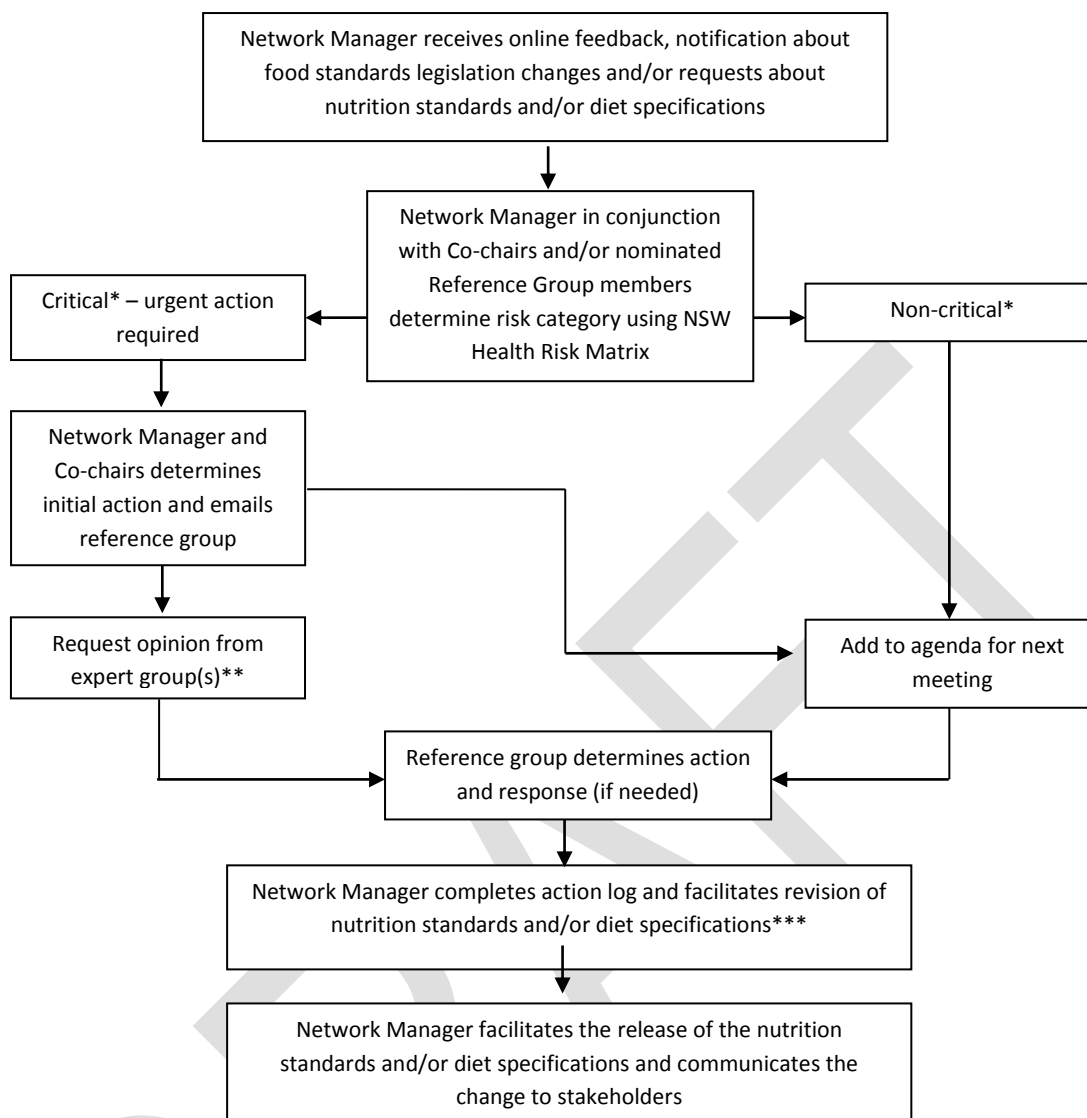
- Speech Pathologists: minimum of 2
  - o Representing SPAN, Paediatrics and Adult services
- Clinical Dietitians:
  - o 2 x NDNG members
  - o 2 x senior clinicians working in Paediatric facilities
  - o 2 x senior clinicians working in adult services
- Food Service Dietitians
  - o 2 x LHD/Network Food Service dietitians
  - o 2 x HealthShare Dietitians (Nutrition Project Manager and Senior Dietitian)
- At least 3 rural/regional and 3 metropolitan sites should be represented
- Consumer x 1
- ACI Nutrition Network Manager

**Membership correct at: 28 November 2017**

<b>Representing</b>	<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Dietitian - Adults and Metro	<b>May Mak</b>	Deputy Head of Department – Dietetics	Liverpool Hospital
Dietitian - NDNG	<b>Suzanne Kennewell</b>	Director – Nutrition and Dietetics	Sydney Local Health District
Dietitian - NDNG and Metro	<b>Margaret Holyday</b>	Head of Department - Nutrition and Dietetics	Prince of Wales/Sydney-Sydney Eye Hospitals and Health Services
Dietitian - NDNG and rural/regional	<b>Lyn Lace</b>	Dietitian Advisor	Southern NSW LHD
Dietitian - NDNG, Adults, Metro	<b>Gwen Hickey</b>	Head of Department, Nutrition Services	Royal North Shore Hospital and Ryde Hospital
Dietitian - Paediatrics	<b>Dianne Muniz</b>	Head of Department - Nutrition and Dietetics	Sydney Children’s Hospital Network – Randwick
Dietitian - Paediatrics	<b>Sheridan Collins</b>	Senior Dietitian	Sydney Children’s Hospital Network – Westmead
HealthShare Food Services	<b>Jeremy Wing</b>	Food Service Dietitian	HealthShare NSW
HealthShare Food Services	<b>Lilli Forrest</b>	Nutrition Project Manager	HealthShare NSW
LHD/Network Food Service Dietitian	<b>Amber Thoroughgood</b>	Dietitian and Project Officer – Food Services	John Hunter Hospital, HNELHD
LHD/Network Food Service Dietitian	<b>Samantha Krupp</b>	Lead Dietitian	St Vincent’s Health Australia
LHD/Network Food Service Dietitian and rural/regional	<b>Kirstine Metcalfe</b>	Senior Dietitian	Dubbo Base Hospital
LHD/Network Food Service Dietitian and rural/regional	<b>Chloe Fox</b>	Food Service Dietitian	Western NSW LHD
Speech Pathology - Adults	<b>Mary Ellen Tarrant</b>	Head of Dept., Speech Pathology	Northern Beaches Health Service, NSLHD
Speech Pathology - Paediatrics	<b>Gloria Tzannes</b>	Senior Speech Pathologist	Sydney Children’s Hospital Network – Westmead
Speech Pathology - SPAN	<b>Helen Ryan</b>	Head of Dept – Speech Pathology	Concord Hospital
ACI Consumer	<b>Marianne Matea</b>	Nutrition Network Consumer	Agency for Clinical Innovation
ACI Nutrition Network	<b>Tanya Hazlewood</b> <b>Kate Fletcher</b>	Network Manager Nutrition A/Network Manager Nutrition	Agency for Clinical Innovation Agency for Clinical Innovation

- Membership will be discussed every 2 years via expression of Interest and with input from NDNG and SPAN.

**APPENDIX A: ONGOING REVIEW PROCESS**



**\*Criteria** for critical or non-critical changes

- Co-chairs (or their nominated representative) will use the NSW Health Risk Matrix to determine the risk category.
  - o If the risk is Extreme or High, the change is classed as critical
  - o If the risk is Medium or Low, the change is classed as non-critical
- Nominated representatives include Speech Pathology members for relevant diets or other members in the absence of a co-chair.

**\*\*Experts Groups** are advised by NDNG and SPAN

**\*\*\*Nutrition standards** will be reviewed periodically with the assistance of a Consultant and Expert Reference Group.

## APPENDIX B: ACI NETWORK COLLABORATION APPROACH

1. ACI Nutrition Network Manager notifies appropriate Network(s) about the revision and/or development of new diet(s).
2. The respective Network Managers can nominate 1 appropriate representative to join the reference group (if desired).
3. The respective Network Managers can seek 1-2 appropriate representatives to join specific working groups (when required).
4. ACI Nutrition Network Manager to circulate the revised / new diet specification(s) to the respective Network Manager for final feedback.
5. All feedback to be referred back to the ACI Nutrition Standards and Diet Specification Reference Group.
6. ACI Nutrition Network Manager to include relevant Network Managers to the circulation about any diet specification updates that their members may be interested in.

General Diets	Suggested Networks
Full	
Halal	
High fibre and lower fat	Mental Health
Kosher	
Microbial – low	Blood & Marrow Transplant
Maternity	
Nil by mouth	
No hot fluids	
Vegan	
Vegetarian and seafood	
Vegetarian including milk and eggs	
Vegetarian including milk but not eggs	
<b>Diets Supporting Patient Consumption</b>	
Large	
Small	
Finger food	
Small meals – 6 day	
<b>Texture-Modified Diets</b>	
Cut up	
Soft - dysphagia	
Soft - dental	
Minced and moist - dysphagia	
Minced and bread - dental	
Liquid puree	
Smooth puree - dysphagia	
Puree and bread - dental	
No mixed consistency	
<b>Allergy / Intolerance Diets</b>	
Allergy – additive low	
Allergy – amine low	
Allergy – caffeine free	
Allergy – citrus free	
Allergy – colour low	

General Diets	Suggested Networks
Allergy – egg free	
Allergy – elimination -moderate	
Allergy – elimination - simple	
Allergy – elimination - strict	
Allergy – fish free	
Allergy – fructose low	
Allergy – glutamate low	
Allergy – gluten free	Gastroenterology
Allergy – lactose low	
Allergy – latex free	
Allergy – milk free	
Allergy – nut free	
Allergy – preservative low	
Allergy – salicylate low	
Allergy – sesame free	
Allergy – shellfish free	
Allergy – soy free	
Allergy – sucrose low	
Allergy – sulphite low	
Allergy – wheat free	
Allergy – yeast free	
Allergy – FODMAPs low	Gastroenterology
Allergy – no capsicum	
Allergy – no garlic - strict	
Allergy – no onion - strict	
Allergy – no mushroom - strict	
Allergy – no tomato - strict	
<b>Diabetic Diets</b>	
Diabetes	Endocrine
Diabetes – higher energy	Endocrine
Diabetes in pregnancy	Endocrine
<b>Drug Interactions Diets</b>	
Tyramine low – for MAOI	Mental Health
Grapefruit – nil	Endocrine
<b>Energy Diets</b>	
Energy – high	
Energy – low	
Energy – VLED replace 1 meal (VLED1)	
Energy – VLED replace 2 meals (VLED2)	
Energy – VLED replace 3 meals (VLED3)	
<b>Fat-Modified Diets</b>	
Fat – low saturated	
Fat – low <20g day	
Fat – low <50g day	
<b>Fibre-Modified Diets</b>	

General Diets	Suggested Networks
Fibre – high >25g	
Fibre – low <10g	
Fibre – moderate <20g	
Fibre – high soluble	
<b>Fluid Diets</b>	
Fluids – elemental	
Fluids – clear	
Fluids – clear – bariatric	
Fluids – clear – high protein	
Fluids – full	
Fluids – full - bariatric	
Fluid restriction – 500mL	
Fluid restriction – 800mL	
Fluid restriction – 1000mL	
Fluid restriction – 1200mL	
Fluid restriction – 1500mL	
Fluid restriction – nil on tray	
Fluid – mildly thick	
Fluid – moderately thick	
Fluid – extremely thick	
<b>Post Procedure Diets</b>	
Post – bariatric	Gastroenterology & Surgical Taskforce
Post – fundoplication 1	Gastroenterology & Surgical Taskforce
Post – fundoplication 2	Gastroenterology & Surgical Taskforce
Post – cool / cold foods only	Gastroenterology & Surgical Taskforce
Post – gastrectomy	Gastroenterology & Surgical Taskforce
Post – gastrectomy 2	Gastroenterology & Surgical Taskforce
Post – operative (light)	Gastroenterology & Surgical Taskforce
Post – stoma	Gastroenterology & Surgical Taskforce
<b>Mineral / Electrolyte Diets</b>	
Sodium –100mmol	
Sodium – 50mmol	Renal / Cardiac
Potassium - low 70mmol	Renal
Potassium – very low (50mmol)	Renal
Phosphate – low	Renal
Oxalate – low	
<b>Protein Diets</b>	
Parkinson	Aged Care
Phenylalanine – low (PKU)	Endocrine
Protein – controlled – 20g	
Protein – controlled – 40g	
Protein – controlled – 50g	
Protein – controlled – 60g	
Protein – controlled – 70g	
Protein – high	



General Diets	Suggested Networks
Purine – low	
<b>Renal Diets</b>	
Haemodialysis	Renal
Peritoneal dialysis	Renal
<b>Cystic Fibrosis</b>	
Cystic Fibrosis	Endocrine
<b>Test Diets</b>	
Test – 5HIAA	Gastroenterology
Test – catecholamine / VMA / metanephrines	Gastroenterology
Test – faecal fat	Gastroenterology
Test – fenfluramine and clonidine studies	Gastroenterology
Test – gelatine free	Gastroenterology
Test – glucose tolerance	Gastroenterology
Test – histamine collection	Gastroenterology
Test – hydrogen breath test	Gastroenterology
Test – methionine loading test	Gastroenterology
Test – occult blood	Gastroenterology
<b>Enteral And Parenteral Diets</b>	
Enteral feed – NBM	
Enteral feed – and food	
PN – NBM	
PN – and food	
PN – and enteral	
PN – and enteral – and food	
<b>Paediatric Age-appropriate Diets.</b>	
Breastfed and/or Infant formula fed alone	
Breastfed and/or Infant formula fed and Solids	
Infant first foods	
Infant 6 months+	
Infant 7-12 months	
1-3 years/Toddler	
Child 4-8 years	
Child 9-13 years	
Adolescent 14-18 years	
<b>Paediatric Therapeutic Diets</b>	
Soft <5years	
Allergy – Milk, Egg, Soy, Wheat, Seafood, Peanut and Tree Nut Free	
Maternity Adolescent	
Diabetic Paediatric: No set CHO	Paediatric & Endocrine
Diabetic: CHO in grams (pump diet)	Paediatric & Endocrine
Cystic Fibrosis Related Diabetes	Paediatric & Endocrine
Energy – High Paediatric	
Energy – Low Weight Management Paediatric	
Fat – Minimal Total Paediatric	Paediatric & Endocrine
Fat – Low Saturated Paediatric	

General Diets	Suggested Networks
Fat – Minimal long chain triglycerides (LCT) plus medium chain triglycerides (MCT)	
Ketogenic Classic & Modified MCT	Paediatric & Endocrine
Ketogenic Modified Atkins	Paediatric & Endocrine
Protein – High Paediatric	
Protein – Reduced (Metabolic)	
Protein – Minimal (Metabolic)	Paediatric & Endocrine
Sodium – Low Paediatric (No Added Salt)	
Phosphate – Low Paediatric	Paediatric & Renal
Potassium – Low Paediatric	Paediatric & Renal
Rehydration Fluids	

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