Nutrition Care

Summary This sets out the NSW Health framework for a strategic and coordinated approach to nutrition care, including weight and height assessment, from admission to transfer of care.

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POLICY STATEMENT

NUTRITION CARE

PURPOSE AND SCOPE

Local Health Districts, Specialty Health Networks and other NSW public health organisations have a responsibility to provide nutrition care for all their admitted patients.[1] This Policy directive sets out the NSW Health framework for a strategic and coordinated approach to nutrition care for admitted patients, including weight and height/length assessment, from admission to transfer of care.

MANDATORY REQUIREMENTS

This Policy applies to all NSW Local Health Districts, Specialty Health Networks and other NSW Health organisations which provide services to admitted patients including, but not limited to hospitals and emergency departments, Day stay centres (e.g. renal dialysis, chemotherapy etc.), Multipurpose services, Mental Health facilities and Hospital in the home.

Where these facilities provide food and nutrition care services to admitted patients, consumers and residents, the nutrition care processes described in this policy directive including weight and height/length assessment **must** be in place.

IMPLEMENTATION

Chief Executives are responsible for:

- Implementing the Nutrition Care Policy, within their respective facilities.
- Ensuring governance structures are in place for all sites within the Local Health District or Network.
- Assigning responsibility, personnel and resources to meet the requirements of the Policy.
- Ensuring a staff/volunteer education and training program for nutrition care is in place.
- Ensuring systems for nutrition risk screening, nutrition assessment, and weight and height assessment using appropriate equipment and validated tools are in place.
- Ensuring clinician work practices are consistent with the requirements of the Policy.
- Ensuring systems to evaluate the nutrition care and weight and height assessment processes are in place.
- Reporting on the implementation and evaluation of the requirements of the Policy.

[1] When the term 'patient' is used throughout this Policy it refers to all patients, consumers, and residents admitted to a NSW Health facility for care.

- Ensuring providers of food services comply with the requirements of this Policy.

Nursing/Midwifery Unit Managers (or Nurse/Midwifery Managers where appropriate) are responsible for:

- Enabling and monitoring systems to ensure patients, consumers and residents receive appropriate nutrition care.

The Agency for Clinical Innovation is responsible for:

- Providing support to NSW Local Health Districts, Specialty Health Networks and other NSW public health organisations for the implementation of the Nutrition Care Policy.
- Monitoring and evaluating implementation of the Policy within NSW Local Health Districts, Specialty Health Networks and other NSW public health organisations in collaboration with the NSW Ministry of Health and key stakeholders.
- Reporting on the implementation and evaluation of the Policy to the NSW Ministry of Health Nutrition and Food Committee. This includes recommendations for amendments to the Policy and other relevant documents such as nutrition standards and diet specifications.

Food Service Providers (including HealthShare NSW and contracted providers) are responsible for:

- Ensuring the standards set out in this Policy and other related policies are incorporated into all food service provision activities for admitted patients, including menu planning and design, and food service system design and delivery in NSW Local Health Districts, Specialty Health Networks and other NSW public health organisations.
- Ensuring appropriate consultation and communication with NSW Local Health Districts, Specialty Health Networks and other NSW public health organisations.

Health Education and Training Institute

- Provides educational resources to support the implementation of this Policy.

REVISION HISTORY

Version	Approved by	Amendment notes
November 2017 (PD2017_041)	Deputy Secretary, Population and Public Health	Revised Policy to include additional background information and new 'Weight and height/length assessment' element. It is now mandatory to measure and document weight and height/length for all admitted children.
December 2011 (PD2011_078)	Director-General	New Policy

ATTACHMENTS

1. Nutrition Care: Procedures

Nutrition Care

NSW GOVERNMENT Health

PROCEDURES

Issue date: November 2017

PD2017_041

CONTENTS

1 BACKGROUND

1.1 Food and nutrition in health

Good nutrition is vital for everyone, particularly for those who are frail, ill or suffering from injury. The provision of good nutrition care is an integral aspect of health care and is associated with better patient outcomes.[1] Hospital patients rely on the hospital to provide foods which are nourishing and acceptable to the patient in terms of their developmental, cultural and psychosocial needs. To achieve the best outcomes for the patient other issues such as patient access to foods and the provision of assistance with eating need to be addressed.

Food is not only essential for physical health, childhood growth and development, mental health and general well-being but also essential to an individual's sense of self. Food has strong psychological connotations associated with nurturing. In the hospital environment, meal times provide a welcomed routine to the day. Eating may be one of few opportunities many patients have to regain independence, make choices and ultimately take control over an aspect of their care, providing a positive milestone on the road to recovery.[2] Familiar foods are also important and can provide comfort and security in unfamiliar situations.

All hospital food services have a duty of care to meet the nutrition requirements and the developmental, cultural and psychosocial needs of each patient. All staff can contribute to making the mealtime environment pleasant and can assist patients in accessing and enjoying their meals.

Assessment of a person's nutritional status is important for identifying their nutritional risk during admission, as well as for promoting longer-term health and wellbeing. Along with nutrition screening, weight and height/length assessment is an important component of identifying patients who may benefit from additional nutrition care.

1.2 Malnutrition in hospital

The term malnutrition can be used to describe any nutritional imbalance and includes over and under-nutrition. However, for the purpose of this Policy, malnutrition refers solely to **protein-energy under-nutrition.**

A primary concern for acute, chronic, and transitional care settings is the recognition and treatment of malnutrition.[3] Malnutrition may be present in a person who is a normal weight, overweight or obese, not just those who are underweight. Many patients are malnourished on admission to care, or are at nutritional risk. If not addressed, the nutritional status of patients may worsen during the course of admission. This may result from impaired intake, impaired digestion and/or absorption, poor food choices, poor eating behaviours, altered metabolic states and unusual nutrient requirements. Early identification, documentation and management of malnutrition is critical.

[1] Correia et. al., 2014
[2] Segaran, 2006
[3] White et. al., 2012

1.3 Overweight and obesity in hospital

The prevalence of overweight and obesity among Australians has been steadily increasing over many years and health problems related to excess weight impose substantial economic burdens on individuals, families and communities.[4]

Long-term management is required for people who are overweight or obese. Interventions need to be individualised and supported by self-management principles and regular review by a healthcare professional.

The hospital setting provides an opportunity to identify people who are affected by overweight and obesity, and to initiate appropriate care including nutrition advice, weight management strategies or pathways where appropriate.

However, people who are overweight or obese and develop a severe acute illness or experience a major traumatic event are at risk of malnutrition and frequently need and benefit from intensive nutrition intervention.[5]

1.4 Consequences of poor nutrition

Unless systematic efforts are made to identify and manage patients at nutritional risk, the above conditions may go undetected and unmanaged during the person's admission and on transfer of care. If untreated, they can cause a wide range of adverse outcomes for the person and the health system. These include:

For the individual:

- Delayed wound healing
- Increased risk of falls and pressure injuries
- 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.

Consequences for paediatric inpatients can also include:

- Faltering growth and poor weight gain
- Excess weight gain for length or height
- Impaired neurodevelopment

[4] National Health and Medical Research Council, 2013
[5] White et. al., 2012

- Delayed achievement in developmental milestones. This may include some or all of the following aspects of development: physical (fine & gross motor skills), emotional, cognitive, social, language, and cultural.

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

1.5 Key definitions

The following terms apply in this document

Malnutrition	Malnutrition due to starvation, disease or ageing can be defined as "a state resulting from lack of uptake or intake of nutrition leading to altered body composition (decreased fat free mass) and body cell mass leading to diminished physical and mental function and impaired clinical outcome from disease"[6]
Must	Indicates a mandatory action
Nutrition Care	A coordinated multidisciplinary approach to the provision of nutrition that adapts to the consumer/patient's individual needs and preferences throughout the healthcare journey. It encompasses interventions, monitoring, and evaluation designed to facilitate appropriate nutrient intake based upon the integration of information from the nutrition assessment. This includes access to safe, acceptable and appropriate food services, nutrition supplements and/or enteral and parenteral nutrition.[6,7]
Nutrition Screening	'A process of identifying patients with characteristics commonly associated with nutrition problems who may require comprehensive nutrition assessment and may benefit from nutrition intervention.'[8]

[6] Sobotka 2012 and Cederholm et. al, 2015
[7] American Dietetic Association, 1994
[8] Watterson et. al, 2009

Nutrition Assessment	'A comprehensive approach to gathering pertinent data in order to define nutritional status and identify nutrition-related problems. The assessment often includes patient history, medical diagnosis and treatment plan, nutrition and medication histories, nutrition-related physical examination including anthropometry, nutritional biochemistry, psychological, social, and environmental aspects' [10]
Nutrition Support	The provision of nutrients to make up the shortfall between the patient's nutrient requirements and their oral intake. Supplementary nutrition can be given in the form of additional foods and/or fluids, enteral feeds or parenteral nutrition (PN).
Overweight and Obesity	Abnormal or excessive fat accumulation that may impair health.[9] For adults, the World Health Organization (WHO) defines overweight and obesity as follows: • overweight is a Body Mass Index (BMI) greater than or equal to 25kg/m^2; and • obesity is a BMI greater than or equal to 30kg/m^2. For children (2-18 years), the Centre for Disease Control (CDC) and Prevention BMI for age charts (2000)[10] are used: • above a healthy weight (overweight) is BMI for age: 85th centile to below 95th centile • well above a healthy weight (obesity) is BMI for age: 95th centile and above. For children under 2 years, monitor for evidence of excess weight gain using WHO Child Growth Charts.[11] For example, where the percentile documented on the weight-for-age chart is higher than the percentile documented for the length-for-age chart, and especially if the difference is increasing.
Should	Indicates a recommended action that is to be followed unless there are sound reasons for taking a different course of action.
Underweight	For adults, the World Health Organization (WHO) defines below a healthy weight (underweight) as: • a Body Mass Index (BMI) less than 18.5kg/m^2 For children (2-18 years), the Centre for Disease Control (CDC) and Prevention BMI for age charts (2000)[12] are used: • below a healthy weight (underweight) is defined as a BMI for age below the 5th centile For children under 2 years, monitor for evidence of inadequate weight

[9] World Health Organization, 2016
[10] National Center for Health Statistics, 2000
[11] World Health Organisation, 2006
[12] National Center for Health Statistics, 2000

	gain or poor growth using WHO Child Growth Charts.[13]
Weight and height/length assessment	The process of 1. Measuring and documenting a person's height (or length in children under 2 years) and weight, 2. Using the measurements to calculate a BMI, and 3. Using the appropriate BMI for age chart (in children) and BMI cut-off values (in adults) to inform clinical decision making and care.

1.6 Related NSW health policies and guidelines

PD2010_049	Multipurpose Services - Policy and Operational Guidelines
PD2011_015	Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals
PD2012_042	Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients
PD2012_069	Health Care Records – Documentation and Management
PD2014_004	Incident Management Policy
PD2017_001	Responding to the needs of people with disability during Hospitalisation
PD2017_033	Physical Health Care within Mental Health Services
GL2005_057	End-of-Life Care and Decision-Making – Guidelines
GL2017_012	Healthy Food and Drink in NSW Health facilities for Staff and Visitors Framework
GL2017_019	Physical Health Care of Mental Health Consumers
GL2017_021	Growth Assessment in Children and Weight Status Assessment in Adults
IB2012_024	Metabolic Monitoring Clinical Documentation Module
IB2013_039	Foodborne Listeriosis Control in Health Care Institutions

Agency for Clinical Innovation

- Nutrition Standards and Diet Specifications available at http://www.aci.health.nsw.gov.au/resources/nutrition/nutrition-food-in-hospitals/nutrition-standards-diets
- ChOICES: The Patient Menu Selection process available at: https://www.aci.health.nsw.gov.au/resources/nutrition/nutrition-food-in-hospitals/nutrition-policy

[13] World Health Organisation, 2006

- Palliative and End of Life Care – A Blueprint for Improvement available at: https://www.aci.health.nsw.gov.au/palliative-care-blueprint

1.7 Other related sites

- NSW Department of Primary Industries Food Authority http://www.foodauthority.nsw.gov.au/industry
- Australian Commission on Safety and Quality in Health Care http://www.safetyandquality.gov.au/
  - This policy aligns with the National Safety and Quality Healthcare Standards
- The Healthy kids website www.healthykids.nsw.gov.au
  - general information on healthy eating and physical activity information for children and parents
- Healthy kids for professionals website https://pro.healthykids.nsw.gov.au/
  - for NSW health professionals, focusing on lifestyle management in children.
- The Go4Fun program www.go4fun.com.au
  - a free, community-based referral program for children who are above a healthy weight, and their families
- The Get Healthy Service www.gethealthynsw.com.au
  - a free, phone-based lifestyle coaching service for NSW residents 16 years and older.

2 GOVERNANCE

A strategic and coordinated approach is required by Local Health Districts, Specialty Health Networks and other NSW public health organisations to ensure a high standard of nutrition care is provided to patients.

Governance structures should include consumer, clinical and corporate representation. Each Local Health District and Specialty Health Network should have a governance structure for food and nutrition that includes representatives from the following groups:

- Senior management
- Medical staff
- Nursing/midwifery
- Consumers and their carers
- Nutrition and Dietetics
- Food services
- Other allied health staff (e.g. speech pathology, occupational therapy) as required
- Other disciplines should be consulted as needed.

The role of local governance structures should include the following activities:

- Implementation of this Policy
- Operational policy/procedure development, endorsement and review
- Effective communication of policies and procedures to staff
- Ensuring nutrition care is considered in the planning and development of new services
- Monitoring implementation of agreed standards and related procedures
- Monitoring performance against agreed standards
- Review, management and reporting of nutrition care incidents
- Evaluation of nutrition care which includes the consideration of feedback received from consumers, staff and key stakeholders
- Providing feedback to staff and consumers about performance against the Policy.

A governance group at each health facility should be considered.

3 WEIGHT AND HEIGHT/LENGTH ASSESSMENT

Assessing weight and height/length is the first step in identifying and developing a care plan for patients according to their current weight status and clinical condition.

Weight and height/length assessment requires measurement of the patient's actual (not estimated) weight and height/length.

All patients under the age of 18 years **must** have their weight and height/length measured and documented within 24 hours of admission and weight should continue to be measured and documented at least weekly in the acute setting and at least monthly in long stay facilities. Head circumference should also be measured and documented from birth to at least two years of age on admission.

All patients 18 years and older should have their weight and height measured and documented within 24 hours of admission and weight should continue to be measured and documented at least weekly in the acute setting and at least monthly in long stay facilities (e.g. multipurpose services, rehabilitation centres, mental health facilities).

Measurement of weight and height/length, and assessment of weight status, is to be performed and documented according to the NSW Health Guideline: Growth Assessment in Children and Weight Status Assessment in Adults.

There may be a small number of patient populations where measuring weight and height/length is not clinically appropriate and this decision will need to be made at a specific service-level.

4 NUTRITION SCREENING

Nutrition screening is key to early identification of patients with nutritional problems which may go unrecognised and therefore remain untreated.

There are many factors that may prevent a patient from eating and/or drinking adequately and safely. These include, but are not limited to, physical difficulties, medical conditions, behavioural difficulties, age, stage of development, cognitive impairment, and changes to sense of taste as a result of treatment/illness or loss of appetite.

Nutrition screening is a rapid, simple and general procedure used by nursing, medical or other clinical staff to detect patients at risk of malnutrition. It is applicable in the hospital, outpatient, community and ambulatory care settings as well as long stay facilities such as multipurpose services and residential aged care.

NSW Local Health Districts, Specialty Health Networks and other NSW public health organisations **must** have in place a system for nutrition screening using a validated tool. The choice of tool and subsequent action pathway is dependent on the patient population and the staff resources available. Ideally the tool should be quick simple, accurate and reliable.

Examples include but are not limited to: the Malnutrition Screening Tool (MST), the Mini Nutrition Assessment (MNA), the Malnutrition Universal Screening Tool (MUST) and the Paediatric Nutrition Screening Tool (PNST).

Nutrition screening should occur:

- within 24 hours of admission and then weekly during the patient's episode of care
- at least monthly in long stay facilities (e.g. multipurpose services, some rehabilitation centres, some mental health facilities)
- if the patient's clinical condition changes.

Patients whose score is 'at risk' on a validated screening tool or whose clinical condition is such that their treating team identifies them as at nutritional risk should be referred to a dietitian for a full nutrition assessment and nutrition support as appropriate.

There may be a small number of patient populations where nutrition screening is not clinically appropriate and this decision will need to be made at a specific service-level. For example people with eating disorders and people receiving palliative care.

5 NUTRITION ASSESSMENT

Patients should have a full nutrition assessment if they have been identified as at risk by nutrition screening. Nutrition assessment determines an individual's nutritional status and helps identify appropriate nutrition interventions. Early detection of malnutrition and implementation of appropriate nutrition support reduces the risk of patients' nutrition status deteriorating during an episode of care.

Local Health Districts, Specialty Health Networks and Public Health Organisations **must** have in place a system for nutrition assessment for the diagnosis of malnutrition. The nutrition

assessment **must** be undertaken by a dietitian and an appropriate validated tool **must** be used to support the diagnosis of malnutrition.
Examples of validated assessment tools include but are not limited to the Subjective Global Assessment (SGA) Tool, Subjective Global Nutrition Assessment in Children (SGNA) Full Mini Nutritional Assessment (Full-MNA) and Patient Generated Subjective Global Assessment (PG-SGA).

Patients requiring nutrition assessment should be seen by a dietitian within two working days of referral.

If there is no dietitian available, a protocol that outlines the management of the patient until a nutrition assessment can be completed **must** be in place and communicated to staff. Strategies such as telehealth could be considered for facilities where access to a dietitian on-site is limited.

Nutrition assessment should be discussed with the treating doctor and multidisciplinary team and **must** be documented in the patient's medical record.

6 NUTRITION CARE PLANNING

Individuals identified as malnourished or at nutritional risk **must** have an appropriate nutrition care plan developed by a dietitian and documented in the patient's medical record.

The patient's overall nutrition care plan **must** be documented and incorporate the recommendations made by the multidisciplinary team involved in the patient's care. This would include, but is not limited to, recommendations made by Dietitians, Speech Pathologists, Occupational Therapists, Nurses/Midwives and the medical team.

This nutrition care plan should contain clearly documented nutrition interventions to attain identified goals of treatment. Good patient care may require help with feeding, recording of food and fluid intake, modified menus, additional dietetic advice and oral nutrition supplements and/or oral, enteral or parenteral nutrition support. Patients, carers and/or relatives should have input into the nutrition care plan and communicate any issues with these plans with a member of the multidisciplinary care team. Referral to the appropriate clinician(s) should follow where required.

Nutrition care plans should be:

- reviewed regularly and documented to reflect changes
- monitored to ensure goals are met with further action taken as necessary
- communicated appropriately to the patient and care givers.

Changes in a patient's clinical condition that may impact on their nutrition should be monitored and appropriate action taken. Action may include re-screening, re-assessment and changes to care plans.

6.1 Transfer of care

Patients who require ongoing nutrition care on transfer of care **must** have a clear nutrition care plan documented. The plan should be communicated to the patient and/or carer as well as to any receiving facility and the patient's general practitioner and other members of the community-based health care team. On transfer, the care plan should include information about:

- weight status
- nutrition status
- special dietary requirements
- key messages for achieving and maintaining a healthy weight, where required
- provision/purchase and preparation of specialised nutrition support products and relevant equipment where required
- arrangements for referral and follow-up.

Arrangements should be in place for continuing care. This could include but is not limited to, primary care, community-based care, private practitioners or an outpatient service.

If the patient has an ongoing need for specialised nutrition support items the patient should have access to, or be provided with, an adequate supply of these items while waiting for their own supply where required (e.g. enteral formula or equipment, thickened fluids, thickener).

7 PLANNING AND DELIVERY OF FOOD AND FLUIDS

Patients are more likely to eat a meal and receive the appropriate balance of nutrients it provides when the meal and presentation is pleasing and appetising. Meals should be delivered to the wards or respective dining areas and served promptly to maintain the nutrition content, temperature and quality.

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

Patients/carers should be provided on admission with information about meal services and the importance of nutrition in an easy-to-read format.

7.1 Menus

The menu **must** meet the nutrition requirements of patients in accordance with the Nutrition Standards and Diet Specifications available at http://www.aci.health.nsw.gov.au/resources/nutrition/nutrition-food-in-hospitals/nutrition-standards-diets

Patients should be:

- given the opportunity of selecting food and fluids from the menu

- assisted with menu selection, as required, by an appropriate member of staff. This will range from staff with general knowledge of the menu and available food items to those with the skills and knowledge to guide a patient/carer to choose from the menu according to the patient's therapeutic diet order and/or the dietitian's nutrition care plan.
- able to make their menu selections no more than one day ahead of the day of service. This has been shown to enhance oral intake.

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 patient's food preferences.

7.2 Provision of food and fluids

The diet ordering and the meal delivery systems should be efficient, timely and safe. The diet ordered for the patient should be explained to the patient and/or carers.

The number of meal occasions (mealtimes) should meet the needs of the local population and be spread out to cover most of the hours spent awake. Food should be available for patients who are admitted out of normal hours, or who are not present at ward mealtimes.

All food provided by the facility or service must comply with relevant legislative standards, including those pertaining to food safety. Systems must be in place to cater for patients at risk of sentinel events including those with dysphagia, allergies and those who are severely immunocompromised.

Where clinically possible, patients' nutrition requirements should be provided by food in accordance with endorsed nutrition standards. Appropriate access to fluids, particularly drinking water, must be provided for all patients, as clinically appropriate. Oral supplements should not substitute for, or be relied upon, to enhance the provision of food and fluid unless there are clear clinical indicators.

The following patients should be considered for oral, enteral or parenteral nutrition support:

- patients who cannot consume adequate nutrition orally to meet their nutrition requirements, including those patients on texture-modified diets,
- patients with inadequate intestinal function
- patients who are designated as 'Nil-By-Mouth' for more than three days.

Strategies **must** be in place to minimise fasting including clear guidelines outlining the specific minimum and maximum fasting times required for procedures (including when fasting is not required).

Specific nutrition concerns related to end-of-life issues should be considered according to GL2005_057 End-of-Life Care and Decision-Making – Guidelines.

8 THE MEALTIME ENVIRONMENT

Hospital routines, clinical procedures and ward rounds can disrupt mealtimes and significantly reduce patients' nutrition intake. A relaxed and pleasant mealtime environment enhances patients' enjoyment of their meals and can influence the amount of food and fluids they consume.

All staff should focus on creating a mealtime environment conducive to eating and providing feeding assistance where required during mealtimes. This includes:

- minimising interruptions to the patients' meal times such as ward/medication rounds, teaching and diagnostic procedures
- preparing patients for eating prior to the meal delivery (e.g. appropriate seating, positioning, toileting, hand washing, accessing dentures and or glasses and clearing of over-bed trolleys)
- providing patients who are able the opportunity to sit out of bed to eat their meals
- ensuring patients are able to access their food and open packaging.

For some patient groups access to a dining room for meal times may be appropriate e.g. mental health facilities and multipurpose services.

9 PROVISION OF ASSISTANCE TO EAT AND DRINK

Many patients require some form of assistance or supervision with eating and drinking. This ranges from assistance with opening packages, meal supervision to fully assisted feeding. If assistance with eating and drinking is not provided when required, patients' nutritional status may be compromised.

Independence with eating and drinking should be promoted in a safe and supportive way.

Patients should be:

- treated with respect and dignity at all times when being prepared for and receiving food and fluids
- given adequate time (at least thirty minutes) to consume their meal before the tray is collected
- provided with appropriate modifications to their meal to assist them with accessing and/or eating the meal
- provided with equipment/utensils to meet their individual needs including adaptive aids, cutlery and drinking devices.

Carers, relatives and volunteers can be involved in assisting patients to eat if deemed safe by the clinical staff and if any necessary training has been provided.

Paediatric patients (particularly the very young) require direct supervision during meal times, monitoring total intake and safe consumption. This may be provided by a parent/carer.

Wards and dining areas should be adequately staffed at mealtimes and the importance of providing timely and individualised assistance with eating and drinking should be recognised in work allocations.

A system for the development and assessment of new food products, packaging, dinnerware and cutlery for ease of accessibility and useability by patients should be in place. Such a system **must** include consultation with appropriate stakeholders (e.g. consumers).

10 STAFF EDUCATION AND TRAINING

Training and education programs enhance an understanding of the link between good nutrition care, identifying those at risk of poor nutrition, preventing malnutrition and delivering better patient outcomes.

All staff involved in nutrition care should:

- understand their role and responsibilities, and receive appropriate education and training on the key aspects of nutrition care relevant to their patient demographic, the diets available and the purpose of these diets if responsible for ordering diets
- be aware of the role of food and nutrition supporting a patient to achieve optimal nutrition, prevent malnutrition, and maximise patients' clinical outcomes and quality of life
- be aware that patients who are overweight or obese may also be malnourished
- be aware of their role in measuring and monitoring patients' weight and acting on identified risks.

Education programs on weight status assessment, nutrition care and malnutrition should be provided annually and additionally as required. Training could be provided locally or via Health Education and Training Institute.

11 EVALUATION

NSW Local Health Districts, Speciality Health Networks and other NSW public health organisations **must** have a system to evaluate the nutrition care provided. The system **must** include monitoring and reporting of the following:

- audit of weight and height/length documentation
- audit of nutrition screening and nutrition assessment
- patient experience and satisfaction with food and nutrition care
- regular feedback to staff and consumers on compliance with the Policy.

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13 ATTACHMENT 1: NUTRITION CARE POLICY SELF-ASSESSMENT CHECKLIST

Element	Examples of evidence	Available Resources	COMPLIANCE			Actions required	Assigned to	Target Completion date
			Not compliant	In progress	Compliant			
The LHD/SHN/Organisation has an effective nutrition care governance structure that has clinical, consumer and corporate representation in place that is appropriate for each facility.	- Terms of Reference - Minutes and Action plans - Communication to staff and consumers about the governance structure. - Clear protocols for nutrition care including weight and height/length measurement and documentation	- Templates for Terms of Reference and Agenda's: ACI Nutrition and Mental health toolkit - Engaging consumers and carers: ACI Nutrition and Mental health toolkit - Growth assessment in children and weight status assessment in adults						
There is a system in place to ensure patients undergo nutrition screening within 24 hours of admission to care and weekly using a validated nutrition screening tool (or monthly for long stay facilities e.g. multipurpose services, some rehabilitation centres, some mental health facilities).*	- Appropriate screening tool(s) are in use and supported by clear protocols. - Monitoring and evaluation plan - Audit results and action plans	- NSW Health Adult Admission form - Evidence based practice guidelines						
Appropriate equipment (such as scales, height/length measures and specialised feeding equipment) is functional, well positioned and available in clinical areas.*	- List of available equipment - Equipment audits, reports and action plans - Evidence of routine calibration							
Patients have their weight and height/length measured and documented within 24 hours of admission to care and then - weight measured weekly in the acute setting.* - weight measured monthly in long stay facilities (e.g. multipurpose services, some rehabilitation centres, some mental health facilities)	- Audits, reports and action plans - Local policy or protocol	- Adult and Paediatric Admission forms - Physical Health Care of Mental Health Consumers (GL2009_007) - NSW Health Metabolic monitoring module - Evidence based practice guidelines - Age appropriate growth charts for boys and girls						

Element	Examples of evidence	Available Resources	COMPLIANCE			Actions required	Assigned to	Target Completion date
			Not compliant	In progress	Compliant			
There is a system in place to ensure patients at nutritional risk are referred to a dietitian for a full nutrition assessment. The nutrition assessment occurs within two working days of referral to the dietitian.*	- Clear referral pathways and protocols - Appropriate nutrition assessment tool(s) are in use and supported by clear protocols. - Documentation audit results, reports and action plans	- Evidence based practice guidelines						
The menu provided to patients meets the needs of the local population	The menu development and review process has considered: o Average length of stay o The demographic and cultural profile of consumers o Feedback from stakeholders including consumers (via surveys, focus groups, participation in processes etc.)	- ACI Nutrition Standards - ACI Nutrition Standards Menu review tool - ACI Nutrition Care and Food Service Data Checklist: ACI Nutrition and Mental health toolkit						
There are systems in place to ensure patients have the opportunity to select their own meals where appropriate	- Clear protocols in place - Information is provided to patients/carers about the food service - Audits, reports and action plans	- ACI ChOICES: The Patient menu selection process - ACI Food and Nutrition brochure						
Patients who need assistance with eating and drinking are identified and the level of care they need is provided.*	- Systems in place and supported by clear protocols - Audits, reports and action plans - Feeding assistance program in place	- ACI Dementia and Delirium Care Volunteer implementation and training resource - NSW Health Admitted Patient survey results (Bureau of Health Information)						
Nutrition care requirements are included in care plans, and appropriately communicated on transfer of care	- Systems in place and supported by clear protocols - Audits, reports and action plans							
There is a system in place to identify and train relevant staff in nutrition care.	- Clear protocol in place - Training program available - Training audits, reports and action plans	- HETI eLearning module: Nutrition screening for malnutrition - Weight4Kids online modules						

Element	Examples of evidence	Available Resources	COMPLIANCE			Actions required	Assigned to	Target Completion date
			Not compliant	In progress	Compliant			
Nutrition care is evaluated by a range of stakeholders and the process includes: • Patient experience and satisfaction with food and nutrition care. • Multidisciplinary incident review and management	- Surveys, audits, focus groups - Meal time observations - Reports and action plans - Incident investigation or analysis	- NSW Health Admitted Patient survey results (Bureau of Health Information) - HealthShare Food Service patient satisfaction survey results - Data from Incident Management Systems						
Routine feedback is provided to staff and consumers on compliance with the Nutrition Care Policy	- Local intranet and / or internet page - Evaluation results are shared with consumers and staff and used to improve services (e.g. via newsletters, meetings, intranet sites, publications, information for consumers/ carers)							

*****This element requires regular audit as part of evaluation.