

Policy Applies to:

Nursing, Food services staff and Dietitian.

Related Standard:

- EQuIP Criterion 1.1.1 - The assessment system ensures current and ongoing needs of the consumer/patient are identified.
- EQuIP Standard 1.5; criterion 1.5.7 - The organisation ensures that the nutritional needs of patients are met.
- Ngā Paerewa Health & Disability Services Standard 3.5: Taioranga kai hei Tautoko I te orange / Nutrition to support wellbeing - sub clauses 3.5.1, 3.5.3, 3.5.4 and 3.5.7.

Rationale:

Good nutrition is important for an individual's physical health and general sense of wellbeing, particularly those who have undergone surgery. Patients rely on the hospital to provide nourishing, appetising and visually appealing foods that are acceptable in terms of patients' cultural, nutritional and psychosocial needs.

Cultural Consideration:

Mercy Food Service is supported by CBORD to ensure nutritional value and respecting of cultural beliefs. Protocols around food service and nutritional care will be as directed through Mercy Hospital's Tikaka Best Practice Guidelines.

Objectives:

- Through nutritional screening, identify patients with pre-existing malnutrition and those who are at risk of malnutrition.
- To provide nutritional support and/or Dietitian input if necessary.
- To ensure Mercy Hospital provides nutritious, high quality food and beverages of sufficient variety to meet the needs and expectations of patients.

Definitions:

Malnutrition: Malnutrition in this context refers to a deficiency in protein and energy, with or without micronutrient deficiencies.

Nutritional care: A coordinated multi-disciplinary approach to providing appropriate food and beverages that meet the patients' needs and preferences during their stay in hospital.

Nutritional screening: Objective classification of a patient's risk of malnutrition using a validated and reliable nutritional screening tool e.g. the Malnutrition Universal Screening Tool (MUST) and the Malnutrition Screening Tool (MST).

Nutritional support: Maximising an individual's food intake which may include supplementary nutrition in the form of ready-made oral liquids e.g. Ensure, Fortisip.

At Risk Patients/patients with potentially high nutritional needs: For example, BMI <18.5 kg/m²; 5-10% unplanned weight loss in the past 3-6 months; surgical procedure requiring Dietetic input e.g. Nissen Fundoplication, Ileostomy surgery; poor appetite/poor oral intake post-surgery and elderly patients.

Implementation:

- A system for undertaking nutritional screening using a validated tool is in place.
- Staff education and training is undertaken i.e. use of the MUST at Mercy Hospital and the MST at Mercy Cancer Care (MCC)
- Pre-admission and admitting nurses are alert to patients with potential nutritional needs.
- Food allergens and dietary modifications are managed through CBORD.
- All menus are approved by a Registered Dietitian and entered in CBORD.
- Dietitian assessments and care plans are documented in TrakCare and Incisive (Specialist Practice Manager System for MCC patients).
- Staff responsibilities are clearly defined (*refer to Table 1 below*).

Evaluation:

- Patient feedback via Cemplicity.
- Current menu is audited against the Queensland Health Nutrition Standards for Meals and Menus.
- Ingredient audit (all items) annually and six monthly (gluten free items) by the Dietitian.
- Meal audits by Dietitian, Head Chef, nurse and Food Service Team..
- Audit by Coeliac NZ annually.
- Malnutrition screening audits six monthly by the Clinical Application Specialist and the Dietitian.

Associated Documents

External

- MUST www.bapen.org.uk
- MST www.petermac.org/MST
- The Queensland Health Nutrition Standards for Meals and Menus (NSMM), 2022
- Nutrition related guidelines e.g. Eating and Activity Guidelines for New Zealand Adults, Ministry of Health, 2020; Eating for a Healthy Heart, Heart Foundation NZ, 2018; World Cancer Research Fund Recommendations, 2018; ESPEN Clinical Nutrition in Cancer Guidelines, 2021; Peter Mac Oncology Nutrition Resource, 2017; Handbook of Clinical Nutrition and Dietetics, Australian Dietitian, 2022; Managing Adult Malnutrition in the Community, The Malnutrition Pathway, 2021.

- New South Wales Agency for Clinical Innovation: Adult Diet Specifications
- Patient resources (sourced by Dietitian from reputable sources)
- Ngā Paerewa Health & Disability Services Standard, 2022

Internal

- Nutritional Screening, Clinical Services Work Manual
- Dietitian Services, Clinical Services Work Manual
- MUST form on TrakCare
- MST form on TrakCare
- Patient resources developed by Dietitian e.g. menu selections for low FODMAP, high energy/high protein, and modified fibre diets; nutrition after Nissen Fundoplication and Ileostomy surgery.
- Cultural Policy
- Mercy Hospital Tikaka Best Practice Guidelines
- Food Services Assistant (FSA) Manual
- Nurse Manual: Diet Codes and Room Service
- Room Service Diet Codes and Dietary Information Manual
- Mercy Hospital Room Service Menu Review
- Meal Audit Reports
- Gluten Free Guidelines (hard copy held by Head Chef in kitchen)
- Clinical Records Management Policy
- Food Safety Policy
- Food Services Work Manual
- Food Services – Nursing Services
- Nursing Assessment Form
- Patient Assessment Policy
- Preadmissions Nursing Assessment – Clinical Services Work Manual
- Preadmissions Telephone Calls – Clinical Services Work Manual

Process – Mercy Hospital

- Nutritional screening of adult in-patients at Mercy Hospital is undertaken using the MUST(ref: *Nutritional Screening Clinical Services Work Manual*).
 - Note: Nutritional screening is not done for day stay patients.
- The admitting nurses have responsibility for completing the MUST on TrakCare. This is undertaken for all adult patients (18 years of age or older) who are admitted to McAuley and Callaghan Wards at Mercy Hospital.
- It is recommended that screening should be repeated after 7 days if the patient remains in hospital and had a score of 0 on admission.
- For patients who have a MUST score of 1+, an automatic referral will be sent to the Dietitian via TrakCare.
- Patients with a score of 1 (medium risk) will be placed on High Energy High Protein (HEHP) diet code. The Dietitian will provide information on HEHP foods that can be ordered off the menu and information for at home. The patient will be referred back to their GP for follow up.
- Patients with a score of 2+ (high risk) will be placed on HEHP diet code and provided with a full nutrition assessment. If indicated, they will be referred back to their GP or Community Dietitian on discharge.
- If a patient declines input from the Dietitian or is discharged prior to seeing the Dietitian, consent will be obtained to notify their GP of their MUST score and the need for follow up.
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- The Clinical Application Specialist will monitor MUST forms on TrakCare. If a form is incorrectly filled out, the nurse responsible for completing the form will be emailed. If the Dietitian identifies an error on a MUST form a new form will be created and the ACN will be notified.
- Menus fulfil the nutritional requirements of both adult and paediatric patients. Menus are varied and comply with Queensland Health NSMM.
- Meal audits evaluate the quality of meals to identify areas for improvement.
- Patients are provided with written & verbal information about meal services and have the opportunity to select food and beverages from a menu.
- Meals are adapted to ensure patients' preferences, allergens and complex dietary requirements are met.
- Dietary modifications/preferences and food allergies are recorded on TrakCare and TrendCare and are accessed by the kitchen and ward staff.
- In consultation with the surgeon and/or nurses (ACN on DSU and nurse from Suite 22), patients undergoing Ileostomy surgery are referred to the dietitian for assessment and nutritional support as appropriate.
- For patients undergoing Nissen Fundoplication surgery, an automatic referral is sent to the Dietitian from TrakCare. Depending on the surgery date, patient assessment and education may occur pre-operatively.

- Prior to admission, patients with swallowing difficulties are flagged to be referred to the Dietitian:
- An automatic referral from Trakcare will be emailed to the Dietitian for patients requiring a low salicylate diet. Information is emailed to patients letting them know how this preference can be supported at Mercy Hospital.
- Mercy Hospital is accredited by Coeliac New Zealand to produce and serve safe gluten free food for coeliac and gluten free patients. Mercy Hospital receives annual training and accreditation as part of the Dining Out Programme run by Coeliac New Zealand.
- Mealtimes should be free of interruptions and conducive to eating.
- Preparation of patients for meal service and assistance with eating and drinking is provided in a timely manner by nursing staff and food services staff.

Process – Mercy Cancer Care

- Nutritional screening of adult outpatients at MCC is undertaken using the MST (*ref: Nutritional Screening Clinical Services Work Manual including MST Screening Pathway*).
- Screening is completed by nurses on TrakCare for all MCC patients entered into TrakCare on their first admission for treatment (chemotherapy/immunotherapy) and during subsequent treatments.
- For patients who have a MST score of 2+, an automatic referral will be sent to the Dietitian via TrakCare.
- For patients that are at high nutritional risk (HNR), nurses can make a direct referral to the Dietitian via TrakCare using the 'high nutritional risk' alert category.
- HNR includes high risk cancer diagnoses e.g. head and neck, upper gastrointestinal and lung as well as high risk treatment regimens e.g. major surgery and combined chemo/radiotherapy.
- Patients with a MST score of 2+ will receive an email and list of resources from the Dietitian to help optimise their nutritional intake.
- Patients with a MST score of 3+ or at HNR will be provided with a full assessment and followed up by the Dietitian. Patients are offered Zoom, phone and face to face consultations at MCC.
- The Clinical Applications Specialist has set up the following rules in TrakCare to reduce multiple referrals for the same patient: 1) For MST score 2 and MST score 3+ there will only be one automatic referral per patient. 2) When the score changes, an automatic referral will be sent once per patient.

Table 1: Summary of Roles and Responsibilities related to patients meals/nutritional needs

| TEAM ROLES | RESPONSIBILITIES <i>(Does not include inherent responsibilities relating to safe food handling and storage).</i> |
|--|---|
| Booking Coordinators / DSU Reception / Main Reception team | <ul style="list-style-type: none"> • Check Patient Admission Form for food preferences & allergies and enter into TrakCare. • DSU reception enters all day case food preferences/allergies onto TrendCare. • Patients who bring their patient admission forms with them or fill out a form in Personify the day before their surgery: Main Reception staff email the kitchen with any allergies/food preferences and place an alert in TrakCare. If the patient is a day case, they notify the DSU receptionist and if they are a stay over, they notify the McAuley/Callaghan ward administrator. |
| Ward Administrator (MCA and CALL) | <ul style="list-style-type: none"> • Enter food preference/allergies onto TrendCare. • Re check and update dietary changes as discovered in TrakCare the day prior to admission. • Provide menu selections patient resources as required e.g. Low FODMAP diet. |
| Pre-admission Nurses | <ul style="list-style-type: none"> • Check that patient food preferences and allergies have been entered into TrakCare. • Flag referrals to the Dietitian e.g. swallowing difficulties. |
| Admitting Nurses (DSU) Nurses (MCC) | <ul style="list-style-type: none"> • Reconfirm food allergies and/or dietary preferences with patients. • Undertake nutritional screening using the MUST form on TrakCare. • Email a referral to the Dietitian as per Dietitian Services Clinical Services Work Manual document • Undertake nutritional screening using the MST form and HNR alerts on TrakCare. |
| Chefs | <ul style="list-style-type: none"> • Prepare and cook patient meals. |
| Food Service Assistants | <ul style="list-style-type: none"> • Set up trays. • Breakfast preparation. • Answer phone calls for Room Service from patients and take their order. • Deliver meals to patients. • Clear tray tables and assist in preparing patients for meals. • Collect dishes / trays following meals. |
| House Keeping | <ul style="list-style-type: none"> • Deliver hot faces cloths to patients before breakfast. • Prepare and deliver trays / drinks for day stay patients and parents of small children (DSU). |
| Ward nursing staff Ward nursing staff continued | <ul style="list-style-type: none"> • Complete patients' dietary requirements on TrendCare. Update if required/requested by patient e.g. removal of allergy diet code. • Reheat food (mainly soup) to correct temperature and serve to |

| TEAM ROLES | RESPONSIBILITIES <i>(Does not include inherent responsibilities relating to safe food handling and storage).</i> |
|-------------------|--|
| | <p>patients outside of Room Service Hours.</p> <ul style="list-style-type: none"> • Provide menu selections patient resources as required e.g. modified fibre diet. • Email a referral to the Dietitian as per Dietitian Services document. • Liaise with credentialed specialists and Dietitian regarding patients' dietary requirements. |
| Dietitian | <ul style="list-style-type: none"> • Works with Head Chef to plan, evaluate and audit menus to ensure meals are interesting, appealing and in line with hospital menu standards. • Keeps menu items and recipes on CBORD up to date with current ingredients, food allergens and compliance with diet codes. • Provides consultations for in-patients and MCC outpatients as required. • Patient liaison for any nutritional care issues. • Liaise with nursing staff and credentialed specialists regarding patients' dietary requirements. |
| Head Chef | <ul style="list-style-type: none"> • Food services staff are coached and trained to perform to the required level. • Setting of food quality standards • Patient liaison for any food quality matters. • Food production • Ordering and purchase of supplies. • Ensure the Food Safety Program and Food Hygiene regulations are maintained • Accountability for ensuring work routines, policies, procedures and expected food hygiene standards are upheld. • Works with Dietitian to plan, evaluate and audit menus to ensure meals are interesting, appealing and in line with hospital menu standards. |

Sources for additional information:

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