Justice Health and
Forensic Mental Health Network

Justice Health NSW Policy

Nutrition Care within the Long Bay and Forensic Hospitals

Issue Date: 06 July 2023

Together for
Healthier Tomorrows

Nutrition Care within the Long Bay and Forensic Hospitals

Policy Number 4.031

Policy Function Continuum of Care

Issue Date 06 July 2023

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Risk Rating High

Summary The appropriate planning and provision of Nutrition Care ensures patients' physical health, mental health and general wellbeing is maintained and improved.

This implementation guide provides Justice Health and Forensic Mental Health Network (Justice Health NSW) staff with a framework for a strategic and coordinated approach to Nutrition Care for all admitted inpatients of the Long Bay and Forensic Hospitals. It outlines the local procedures required to be in adherence to the NSW Ministry of Health Policy Directive PD2017_041 Nutrition Care.

Responsible Officer General Manager, Primary Care

Applies to
- ☐ Administration Centres
- ☐ Community Sites and programs
- ☐ Health Centres - Adult Correctional Centres or Police Cells
- ☐ Health Centres - Youth Justice Centres
- ☒ Long Bay Hospital
- ☒ Forensic Hospital

CM Reference POLJH/4031

Change summary New policy

Authorised by Chair, Policy Steering Committee

Revision History

#	Issue Date	Number and Name	Change Summary
1	July 2023	4.031 Nutrition Care within the Long Bay and Forensic Hospitals	New policy

PRINT WARNING

Printed copies of this document, or parts thereof, must not be relied on as a current reference document.

Always refer to the electronic copy for the latest version.

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1. Preface

Optimal nutrition care is an integral aspect of health care as it fosters safe and improved health outcomes for patients. Poor nutrition includes both over-nutrition and under-nutrition and can contribute to malnutrition, overweight or obesity, and the development of chronic disease such as cardiovascular disease and type 2 diabetes.

Nutrition care encompasses many aspects including the provision and access to safe and appropriate food services, nutrition screening and assessment of patients at nutritional risk, and the assistance required to enable patients to consume an adequate diet.

This guide applies to all staff working in Justice Health NSW inpatient hospitals who manage, coordinate and provide care to admitted patients. It outlines the processes and procedures pertaining to nutrition care to ensure all patients receive appropriate nutrition care from admission to transfer of care back to a patient's community. This implementation guide should be read in conjunction with the NSW Ministry of Health Policy Directive PD2017_041 *Nutrition Care*. As the Forensic Hospital and Long Bay Hospital are gazetted mental health facilities, applicable aspects of the NSW Health Nutrition Care Policy are detailed throughout this guide.

2. Policy Content

2.1 Roles and Responsibilities

Executives are responsible for:

- Assigning responsibility, personnel and resources to meet the requirements of this guide
- Ensuring inpatient sites within the Justice Health NSW have governance structures for nutrition care

Managers are responsible for:

- Attendance at the Justice Health NSW Nutrition Care Governance Committee if an agreed member of the committee according to the Terms of Reference
- Ensuring nutrition care is considered in the planning and development of new services
- Ensuring staff education and training for nutrition care is in place
- Ensuring staff receive effective communication of nutrition related policies, procedures and guidelines
- Ensuring clinical work practices are consistent with requirements of this guide
- Providing feedback to staff about performance against the implementation guide and ministry policy.

Network clinical staff are responsible for:

- Measurement of height and weight
- Completing nutrition screening on patients on admission and at regular intervals outlined in this policy
- Referring patients to the dietitian if a patient is identified 'at risk' via nutrition screening or if clinically indicated

- Referring patients to the Eating Disorders Coordinator for corrective patients, or the Disordered Eating Dietitian for patients within the Forensic Hospital, if there is concern regarding disordered eating
- Explaining to the patient their diet order and providing information about the meal services available
- Requesting therapeutic diets for patients where clinically indicated and according to procedure 6.124 *Therapeutic Diets Clinically Recommended*.
- Preparing patients for eating prior to meal delivery and providing assistance or supervision with eating and drinking to assist patients to consume an adequate diet
- Reporting of food and nutrition related incidents via ims+
- Attending staff education on food and nutrition where appropriate.

Dietitian/s is responsible for:

- Attendance at the Justice Health NSW Nutrition Care Governance Committee
- Acknowledging and acting on referrals made by clinicians according to the Justice Health NSW Dietitian Referral Prioritisation Protocols for the Long Bay and Forensic Hospitals via performing repeat nutrition screens and/or nutrition assessments and documenting nutrition care plans within JHeHS
- Handing over nutrition care via the Introduction, Situation, Background, Assessment, Recommendation (ISBAR) format to receiving facilities for patients who require ongoing nutrition care on transfer of care
- Providing advice on meal provision and menu review
- Planning and providing nutrition education to patient groups where indicated and appropriate
- Planning and providing staff education on nutrition care where appropriate and indicated. This is to be arranged and agreed with the Clinical Nurse Educators (CNEs) and Nurse Unit Managers (NUMs) of the unit.

Food services are responsible for:

- Ensuring the standards set out in this policy are incorporated into all food service provision for admitted patients
- All food provided complies with food safety standards. This section states the responsibilities of all staff for implementation of the policy (from frontline to Chief Executive if applicable). Furthermore, Policy Documents that provide instructions to staff must also capture WHS roles and responsibilities. This section allows all staff to clearly understand the requirements of the policy as it applies to them and what they must/should do as a result of the requirements.
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2.2 Mandatory Requirements

- A governance structure for food and nutrition should be in place including clinical, corporate and consumer representation
- Measurement of height and weight must be performed and documented on admission, and weight performed and documented at regular intervals throughout the patient's episode of care. See section 3.2.1
- Nutrition screening using the validated 'Malnutrition Screening Tool' (MST) or 'Paediatric Nutrition Screening Tool' (PNST) must be performed and documented on admission and at regular intervals throughout the patient's episode of care. See section 3.3.2
- Patients who score 'at risk' on the MST or PNST or whose clinical condition is such that they are at nutritional risk, must be referred to the dietitian
- Patients identified as malnourished or at nutritional risk must have an appropriate nutrition care plan developed by the dietitian and documented in the medical record
- The menu at the Forensic and Long Bay Hospitals must meet the nutrition requirements of patients in accordance with the ACI *Nutrition Standards and Diet Specifications*. The Long Bay Hospital menu is under the control of Corrective Services NSW. Long Bay Hospital patients are provided a set menu, the opportunity to select items from a menu is not available.
- Justice Health NSW must have a system in place for evaluating nutrition care provided.

3. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

Malnutrition

A state in which a deficiency, excess or imbalance of energy, protein and other nutrients causes measurable adverse effects on tissue/body form (body shape, size and composition), function or clinical outcome.

4. Procedure Content

4.1 Governance

A strategic and coordinated approach to nutrition care processes within Justice Health NSW ensures a high standard of nutrition care is provided to patients.

4.1.1 Working Groups or Governance Committee

Local committees or working groups for food and nutrition at Long Bay and Forensic Hospital should be considered where reasonable and necessary to discuss local issues and processes.

External stakeholders, including Youth Justice NSW and Corrective Services NSW may be invited as required.

4.2 Weight and Height Assessment

Assessment of weight and height is the first step in identifying at risk patients. Assessment requires measurement of the patient's actual (not estimated) weight and height.

4.2.1 Frequency and documentation of weight and height assessment

All patients must have their height and weight measured and documented on the patient's SAGO chart within 24 hours of admission. Weight must be re-measured and documented at regular intervals:

- LBH Medical Unit and Aged Care Unit – at least weekly
- LBH Mental Health Unit – at least monthly, or more frequently if the patient's clinical condition changes
- Forensic Hospital – at least weekly

There may be a small number of patient populations where measuring weight and height is not clinically appropriate at certain times or due to deteriorating clinical conditions or concerns of disordered eating. In these instances the multidisciplinary team (MDT) is to discuss and decide whether measuring height and weight is appropriate and the outcome documented in the medical records.

For some individuals having their weight taken may cause concern. Staff are encouraged to ask patients for permission to take their weight, offer blind weights and give clinical reasons why their weight is being taken. Reasons include screening for malnutrition, and for medication dosage calculations. Further guidance can be sought through the Network Eating Disorder Coordinator if there are concerns regarding how to appropriately manage these patients.

4.3 Nutrition Screening

4.3.1 Purpose and Scope

Malnutrition may be present in any admitted patient, and not just those who are underweight. Patients may be malnourished on admission to Justice Health NSW's care or are at nutritional risk due to their medical condition and/or presenting symptoms. If not addressed, the nutritional status of a patient may worsen during their admission. This may result from inadequate food and fluid intake, impaired digestion and/or absorption, poor food choices, poor eating behaviours and altered metabolic status.

Nutrition screening is a key process to identify patients with nutritional problems who otherwise may go unrecognised. The Long Bay and Forensic Hospitals must have in place a system for nutrition screening using a validated screening tool. The Malnutrition Screening Tool (MST) is a quick, simple and reliable tool to assess a patient's risk of malnutrition. The MST should be used for patients 17 years and over. The Paediatric Nutrition Screening Tool (PNST) should be used for patients up to 16 years. Both tools can be used by nursing, medical and other clinical staff to detect patients at risk.

Patients who score 'at risk' on the tool or whose clinical condition is such that the treating doctor or clinician identifies them at nutritional risk should be referred to the dietitian.

There may be a small population where nutrition screening is not clinically appropriate. In these instances the multidisciplinary team is to discuss and decide whether nutrition screening is appropriate and the outcome documented in the medical records.

If there is concern regarding an eating disorder it is recommended the *SCOFF Questionnaire* be utilised. If a patient scores 2 or more, or there is any clinician concern, refer to the Network Eating Disorders Coordinator for corrective patients or the Disordered Eating Dietitian if in the Forensic Hospital.

4.3.2 Frequency of Nurtition Screening

All patients should be screened using the MST or PNST within 24 hours of admission and at regular intervals:

- LBH Medical Unit and Aged Care Unit – at least weekly, or if the patient's clinical condition changes
- LBH Mental Health Unit – at least monthly, or if the patient's clinical condition changes
- Forensic Hospital – at least weekly, or if the patient's clinical condition changes

4.4 Nutrition Assessment

4.4.1 Purpose and Scope

A Nutrition Assessment determines an individual's nutritional status in order to identify appropriate nutrition interventions. A patient identified as 'at risk' from nutrition screening

should be referred to the dietitian who will determine whether a full nutrition assessment is required. A nutrition assessment must be undertaken by a dietitian and where possible an appropriate validated tool (i.e. Subjective Global Assessment) used to support a diagnosis of malnutrition.

4.4.2 Referral Pathway

Patients are to be referred to the dietitian through the Patient Administration System (PAS). For patients within LBH, a referral must be made to "Dietitian, team". For patients within the Forensic Hospital, a referral must be made to the "Forensic, Dietitian". See *Clinical Applications Business Process - Dietitian* and *Clinical Applications Business Process – Forensic Hospital Dietitian* for further information.

There may be instances where a patient requires referral to external specialist dietetic support i.e., Oncology Dietitian, Renal Dietitian or Diabetes Dietitian within the Local Health District (LHD). This referral must be made through PAS, and for custodial patients via the Medical Appointments Unit. Patients may be under shared care between the Justice Health NSW Dietitian/s and LHD Dietitian/s for ongoing assessment and monitoring.

Refer to the Eating Disorders Coordinator via email, contact details are available on the intranet via Staff Directory.

4.5 Nutrition Care Planning

Patients seen by the dietitian and identified as malnourished or at nutritional risk must have an appropriate nutrition care plan developed and documented in the patients' medical record by the dietitian.

A nutrition care plan should be:

- Clearly documented
- Contain nutrition interventions
- Reviewed regularly and reflect changes if a patient's clinical condition changes
- Monitored to ensure interventions remain appropriate with further action taken as necessary
- Communicated appropriately to the patient and family where necessary.

4.5.1 Transfer of Care

Patients who require ongoing nutrition care must have their nutrition care plan documented in the ISBAR format and arrangements be made for continued care under the receiving facility's dietitian, or primary care team in the absence of a dietitian to handover to. This is the responsibility of the patient's treating dietitian and should be completed in accordance with Policy 1.075 *Clinical Handover*.

It should be communicated to the receiving facility's clinician/s and contain information about:

- Weight status
- Nutrition status
- Special dietary requirements
- Key messages for achieving and maintaining a healthy weight or nutrition goals
- Suggested follow-up timeframe

All instances of clinical handover should be documented in the medical records.

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 awaiting their own supply.

4.6 Planning and Delivery of Food and Fluids

4.6.1 Forensic Hospital Menu

Medirest provides a catering service to patients within the Forensic Hospital. The menu must meet the nutrition requirements of patients in accordance with the ACI *Nutrition Standards and Diet Specifications*. These standards ensure that menus in inpatient mental health facilities provide the opportunity for people to select food that satisfies their nutrient requirements and supports their recovery.

Patients should be:

- Given the opportunity to select their food and fluids from the menu
- Provided with information about meal services

- Assisted with menu selection by an appropriate member of staff with the skills and knowledge to guide a patient to choose from the menu according to their clinical needs, their therapeutic diet order and/or the dietitian's nutrition care plan

Therapeutic diets can be ordered for patients where clinically indicated (e.g., food allergy, food intolerance or dysphagia). Refer to the Justice Health NSW procedure 6.124 *Therapeutic Diets Clinically Recommended*.

4.6.2 Long Bay Hospital Menu

Corrective Services Industries (CSI) provides a 4 week menu cycle. Meal selections are not made by patients. The menu must otherwise meet the nutrition requirements of patients in accordance with the ACI *Nutrition Standards and Diet Specifications*.

Therapeutic diets can be ordered for patients where clinically indicated and a JUS200.030 Clinical Certificate - Therapeutic Diet (Adult) must be completed for patients within LBH and adult custodial centres. Refer to the Justice Health NSW procedure 6.124 *Therapeutic Diets Clinically Recommended* for more information.

4.6.3 Provision of Food and Fluids

- All food provided must comply with food safety Standard 3.3.1
- Appropriate foods and beverages must be provided to patients with special dietary needs as directed by the dietitian and/or speech pathologist
- Appropriate access to fluids in particular drinking water must be provided to all patients as clinically appropriate
- Appropriate food should be available for patients who are admitted out of normal hours or who are not present at ward mealtimes due to court or off site appointment attendance
- Patients who cannot consume an adequate diet orally to meet their nutrition requirements should be reviewed by the medical team and referred to the dietitian for consideration of nutrition support. This may include patients on texture modified diets and patients with impaired digestion and/or absorption
- Oral nutrition supplements (For example Ensure Plus®, Sustagen®) should not be a substitute for or be relied upon to enhance the provision of food and fluids unless there are clear clinical indicators
- Specific meal plan items should be made available for disordered eating patients in consultation with their MDT
- Strategies must be in place to minimise fasting including clearly outlining required procedure fasting times
- Hunger strike management as per Policy 1.250 *Hunger Strikes*
- Food and nutrition related incidents (i.e., incorrect delivery of food and fluid) should be reported in the Incident Management System (ims+) under the principle incident type 'Nutrition'.

4.7 The Meal Time Environment

A relaxed and pleasant mealtime environment enhances enjoyment of meals and influences the amount of food and fluid consumed. For appropriate patient groups, mealtimes in a dining room or group setting is encouraged.

Staff should focus on:

- Preparing patients for eating prior to the meal delivery for example handwashing, appropriate seating and positioning, accessing dentures, glasses and clearing the bed space
- Ensure patients are able to access their food and open packages
- Minimising interruptions to patient mealtimes where appropriate
- Advocating hygienic handling of food

4.8 Provision of Assistance to Eat and Drink

Patients may require some form of assistance or supervision with eating and drinking. This may include opening packages, meal supervision to full assistance to eat. Units and dining areas should be adequately staffed at mealtimes to provide assistance.

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 30 minutes) to consume their meal
- Provided with appropriate modifications to their meal to assist them to consume the meal
- Provided with equipment and utensils to meet their individual needs or where appropriate be provided with a finger food diet

4.9 Staff Education and Training

Nutrition education for staff improves the understanding of the link between nutrition, health and specific diseases; identifying those at risk of poor nutritional status; and assists in the delivery of better patient outcomes. Training can be provided locally by the dietitian/s or via My Health Learning.

Staff education on nutrition care should:

- Be continuous and address key aspects of nutrition care and the physical health priorities relevant to their patient population demographics for example in the management of malnutrition or obesity.
- Ensure staff understand their role and responsibilities in:
  - Measuring and monitoring patients' weight, food and fluid intake; appropriately care planning; and acting on identified risks
  - Supporting a patient to achieve optimal nutrition, prevent malnutrition, prevent physical health complications, and maximise clinical outcomes and quality of life

4.10 Patient Education

Education opportunities to patients within inpatient units should be provided where appropriate and agreed upon with NUMs and CNEs. Education sessions should be delivered in a culturally competent manner and, where required, tailored to meet the unique needs of patients.

4.11 Nutrition Care Evaluation

Network compliance with these guidelines will be monitored by the Justice Health NSW Comprehensive Care Committee.

Compliance with the guidelines should occur via the following:

- Local level audits on the completion and accuracy of weight and height assessment, nutrition screening and nutrition assessment
- Routine assessment of patient experience and satisfaction with nutrition care and food services
- Evidence of staff training and education programs on relevant nutrition topics
- Incident monitoring via ims+
- Regular feedback to staff on compliance with this Implementation Guide

5. Related Documents

Legislations	*Safety Programs for Good Service to Vulnerable Persons 2008. Australia New Zealand Food Standards Code – Standard 3.3.1 – Food Safety Programs for Food*
Justice Health NSW Policies, Guidelines and Procedures	1.075 *Clinical Handover* 1.250 *Hunger Strikes* 6.093 *Physical Health Assessment and Care* 6.124 *Therapeutic Diets Clinically Recommended* *Clinical Applications Business Process - Dietitian* *Clinical Applications Business Process – Forensic Hospital Dietitian* *Network Palliative Care, Model of Care* *DG107362/20 Long Bay Hospital – Dietitian Referral Prioritisation Protocol* *DG22278/23 Forensic Hospital – Dietitian Referral Prioritisation Protocol* *Long Bay Hospital Procedure – Falls Prevention and Post-Fall Management* *Pressure Injury Assessment and Management Guideline, 2020*

Justice Health NSW Forms	JUS200.030 *Clinical Certificate - Therapeutic Diet (Adults)*
NSW Health Policy Directives and Guidelines	PD2017_041 *Nutrition Care* *NSW Agency for Clinical Innovation Nutrition Standards and Diet Specifications* *NSW Agency for Clinical Innovation Nutrition Standards for Adult Inpatients, Consumers of Inpatient Mental Health Services in NSW, and Paediatric Inpatients in NSW Hospitals* GL2021_006 *Physical Health Care for People Living with Mental Health Issues*
Other documents and resources	*InsideOut Institute, SCOFF Questionnaire*