



Funded Home Enteral Nutrition Program Procedure

1. Purpose

The purpose of this document is to establish minimum requirements for the prescription, clinical management, administration and financial management of home enteral nutrition (HEN) products and consumables funded by WA Country Health Service (WACHS). The implementation of this procedure will ensure the consistent and equitable provision of WACHS funded HEN products and consumables to eligible patients across regional WA.

HEN is prescribed to patients in the community to improve or maintain nutritional status and help prevent hospital admissions. HEN includes both oral sip supplements, dysphagia management products and enteral feeding formula and associated consumables.

The WACHS funded HEN program supports patients who require HEN to meet their nutritional requirements and who, without a health care provider present, self-administer HEN in their home. The funding source for the program is derived from the Independent Hospital Pricing Authority's (IHPA) funding model. Funding definitions for the HEN program is set out in the IHPA's Tier 2 Non-Admitted Services Definitions Manual. HEN services are classified to Tier 2 clinic 10.18.

This document is to be read in conjunction with:

- WACHS [Nutrition Screening, Assessment and Management Procedure](#)
- WA Health [Recording Instructions for Home Enteral Nutrition \(HEN\) Activity](#).

2. Procedure

WACHS eligible patients can receive WACHS funded dietetic prescribed HEN products and associated consumables when registered through a WACHS Dietitian while they continue to meet eligibility and prescription criteria as per this procedure.

The HEN prescription criteria are based on recommendations in the [Nutrition Screening, Assessment and Management Procedure](#) which considers:

- patients' ability to meet their nutritional requirements via oral dietary intake
- full nutrition assessment, including risks of malnutrition
- medical nutrition therapy (MNT) and requirement for HEN to meet nutrition health goals of care.

2.1 Eligibility

Assessment for eligibility for the WACHS funded HEN program is undertaken by a WACHS dietitian. This program is only accessible via sites that receive Activity Based Funding (ABF) from HEN self-care clinic revenue (Tier 2 clinic 10.18).

Patients who do not meet the eligibility requirements for the WACHS funded HEN program may still receive clinical dietetics services as indicated. This includes tailored education and nutrition support from the dietitian to meet nutrition health goals of care that include

food fortification and nourishing fluids. In some instances, the dietitian can support the patient to access alternate programs (refer to [Patient Exclusion Criteria](#)).

Patient Inclusion Criteria

Patients are only eligible for the WACHS HEN funded program **if they meet all of the following inclusion criteria:**

- has a valid referral to a WACHS outpatient dietitian, including:
 - Child Development Services and Population Health Dietitians who access a regional WACHS funded HEN program
- has had a comprehensive dietetic assessment within the last month and consents to dietitian reviews and recommended HEN prescription
- meet minimum prescription for oral HEN:
 - minimum prescription 2000 KJ OR providing approximately $\geq 25\%$ of estimated energy requirements
 - order volume:
 - adults: 2 units per day and $\geq 1.5k$ cal/mL (6.3 KJ/mL)
 - paediatrics: ≥ 1 units per day and ≥ 1 cal/mL(4.2K J/mL)
 - (noting considerations for patients on fluid restriction e.g. renal or cardiac may be more clinically appropriate for 1 unit of higher calorie options)
 - required for a minimum two (2) month period. Less than two months can be maintained with food fortification, nourishing fluids and / or hospital discharge supply
- all enteral feeding prescriptions (including consumables and products)
- meet at least two (2) of the HEN Clinical Prescription Criteria in [Table 1](#) below^{2,4}.

Table 1: HEN Clinical Prescription Criteria

HEN Clinical Prescription Criteria	
Patients must meet 2 or more of the following clinical criteria to be eligible for HEN	
Criteria 1: Increased / specialised nutrient requirements	Criteria 2: Impaired ability to absorb nutrients
For example <ul style="list-style-type: none"> • Chronic pulmonary disease • Chronic renal failure • Eating disorder • HIV / AIDS acute phase • Metabolic and haematological disorders • Trauma • Wound healing • Awaiting liver transplant • Active cancer diagnosis • Nutritional requirements are $> 120\%$ of normal i.e. energy or protein 	For example <ul style="list-style-type: none"> • Surgical resection/bypass e.g. gastrectomy, small bowel resection • Malignancy of the gastrointestinal tract e.g. pancreatic cancer • Inflammatory disorders e.g. Crohn's disease • Short bowel syndrome • Gastrointestinal fistulae • Radiation enteritis
Criteria 3: Swallowing disorders	Criteria 4: Impaired ability to ingest nutrients
For example <ul style="list-style-type: none"> • Oropharyngeal dysphagia e.g. stroke, neurodegenerative conditions, head and neck cancer 	For example <ul style="list-style-type: none"> • Oropharyngeal / oesophageal tumours

	<ul style="list-style-type: none"> Neurological disorders e.g. stroke, multiple sclerosis, motor neurone disease, trauma, cerebral palsy Psycho-social ailments
Criteria 4: Malnutrition	Criteria 5: Other
<p>For example</p> <ul style="list-style-type: none"> Moderate / Severe malnutrition as diagnosed via validated assessment tool (SGA, PG-SGA, MNA, BMI z score or weight for length z score) Poor intake or malnutrition predicted to occur imminently due to deterioration of condition or upcoming treatment/surgery and predicted to continue for at least two-months Sarcopenia 	<p>For example</p> <ul style="list-style-type: none"> Oral intake < 50% estimated energy requirements (EER) Full nourishing fluids diet Child unable to achieve desired growth rate with dietary modifications (calorie boosting, milkshakes etc) – particularly for catch up growth ARFID (evidence of restricted intake) Paediatric feeding disorder (PFD)

Dysphagia patients' eligibility criteria for dysphagia HEN products:

- has a valid referral to a WACHS speech pathologist
- patient consents to recommended modified fluid level and regular swallow reviews with speech pathologist.

Where patients have been referred by external dietitians for provision of WACHS funded HEN program and where sites have agreed to manage patients under a collaborative arrangement with the external dietitian:

- Patients must have had a full nutrition assessment with a dietitian completed within the last month, including HEN prescription that is provided with the referral to WACHS.
- [External Provider HEN Checklist and patient consent form](#) must be completed. (including up to date contact details for the patient / carer) and sent to WACHS dietitian with the referral.
- WACHS dietitian must contact the patient/carer to assess against HEN eligibility criteria and deem if eligible for WACHS funded HEN program.
- WACHS maintains all HEN registration processes except [clinical reviews](#)).
- Referring dietitian and WACHS dietitian must ensure timely communication and consultation for ongoing management of HEN.
- Consultation must be undertaken with the patient/carer to determine the best service strategies for their need, and the potential need to develop a collaborative care plan
- Continued access to WACHS funded HEN program is evaluated based on clinical need and meeting eligibility criteria.

Refer to WACHS Allied Health Collaborative Arrangements with External Service Providers Guideline.

Other Inclusion Considerations

Before prescribing HEN, the dietitian must consider if:

- quality of life will be maintained/improved by nutrition support
- HEN may still be appropriate for palliative care patients if quality of life will be maintained and/or improved through nutrition support. Although nutrition screening and assessment is useful in early stages, prescribing nutrition products should be

avoided if previous diet interventions have not been successful. Nutrition screening, weighing, and initiating nutritional products in the terminal phase is not recommended.

- the patient and/or carer can demonstrate the ability to perform HEN self-care safely
- the patient's home environment is appropriate for administration of HEN (e.g. a clean environment, sanitary water supply, electricity, refrigeration, and access to a telephone)
- supplies can be delivered and stored in a convenient location or the patient/carer is able to collect from the WACHS site
- the patient / carer understands the eligibility requirements of the WACHS HEN funded program and that the cost of HEN is funded by WACHS
- the patient / carer understands the product prescribed is for the patient only and is not provided to other family members or people in the community.

Patient Exclusion Criteria

The following patient exclusion criteria should be considered:

- no active referral to WACHS dietitian, speech pathologist or HEN self-care clinic
- Medicare ineligible patients
- residential aged care facility patients (including WACHS Multi-Purpose Sites)
- currently receiving HEN from another health service provider or program (refer to Transition from another WA Health HEN program)
- eligible to receive fully subsidised HEN from another service provider or program e.g. Department of Veteran Affairs (DVA), Home Care Package (HCP) level 1-4, NDIS, Closing the Gap or currently receiving HEN via another WA Health service provider:
 - If all other eligibility criteria are met, then WACHS funded HEN may be provided until these products are fully included on the patient's package, for example patients with an approved Home Care Package can access WACHS funded HEN when the package has insufficient funds to cover the cost of HEN.
 - Note: Patients with a DVA Gold or Orange card are eligible for nutritional supplements via Veterans Affairs. White cardholders may be eligible, depending on whether their need for the nutritional supplement is related to their disability. Refer to D9165 Request for Nutritional Supplementation (dva.gov.au)
- patient is non-compliant with dietitian appointments
- patient HEN prescription has expired and patient has not been contactable for follow up review
- patient HEN prescription can be met with food fortification
- the nutritional products are readily available in community pharmacies and used as desired e.g. sustagen powder for food fortification
- where the primary purpose of HEN is to save money spent on food.

Where patients have been prescribed HEN by a WACHS dietitian but have not met the eligibility for the WACHS Funded HEN program they may be able to access HEN products via a patient to pays registration.

Transition from another WA Health HEN program

Where patients are transitioning from another Health Service Provider or another WACHS region, the following must occur to ensure continuation of HEN registration and accurate data collection:

- Transferring site dietitian to contact receiving site dietitian to provide clinical handover, including nutrition assessments, nutrition care plans and current HEN prescription.

- Receiving site dietitian to:
 - confirm acceptance of handover and arrange appointment with patient (either in person or telehealth)
 - review current HEN prescription and confirm eligibility for the WACHS funded HEN program and enter HEN registration under the new site
 - notify transferring site dietitian when HEN registration has been completed and first order placed. The patient will then be removed from transferring site HEN program.
- Transferring site to complete webPAS HEN self care event for that month and receiving site to enter for all ongoing webPAS HEN self care events.

2.2 HEN Program Registration Processes

Registration

The WACHS dietitian (or HEN administration) is to complete the initial HEN patient registration via the appropriate supplier's ordering processes as per WA Health Nutrition Tender Suppliers. This will create the first order for the patient. All new HEN orders are to have a maximum of 6 months expiry date, which can be extended upon review if continuing to meet HEN eligibility criteria. It is recommended to order products from the WA Health Specialised Nutritional Products and Enteral Feeding Systems and Associated Consumables.

It is recommended to place orders for up to two months supply at a time, to account for variations in product availability, storage requirements and adequate monitoring of HEN prescription. Enteral orders can be for up to three months if the patient / carer has appropriate storage capacity (refer to other inclusion considerations) and at the dietitian's discretion.

WACHS must contact the patient / carer within 1 month of initial order to ensure products have been received.

For admitted patients:

- All nutrition support products (oral and enteral) will be provided by WACHS for the duration of their admission.
- HEN registrations should be completed prior to the patient being discharged where possible
- Provide discharge supply of HEN and/or consumables to ensure continuation of nutrition support whilst waiting for delivery of products.

For patients requiring dysphagia products:

- Speech pathologist to send all patient details, including modified fluid recommendations to the site HEN dietitian who will manage all registration, documentation, re-orders and webPAS HEN clinic entries.
- Speech pathologist to review patient's swallowing skills and update any modified food/fluid recommendations as necessary. Dietitian to be informed when there are changes to the patient's recommendation for dysphagia HEN products, including when the products are no longer required.
- Dietitians may delegate ordering of modified fluid products and management of webPAS HEN clinic entries to Speech Pathologist as per local processes where appropriate.

Documentation

In addition to the standard dietetic health care record documentation, the following must be documented relating to HEN prescription:

- patient HEN program eligibility and clinical prescription criteria (refer to [patient inclusion criteria](#))
- HEN prescription, including product/consumables, volume and frequency.
- expiry date of HEN prescription
- timeframe for patient review
- patient consent to HEN received
- patient education has been provided and Patient HEN Letter provided.

Documentation for reviews of patients on HEN to include any changes to the HEN prescription, or if HEN is ceased (including reasons for prescription cancellation).

Patient Information

The following must be discussed and provided to the patient when registering for HEN:

- the dietitian must ensure the patient and / or carer are informed and knowledgeable about the rationale, therapeutic goals, risk, benefits and responsibilities regarding HEN and consent to receive it as per the Patient HEN Letter.
- [Patient HEN Letter](#) explains the HEN prescription, receipt of products, re-ordering process and attendance requirement at dietetic appointments.
- patients requiring enteral feeding should be provided with home enteral feeding education and the following should be documented and explained clearly by the dietitian:
 - enteral feeding product, volume, frequency and timing of administration
 - preparation and storage of formula, consumables and equipment (if applicable)
 - method for administration and use of consumables and equipment (if applicable)
 - consumable requirements
 - re-ordering process for additional feeding formula and supplies
 - contact details for the dietitian
 - how to self-monitor, troubleshoot and contact details for complications.

The dietitian will consider the language and cultural requirements of patients when disseminating education material, including the use of interpreters, Aboriginal liaison staff or language services as per MP 0051/17 - [Language Services Policy](#).

HEN Database

A HEN database or appropriate recording system maintained at each site will enable the management of WACHS funded HEN orders and invoicing requirements for payment by the health service. The following should be recorded:

- for all new HEN patients:
 - name, UMRN and date of birth
 - HEN prescription and expiry date
 - first order date
 - clinician responsible for patient
 - invoice numbers and dates.
- when renewing a HEN script, the following is updated:
 - new expiry date
 - change date of onset to current date

- update HEN prescription if relevant
- all ongoing invoices.

HEN databases or appropriate recording systems will be used to track orders and expiry dates, cross check monthly invoices and provide data on HEN usage. HEN databases are to be accessible to all required staff at each site for management of their WACHS funded HEN program. These will be established and maintained at a site level.

Re-orders

The following is required for all re-orders of HEN:

- WACHS staff are responsible for re-ordering of all HEN orders.
- patients do not contact the suppliers or distributors for re-orders. Patients are encouraged to contact distributors when there are issues with the supply e.g., incorrect HEN product sent to the patient or product has not been received. Contact details will be provided to the patient/ carer via [Patient HEN Letter](#).
- as per [Patient HEN Letter](#), patients will be expected to contact WACHS when they have three weeks supply remaining unless a re-order has already been completed. Dietetic departments do not have a readily available supply of nutrition support products.
- site HEN databases are maintained with the last order dates recorded to avoid patients running out.
- two months supply or at the discretion of the dietitian with the patient /carer.
- refer to [WA Health Nutrition Tender Suppliers](#) for re-ordering processes.

2.3 Clinical Review

Dietitians will maintain all clinical reviews to ensure the patient continues to meet the HEN program eligibility, is meeting nutrition health care goals and consuming prescribed HEN. Clinical reviews are at the discretion of the dietitian, with the following considerations:

- recommend dietitians conduct a clinical review appointment (telehealth or in person) within 1- 2 months of initial HEN registration to ensure the patient is compliant with the prescription. Patients should then be reviewed based on clinical need to determine ongoing requirements for HEN.
- patients receiving enteral feeding shall be reviewed by the dietitian every three months if well-established on enteral feeding prescription or more frequently if clinically indicated.
- outcomes regarding ongoing HEN prescription should be clearly documented in the health care record (prescription extension, discharge or on hold).

2.4 Patient Discharge from HEN

A decision of whether to continue or discharge from the WACHS funded HEN program is based on clinical review by the dietitian. Patients are discharged from WACHS HEN when they no longer meet the WACHS funded HEN program [eligibility criteria](#).

WACHS must contact the patient prior to discharge and ensure that the patient is advised verbally or in writing why their HEN prescription has been cancelled.

WACHS must notify the supplier and their distributor to cease a patient's registration if they no longer require HEN (this includes deceased patients). Refer to [WA Health Nutrition Tender Suppliers](#) for contact details.

All pre-existing webPAS HEN outpatient clinic appointments must be cancelled, HEN database updated and documentation entered in the patient's health care record stating why the patient has been discharged.

2.5 WebPAS Reporting

All HEN patients are required to be entered on webPAS for Activity Based Funding (ABF) as a Tier 2 non-admitted services classification for 10.18 Enteral nutrition – home delivered. Please refer to WA Health [Recording Instructions for Home Enteral Nutrition \(HEN\) Activity](#). This recording needs to be at a WACHS ABF site for ABF funding to be received.

To ensure appropriate resource allocation, timely and accurate recording of HEN must be completed by all relevant staff prior to the end of every month. Incorrect, incomplete or inaccurate reporting has financial implications for the health service and the WACHS funded HEN program.

2.6 Financial Management of HEN

The financial management of HEN is the responsibility of each site providing WACHS funded HEN as recommended:

- the supplier will email to the nominated WACHS HEN email contact:
 - daily delivery invoices when products are dispatched to each patient
 - monthly consolidated invoices or monthly statement of all outstanding daily delivery invoices for that month.
- daily delivery invoices are checked against the [HEN database](#) to ensure invoices match the patient prescription and duplicate invoices are not approved for payment.
- sites can use the monthly consolidated invoices or monthly statement to cross check against site HEN database and corresponding delivery invoices to ensure accurate invoicing before being released for payment.
- invoices are saved as per site processes.
- invoices are processed for payment as follows:
 - consolidated monthly invoices are to be processed for payment, with individual invoices attached as evidence when approved for payment as per site processes
 - monthly statements require corresponding individual invoices to be attached for processing payments (monthly statements cannot be processed for payment alone).

3. Roles and Responsibilities

Dietitian is responsible for:

- conducting nutrition assessment
- determining requirement for HEN as part of the medical nutrition therapy for the patient and ensuring they meet HEN eligibility and prescribing criteria
- registering and ordering HEN, maintaining HEN databases and sending communication to the patient regarding their HEN (may be delegated)
- monitoring clinical need for HEN

- maintaining webPAS data recording for HEN self care clinic data for each month that patients are receiving HEN (may be delegated)
- discharging from HEN when clinically indicated and advising suppliers
- maintaining all clinical and prescription records.

Speech pathologists are responsible for:

- conducting dysphagia assessments
- making recommendations for modified fluid levels
- providing recommendations and patient details to dietitian to order HEN dysphagia products
- regular swallow reviews, if required
- informing dietitian when there are changes to the patient's recommendations.

Allied Health Managers are responsible for ensuring:

- development of site-specific processes to meet the requirements of this procedure
- monthly invoices are approved for payment under the appropriate delegation
- HEN databases or recording systems are managed and maintained
- delegation for financial management of WACHS funded HEN
- appropriate resources are allocated to manage the WACHS funded HEN program at their site.

HEN administration / assistant support may be responsible for the following under delegation:

- distribution of [Patient HEN Letter](#) and education information
- entering/updating prescription information to supplier portal
- maintaining webPAS data recording
- maintaining HEN database or appropriate recording system
- invoice management including checking against HEN database
- conducting HEN patient reviews for compliance with HEN prescription and escalating any clinical issues to managing dietitian
- follow up of supply issues e.g. patient has not received order.

Site and regional business, supply and finance teams are responsible for:

- supporting establishment of the WACHS funded HEN program at their sites, ensuring HEN program costs (products and administration resources) are recorded accurately to enable reporting of program costs.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

WACHS Coordinator Dietetics will monitor compliance with this document. Routine monitoring will include number of patients accessing WACHS HEN, length of time on HEN, and any clinical incidents or patient complaints associated with HEN.

4.2 Evaluation

Evaluation of this procedure will be carried out by the WACHS Central Allied Health Program annually, in consultation with stakeholders. An annual report will be provided to the Chief Operating Officer and Executive Director of Business Services detailing costings and usage for each site.

Regional evaluation of performance measures may include, but are not limited to:

- CIMS Datix incident data
- Regional Clinical Governance audit tools.

5. Compliance

This document is a mandatory requirement under the [Health Services Act 2016](#) (WA).

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

1. Government of Western Australia South Metropolitan Health Service [SMHS Home Enteral Nutrition Guidelines](#) Perth: Fiona Stanley Fremantle Hospitals Group; 2022 [Cited 12 August 2023].
2. Government of Western Australia North Metropolitan Health Service Home Enteral Nutrition (HEN) Prescription Practice Guidelines Perth: Sir Charles Gairdner Osborne Park Health Care Group; 2023.
3. National Institute for Health and Clinical Excellence. CG32 Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition (CG32). Manchester: NICE; 2006, updated 2017: [On-line] Available: [Overview | Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition | Guidance | NICE](#).
4. ACI Nutrition Network [Guidelines for Home Enteral Nutrition \(HEN\) Services](#) - 2nd Edition.

7. Definitions

Term	Definition
External Provider / Service	An allied health service provider/service that provides allied health services and is not directly employed by WA Health or contracted by WA Health to provide services on their behalf. This includes other government, non-government, and private, fee for service capacity to people and organisations in the community.
Home enteral nutrition	Home Enteral Nutrition (HEN) is the delivery of nutrition support either orally or by feeding tube into the gastrointestinal tract in the home setting
Home enteral nutrition products	Any substances with actual nutritional value that is used for HEN (complete formulae, liquid oral supplements and dysphagia products)
Malnutrition	Malnutrition refers to deficiencies, excesses or imbalances in a person’s intake of energy and/or nutrients. The term malnutrition covers two broad groups of conditions. One is ‘undernutrition’—which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals).

8. Document Summary

Coverage	WACHS-wide
Audience	Dietitians, Allied Health Managers, administration, business units and finance involved in HEN administration
Records Management	Clinical: Health Record Management Policy
Related Legislation	Health Services Act 2016
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0051/17 - Language Services Policy. • Clinical Governance, Safety and Quality Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Allied Health Collaborative Arrangements with External Service Providers Guideline • Goals of Patient Care Guideline • Nutrition Screening, Assessment and Management Procedure
Other Related Documents	<ul style="list-style-type: none"> • Aust Govt Home Care Packages Program Operational Manual: A Guide for Home Care Providers (Department of Health and Aged Care) • DoH Non-Admitted Patient Activity Data Business Rules July 2023 • DoH Recording Instructions for Home Enteral Nutrition (HEN) Activity • IHACPA Tier 2 Non-Admitted Services 2018-19 IHACPA • WACHS HEN Self-care clinic data recording instructions
Related Forms	<ul style="list-style-type: none"> • MR 60.1.6 WACHS Dietetics - Subjective Global Assessment Form • MR 60.1.7 WACHS Patient Generated-Subjective Global Assessment (PG-SGA) Form
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2721
National Safety and Quality Health Service (NSQHS) Standards	5.27, 5.28, 1.03, 1.07, 1.27, 2.06, 2.10 4.04, 4.13, 4.14, 4.15
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	24 July 2024	24 July 2024	New Procedure

10. Approval

Policy Owner	Chief Operating Officer
Co-approver	Executive Director Business Services
Contact	Coordinator Dietetics
Business Unit	Allied Health Program, Central Office
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