



Hospital Supply of Nutrition Support Products and Consumables Procedure

1. Guiding Principles

The WA Country Health Service (WACHS) Midwest Dietetics Service currently outsources the supply of nutrition support products (NSP) to clients via the Home Enteral Nutrition (HEN) Supplement Supply Scheme. Through suppliers in Perth, adults and children can order products at a lower price and have them delivered to their home. For full instructions and process for registration and ordering of NSPs, refer to the *Dietetic Service Guideline 'Provision of Nutrition Support Products for Outpatients'*.¹

NSP are prescribed for clients deemed at high nutrition risk whose current dietary intake is inadequate to meet their nutrition requirements for improved clinical outcomes. Limitations to the current scheme include instances where clients are unable to pay for their NSPs and/or consumables or for clients on long term enteral feeding. In circumstances where the clients are unable to purchase the recommended NSP, a significant health risk is posed to the client.

Prior to the *Health Services Act 2016* being introduced in July 2016, the legislation states Department of Health facilities are not able to charge clients for consumables. In April 2013, WA Health's Operational Review Committee recommended that hospitals should cease charging for HEN products pending the implementation of a State-wide HEN subsidy scheme underpinned by regulations allowing charging for HEN products. Personal correspondence with the Chief Health Professions Officer and WA Health Revenue Strategy and Support (October 2016) indicate no further actions have been taken in regards to charging of HEN products, and previous recommendations are to be followed until further notice. Currently, no WACHS health services charge a co-payment for HEN products.

This document aims to provide the clinician with information of the strict criteria for provision of NSPs and consumables to community-based clients located in the Midwest region where it is deemed essential for optimising nutrition care, and who have significant difficulties financially meeting the costs of these products. Assistance may be provided up to six (6) months, on a case by-case-basis in line with the WACHS [Supply of Non-PBS Pharmaceutical or Other Medical Supplies to WACHS Outpatients Policy](#).³

2. Procedure

2.1 Assessment

The dietitian is to assess the client and determine the need for NSP. This is documented on WACHS Dietetic Assessment forms and, nutrition assessment is conducted using validated assessment tools such as [MR60.1.6 WACHS Dietetics - Subjective Global Assessment](#) or approved growth charts (WHO charts).

If it is determined the client requires NSP, samples are provided to the client to determine tolerance and preference for particular products available.

To be eligible for this program, the client requires assessment of both nutritional risk and financial risk; and deemed to be high risk in both key areas.

In areas of the Midwest where community Dietetic services are provided by alternative providers, they are able to refer clients to this scheme for assessment.

a. High Nutrition risk clients

As per the current Clinical Priority Guidelines (CPG)² high priority clients likely to require NSP include:

Adults

- SGA score B or C (moderately or severely malnourished) +/- chronic health condition (i.e. cancer, pulmonary disease)
- Adults requiring enteral feeding (for medical reasons) in the community
- Long term reliance on enteral feeding as only source of nutrition.

Paediatrics

- Children who present with growth faltering , +/- chronic health condition
- Children requiring enteral feeding (for medical reasons) in the community
- Long term reliance on enteral feeding as only source of nutrition.

b. High financial risk clients

Clients are to be referred to the Social Work Department by the dietitian to undertake a financial review to determine their capacity to pay for essential NSP. Prior to the referral, the client is to be fully informed that they will be requested to provide relevant financial information.

The Social Work Department review is to involve (but not limited to):

- concession card status
- current income and expense statements
- family and social situation
- access to other funds (i.e. Mission Australia for shopping to support ability to afford NSPs)
- financial counselling and ability to shift expenses.

Following this review, the social worker is to provide a summary based on their review of the client's financial situation which includes a recommendation as to whether the client should be included in this program and the nominated timeframe for participation.

In cases where clients are not willing to provide this information, a referral to the Social Work Department should not be completed and the client is not eligible for hospital supply of essential products. The dietitian can offer to register the client with standard patient pays systems, whereby they are required to pay for NSPs and consumables. If this is not an option for the client and they are still not willing to disclose financial information, the Dietetics Service is to assess the imminent nutrition risks on a case-by-case basis only.

c. Other factors to consider:

Other factors to consider are outlined in the WACHS [Supply of Non-PBS Pharmaceutical or Other Medical Supplies to WACHS Outpatients Policy](#)³ and include consideration of the cost / supply of the NSP and the length of time the NSP will be required.

2.2 Current NSP supply schemes:

Where possible, the dietitian is to refer the client to existing patient pays systems. For full details of these, refer to the Dietetic Service Guideline 'Provision of Nutrition Support Products for Outpatients'.¹ This is the preferred method for obtaining NSPs, however if the dietitian determines the client is unable to pay for the required NSPs and/or consumables, they are to be referred to the Social Work Department for assessment of alternate sources of funding and financial planning assistance.

2.3 Alternate sources of funding for NSP:

Costs associated with the provision of NSP is to be discussed with the client and/or family/carer during the initial assessment. If it is deemed unlikely that the client will be able to pay for the NSP, other sources of funding are to be considered prior to applying for the health service supply of NSPs. Other organisations that may be able to provide alternate funding may include:

- Local Aboriginal Controlled Community Health Organisation (ACCHO) e.g. Geraldton Regional Aboriginal Medical Service (GRAMS) or Carnarvon Medical Service Aboriginal Corporation (CMSAC), WA Cancer Council (grants available up to \$500 for other personal expenses).
- Department of Child Protection and Family Services (CPFS)
- Disabilities Services Commission (DSC)
- Centrelink via [Centrepay Deduction Form](#).

2.4 Applying for health service supply of NSP and feeding equipment

If ongoing supply of NSP is essential for the client's ongoing medical status and payment is beyond the reasonable financial resources of the client, approval can be granted by the health service to provide up to six (6) months' supply of requested NSPs +/- feeding equipment as per *Request for Supply of Non PBS Pharmaceutical or medical supplies form*.⁴

Please refer to [Appendix A](#) for flow chart illustrating the approval processes for community clients located in the Midwest and Gascoyne districts

- I. The primary dietitian is advised by the client they cannot afford to pay for essential NSP and/or consumables.
- II. Referral to the Social Work Department is completed.
- III. The primary dietitian discusses the case with the senior dietitian and they decide if request meets criteria to progress.
- IV. The Senior dietitian to complete Request for the Supply of Non – PBS Pharmaceutical or Medical Supplies Form.⁴

- V. The Regional Medical Director (RMD) reviews form for evidence of ongoing nutrition requirements and financial risk management steps undertaken.
- VI. The RMD approves request for nominated time frame senior dietitian sends to appropriate site for dispensing
- VII. The Primary dietitian contacts client outlining the process for collecting NSPs through the health service (Table One)
- VIII. The client receives NSPs and/or consumables.
- IX. The pharmacy or stores to contact senior dietitian (via email) once the client receives NSP / equipment.

Table 1: Regional sites provision of NSPs to Community clients

	Midwest	Gascoyne	Murchison	Geraldton
NSPs	GH Pharmacy	CH Stores	GH Pharmacy	GH Pharmacy
Consumables	GH Stores	CH Stores	GH Stores	GH Stores
Cost centre	Refer to local Health service site	Refer to local Health service site	Refer to local Health service site	Hospital Operations 0803555

Note: For community-based clients not residing in Geraldton or Carnarvon, the dietitian is to discuss options for delivering to the patient. Options include outreach community services, family or carers travelling to health services, internal health service deliveries/ freight services.

Exmouth clients are to receive supplies from Geraldton.

2.5 Monitoring

The primary dietitian is to conduct monthly nutrition reviews of the client to monitor nutrition outcomes. For long term enterally fed clients reviews are to be six to twelve monthly at the discretion of the dietitian.

Dietetics Services is to maintain a central database of clients accessing this service.

At the end of the approved time, the senior dietitian is to assess the need to continue, and investigate other alternatives for nutritional intervention. The Social Work Department is to advise if based on initial financial counselling, the client has the capacity to afford the NSPs and/or consumables or would benefit from ongoing health service support. This information is to be fed back to the RMD as required.

3. Definitions

Nutrition Support products (NSP)	All specialised medical nutrition products including oral sip supplements and enteral feeds.
Consumables	Includes syringes, containers and giving sets (for enteral feeds only). NB: This does not include supply of feeding pumps as these can be loaned for free from the pump manufacturer companies or via the Dietetic Department.

4. Roles and Responsibilities

Primary Dietitian

- Conducts nutrition assessment and recommends NSP as appropriate.
- Determines the capacity of the client to pay for NSP.
- Assesses the risk to the client associated with failure to obtain prescription.
- Investigates alternatives for nutrition intervention.
- Consults with the senior dietitian to establish if request for support is appropriate.
- Completes referral to a social worker for financial support.
- Conducts regular nutrition assessments of the client during the period of receiving NSPs.

Senior Dietitian

- Provides advice to primary dietitian to establish if the application is appropriate.
- Completes Request for the Supply of Non PBS Pharmaceutical or medical supplies form and sends to RMD.
- Maintains central database for all clients accessing a hospital supply of NSPs.

Social Worker

- Conducts financial review to establish ability to purchase through alternate pathways.
- Liaises with the dietitian regarding the outcome of the financial assessment.
- Investigates alternatives for supporting the provision of required NSP.

Pharmacy

- Dispenses NSPs to the client
- Advises the dietitian when NSP has been provided to the client/carer.
- Monitors frequency of collection with the view to monitor compliance or overuse.
- Reports back to Dietetics Services and Operations Manager on usage.

Stores / Supply Department

- Provides NSPs or consumables to the client/carer.
- Advises the dietitian when consumables or NSPs have been provided to the client/carer.
- Monitors frequency of collection with the view to monitor compliance or overuse.
- Reports back to Dietetics Services and Operations Manager on usage as required.

WACHS Midwest Regional Medical Director

- Reviews provision on NSP on a case-by-case basis with the senior dietitian.
- Approves emergency supply of NSP for high risk clients for up to six (6) months.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) 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 is mandatory.

6. Evaluation

Annual review of uptake of emergency supply of NSPs:

- Costings to WACHS Midwest.
- Number of clients registered.
- Length of time NSPs are provided for.
- Improvement of clinical nutrition outcomes, including weight status, catch up growth, meeting nutrient requirements, improved malnutrition risk factors, and compliance with taking prescribed NSPs.

7. References

1. WACHS- Midwest, Nutrition and Dietetics 2012, Local Instructions for the provision of Nutrition Support Products for Outpatients.
2. WACHS Allied Health Clinical Prioritisation Framework, Dietetic Guide; July 2014.
3. WACHS 2013. [Supply of Non-PBS Pharmaceutical or Other Medical Supplies to WACHS Outpatients Policy](#).
4. WACHS [Request for Supply of Non PBS Pharmaceutical or medical supplies Form](#)

8. Appendix

Appendix 1 - [Approval Processes for Community Clients Located in the Midwest and Gascoyne Districts](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Senior Dietitian (C.Michael)	TRIM Record #	ED-CO-15-76718
Directorate:	Allied Health	Date Published:	14 November 2017
Version:	2.00		

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Appendix 1 - Approval processes for community clients located in the Midwest and Gascoyne districts

