



Nutrition Supplement and Enteral Feed Supply Scheme Procedure

1. Guiding Principles

This procedure applies to all staff in the WA Country Health Service (WACHS) Great Southern (GS) involved in the provision of care of patients requiring enteral feeds or nutrition supplements to patients at home when unable to access via normal channels [Home Enteral Nutrition (HEN) program via nutrition supply companies].

The four (4) main indications for supply of nutrition supplements or enteral feeds at home include:

1. impaired ability to ingest nutrients / swallowing disorders
2. increased / specialised nutrition requirements
3. impaired digestion and absorption of nutrients
4. specific paediatric conditions.

2. Procedure

2.1 See attached flow chart

[Appendix 1](#): Flowchart Great Southern Supplement Supply Process

2.2 Inclusion Criteria

- The supply is not available under any other scheme e.g. Pharmaceutical Benefit Scheme (PBS) or Department of Veterans' Affairs (DVA).
- The patient must hold a current Health Care Card.
- Patient procurement through normal channels for example, HEN, is beyond the reasonable financial resources of the patient.
- The supplies must be essential for the medical treatment of the patient.
- Where alternatives exist, including PBS listed nutrition products these have been tried and found to be inappropriate.
- The supplies are for a chronic medical condition requiring long-term treatment or for short term intensive nutrition therapy of a high cost product.

2.3 Referral of patient for Nutrition Supplements

Patients to be referred by health professionals (medical officer, general practitioner, speech pathologist and nurse) to Albany Health Campus or Population Health Dietitian for assessment for suitability for nutrition supplement provision as per inclusion criteria 2.2.

2.4 Assessment, Ordering and Supply of Nutrition Supplements

2.4.1 Assessment for Nutritional Support Products

- The Dietitian is responsible for determining nutrition feed support products – e.g. nutrition feed or supplement or consumables; The Speech Pathologist is responsible for determining texture modified products. Patients assessed either in WACHS acute facilities or community outpatient settings.

Enteral Feeding

- Patient assessed by Dietitian and Medical officer as requiring ongoing enteral nutrition feeds to meet their nutrition and hydration requirements at home.
- Discharge from hospital with requirement for ongoing enteral feeding to provide artificial nutrition support. Regime is to be based on patient's estimated nutrient requirements and nutrition status.

Oral Nutritional Supplements

- Dietitian completes nutrition assessment and identifies patient as requiring nutrition support to meet their nutrient requirements.

2.4.2 Ordering

For patients who meet criteria to obtain nutrition supplement from Supply Department Albany Hospital:

- Dietitian to complete [Appendix 2](#): Form 1 - Assessment Summary & Order for Supply of Enteral Nutritional Products (Non-PBS) and send to Senior Dietitian AHC or Population Health for review and authorisation.
- If approved, Senior Dietitian to authorise Form 1, and emails to the Albany Health Campus Supply Department.
- The referring Dietitian sends [Appendix 3](#): Form 2 - Patient Advice Letter to all new patients and GP is sent [Appendix 4](#): Form 3 - Advice of Supply to GP.
- Referring Dietitian files a copy of form 2 advice letter to the patient's medical record. They may also confirm with the patient by phone that the supply has been approved.
- Dietitian to enter initial details of supply into central spreadsheet (as detailed in point 2.4.4).
- Supply department to maintain spreadsheet details (i.e. when orders are collected) of patients receiving supplements on this scheme.
- Orders can be set up for one (1) month or three (3) months initially. A first review at approximately one (1) month is recommended; or at the discretion of the Dietitian. After three (3) months the patient is to be reassessed and new Forms 2 & 3 to be completed if a further supply is required.

2.4.3 Supply of Supplements

- Albany hospital supply department is to be the central point of supply for these nutrition products.
- Authorised patients are to contact the supply department to discuss their local point of supply (usually their local hospital. It is not usually possible to supply to nursing posts/medical centres)
- Patients are asked to contact stores two weeks prior to collection of supply of supplements.
- The patient is to make arrangements to pick up the supplements from the nominated site at the designated hospital

2.4.4 Patient Database and Follow-up

- Patient's details are placed in the central spreadsheet / database with all relevant information, which can be accessed by GS Dietitians and Albany health campus supply department staff.
- Reviews are scheduled at the discretion of Dietitian. This is to allow the Dietitian to assess the need for ongoing nutritional support products.
- If being discharged from WACHS acute facility to outpatient or community setting, it is the responsibility of inpatient Dietitian to provide handover. Follow up is to be provided by Dietitian as per individual sites guidelines.

3. Definitions

Nutrition assessment	involves a comprehensive approach to defining nutrition status using medical and nutritional histories, physical examination, anthropometric and biochemical data.
Nutrition support	is the addition of specialised nutrition support products to assist a patient to meet their nutritional requirements.
Nutritional support products	can be provided in the form of oral supplement or fed via an enteral feeding tube.
Nutrition Supply Scheme	is a process for supply of Nutrition products to eligible clients from Albany Health Campus supply Dept
HEN	Home Enteral Nutrition

4. Roles and Responsibilities

- **Dietitian** completes the assessment and the requirement for nutrition supplements and access to nutrition supplement and enteral feed supply scheme documents and liaises with the team regarding nutrition support.
- **Supply Department** Albany Health Campus processes authorised orders, arranges delivery to pick-up point, and documents on spread-sheet.
- **Speech Pathologist** Refer patient to Dietitian when indicated for assessment of nutrition support for patients on prescribed modified texture diets and thickened fluids.
- **Medical Officer/General Practitioner** refers to Dietitian patients requiring nutrition support.
- **All Staff** are required to work within policies and guidelines within WACHS.

5. Compliance

This procedure is <e.g. a mandatory requirement under the *YXZ Act*>. 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](#) (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. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

Clinical:

[Health Record Management Policy](#)

7. Evaluation

Monitoring of compliance with this document is to be carried out every financial year by WACHS Great Southern Senior Dietitians alongside review of central spreadsheet. ,

8. Standards

[National Safety and Quality Health Service Standards](#) - 5.27, 5.28c

9. References

Dietitians Association of Australia. Enteral Feeding Manual for Adults in Health Care Facilities 2011

Dietitians Association of Australia. Evidence Based Practice Guidelines for Nutritional Management of Malnutrition in Adult Patients across the Continuum of Care. 2009

Dietitians Association of Australia. Evidence Based Practice Guidelines for the Nutritional Management of Cancer Cachexia in Adults. Canberra: DAA; 2005

Dietitians Association of Australia. Evidence Based Practice Guidelines for the Nutritional Management of Malnutrition

ACI Health NSW - ACI Nutrition Network Guidelines for Home Enteral Nutrition Services 2nd Ed- 2012

Department of Health, Western Australia [Home Enteral Nutrition Model of Care, Perth: Health Networks Branch, Department of Health, Western Australia; 2010](#)

WA State Nutritional Products Tender 2009
[The Hospitals \(Services Charges\) Regulations 1984](#)

10. Appendices

[Appendix 1](#): Flowchart Great Southern Supplement Supply Process

[Appendix 2](#): Form 1 - Assessment Summary & Order for Supply of Enteral Nutritional Products (Non-PBS)

[Appendix 3](#): Form 2 - Patient Advice Letter

[Appendix 4](#): Form 3 - Advice of Supply to GP

11. Policy Framework

[Clinical Services Planning and Programs](#)

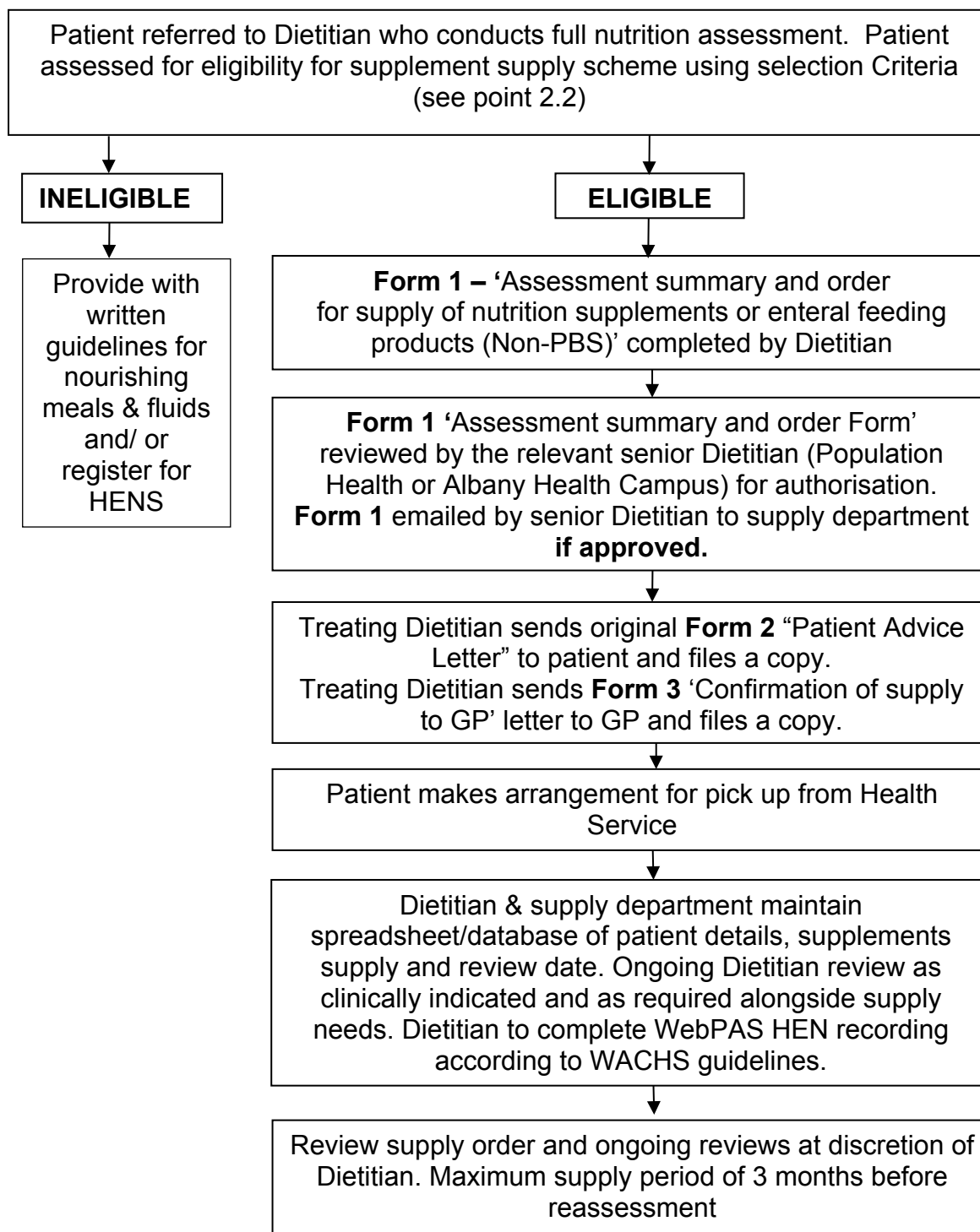
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Directorate:	Operations	TRIM Record #	ED-CO-13-109057
Version:	3.00	Date Published:	30 March 2020

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Appendix 1

Flowchart Great Southern Supplement Supply Process



Appendix 2

Form 1

Assessment Summary and Order
for Supply of Nutritional Supplements or Enteral Feeding Products (Non-PBS)

Patient Surname:		UMRN:	
Patient Given name:			
Date of Birth:			
Address:			
Phone number:			
Concession Card Holder:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Card Number:	
	Product 1	Product 2	Product 3
Name			
Presentation			
Daily regimen			
Amount per month			
Feeding route			
Estimated time required	1 month <input type="checkbox"/> 3 months <input type="checkbox"/>		
* Approval will initially be granted for a maximum of 3 months, after which a letter confirming that the need is ongoing and the response is satisfactory will be required.			Initial Application <input checked="" type="checkbox"/>
() Month Renewal <input type="checkbox"/>			
Criteria – application must meet ALL of the criteria (Please supply details)		Tick	
The supply is not available under any other scheme (eg) PBS, Silver Chain programs(extended aged care at home), OPI, DVA , other		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Patient procurement through normal channels for example, at the local pharmacy would be beyond the reasonable financial resources of the patient.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The supplies must be essential for the medical treatment of the patient		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Where alternatives exist, including PBS listed nutritional products these have been tried and found to be inappropriate		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The supplies are for a chronic medical condition requiring long-term treatment or for short term intensive nutrition therapy of a high cost product		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
GP has been notified and is in agreement with this product being supplied		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Date		/ 2017	

Office Use Only

AHC Senior Dietitian
I recommend this supply.

Sign:

Date:

Cost Code:

Contact Dietitian for this patient:

Ph:

Date due for renewal:

Please email/ fax to Albany Regional Hospital Supply Department:

Email: LGSHS.Stores@health.wa.gov.au

Fax: (08) 98421808

Appendix 3

Form 2

Patient Advice Letter

Date:

Dear

RE: Special Provision of Nutritional products

I am pleased to advise you that you have been approved to receive a supply of special nutritional products at home.

Your Nutritional Product plan is:

Product name:	
Presentation:	
Daily regime:	
Amount per month:	
Valid until:	

1. Your order has been sent to the Albany Hospital Stores.
2. When you receive this letter, please phone the supply department in Albany (**Phone: 9892 2308**) to discuss the collection of your supplies.
3. You will need to bring in this letter, to show to the Allied Health receptionist, when you pick up your supply of nutritional supplements.
4. If your order is still current you can contact the supply department in Albany each time you need more. Please telephone 2 weeks prior to running out of supplies to allow sufficient time to get the order to you.
5. When your order is no longer current, the Dietitian will need to review the supply. While the order is still current you should still attend your scheduled follow up appointments with the Dietitian.

Please do not hesitate to contact me should you have any questions regarding this letter, or the special supply of nutritional products for you.

Yours sincerely,

Clinical Dietitian

Appendix 4

Form 3

Advice of Supply to GP

Date:

Dr

Dr's Address

Dear Dr. ,

RE: Patient DOB:

Nutritional Supplements/Enteral Feeds (Non PBS)

In an effort to assist you with the ongoing care of your patient, I am writing to advise that **approval has been given** for the supply of nutritional products as specified at the foot of this letter.

If you feel a continued supply at the end of the approval period is appropriate, could we please ask you to discuss this with the Dietitian, below.

The patient or carer will be able to arrange for collection of their nutritional products from their local hospital by making arrangements with the Albany Hospital Supply Department (Phone: 9892 2308), the patient has been advised of this arrangement.

If you would like any further information regarding this, please do not hesitate to speak with the contact person for this patient, shown above.

Yours Sincerely

Dietitian

Nutritional Product plan is:

	Product 1	Product 2	Product 3
Name			
Presentation			
Daily regime			
Valid until			
Source of supply			