

MANITOBA HOME NUTRITION PROGRAM – OPERATIONAL DIRECTIVE

1.0 PURPOSE OF DOCUMENT

To provide an overview of the function of the Manitoba Home Nutrition Program (MHNP) as it relates to eligibility for service, formula and supplies; referral process; role of the team and contact information.

2.0 BACKGROUND INFORMATION

The Manitoba Home Nutrition Program is a home based program of both short and long term duration that supports clients who require nutrition or hydration support, either to supplement oral intake or to completely replace oral intake by either tube feeding, Total Parenteral Nutrition (TPN) or Intravenous Hydration.

The MHNP is a centralized specialty interdisciplinary team managed by a Home Care Team Manager and a Clinical Nutrition Manager. The MHNP team consists of dietitians, nurses and a Medical Director. This is the single point of entry for both pediatric and adult clients needing home tube feeding or home parenteral nutrition.

The program has been expanding since it was first established in 1991. It was transferred from Acute Care to Community under the Home Care Program in 2004.

The mandate of MHNP is to:

- Deliver community-based nutrition support services to Manitobans who cannot meet their nutritional needs by oral means.
- Assist and empower clients to maximize their nutritional status in order to live a full and productive life.
- Provide training, monitoring and support to clients, their families and other Health Care Providers in the delivery of home enteral nutrition, parenteral nutrition and hydration support.
- Provide consultation services for clients who access medical services in Winnipeg but who live outside of Manitoba (Manitoba Health and Healthy Living Policy # HCS 207.24).

3.0 DEFINITIONS

Central Venous Access Device (CVAD): Venous catheters designed to deliver medications, fluids and/or parenteral nutrition directly into the lower third of the Superior Vena Cava (SVC) or right atrium. There are 3 broad categories: non-tunneled, tunneled, and implanted. Non-tunneled CVADs are most commonly used in the acute care setting for therapies of short duration. With the exception of Peripherally Inserted Central Catheters (PICC), non-tunneled CVADs are not acceptable for long term home TPN use. A CVAD (PICC, tunneled or implanted) must be inserted for home TPN.

Enteral Access Devices:

- Short Term - For short term tube feeding (4 weeks or less) an enteral feeding tube may be placed through the nose into the stomach, duodenum or jejunum. This type of tube is easily removed when tube feeding is no longer needed but it can also be displaced and will need to be re-inserted on a regular basis.
- Long Term – For longer term tube feeding (generally greater than 4 week's duration) a more permanent type of feeding tube may be required involving surgery, endoscopy or radiological methods for placement. These tubes are inserted through the abdomen and into the stomach, duodenum or jejunum.

Enteral Feeding/Tube Feeding: Nutrition provided through the gastrointestinal tract via a tube that delivers nutrients distal to the oral cavity.

Home Hydration Treatment (HHT): Intravenous administration of fluid, which may be saline and/or dextrose with or without electrolytes and/or multivitamins, through a central venous catheter.

Parenteral Nutrition/Total Parenteral Nutrition (TPN): Intravenous administration of amino acids, carbohydrates, lipid emulsion, electrolytes, trace elements and vitamins through a central venous catheter.

4.0 **ELIGIBILITY**

- Manitoba residents with a Manitoba Health Personal Health Information Number;
- Non-Manitoba residents are eligible for the program with access to assessment, education and follow-up care. Formula provision is not included for non-Manitoba residents;
- Medical documentation of the inability to meet 100 % of nutritional and/or hydration requirements by mouth;
- Client/caregiver/substitute decision maker agrees to enrolment, regular assessment and the MHNP recommended treatment plan;
- Minimum expected duration of nutrition/hydration support is 4 weeks or longer;
- If the duration of enteral feeding is unknown or may be less than 4 weeks, the MHNP team will assess each referral on an individual basis and determine the most appropriate care plan.
- Clients who can live independently but require long term specialized nutrition or hydration support;
- Must have either an enteral feeding tube in place for receiving tube feedings or have a CVAD for those requiring parenteral or hydration support;
- Stable clinical/medical status;
- Clients or their caregivers must demonstrate they are safe in managing the Tube Feed or TPN or hydration therapy at home and are competent to manage the nutritional care plan and equipment independently;
- Primary Care Physician is identified to manage non-nutrition health needs.

4.1 **Discontinuation of Service**

Services and supplies may be discontinued by the MHNP for any of the following reasons:

- Client no longer requires tube feeding or TPN or hydration therapy;
- Tube feeding, TPN or hydration therapy no longer meets the client's needs;
- Client is admitted to Long Term Care facility;
- Client is admitted to hospital and there is no plan for the client to return to the community;
- Client moves out of province;
- Client is unwilling or unable to follow the treatment and follow-up plan.

5.0 **COVERAGE FOR FORMULA AND SUPPLIES**

- MHNP partners with various funders depending on individual eligibility. At the time of the initial intake funding qualifications are assessed.
 - First Nations and Inuit Health (FNIH) is a branch of Health Canada which provides Non-Insured Health Benefits (NIHB) Program to eligible First Nations and Inuit residents of Canada. Clients with an INAC (treaty) number or a band/family number are eligible for benefits of FNIB.

- Employment Income and Assistance (EI&A) provides financial support to eligible Manitoba citizens.
- Manitoba Public Insurance provides financial support to clients whose injuries are a result of a motor vehicle accident.
- Department of Veterans Affairs Canada provides health care benefits to eligible veterans.
- Child and Family Services, Children with disAbilities Services and Children's Home Care provide funding to eligible clients under age 18.
- MHNP funds formula only for Manitoba clients who are not eligible under the above programs.

6.0 REFERRAL PROCESS

Referring physician or designate completes and forwards the MHNP referral form and all pertinent information to the Manitoba Home Nutrition Program.

The MHNP team reviews and processes the referral and communicates with the referral source regarding the acceptance to the program and service planning.

MHNP referral forms can be found at <http://www.wrha.mb.ca/prog/nutrition/index.php>.

7.0 RESPONSIBILITIES

When a referral is received, MHNP will assess the client's eligibility for the program.

- MHNP will:
 - Arrange formula and equipment as needed and eligible;
 - Establish individual nutrition goals and develop a personalized nutrition care plan;
 - Communicate with other health care providers as appropriate;
 - Educate client and/or caregiver to administer the nutrition support independently and manage the care of the device that will deliver the nutrition (feeding tube or CVAD);
 - Provide nutrition support follow-up through clinic visits, Telehealth and/or phone calls.

8.0 REFERENCES

American Society for Parenteral and Enteral Nutrition (ASPEN) for current guidelines, practice recommendations, position papers, standards and clinical resources. Available at www.nutritioncare.org.

Home Nutrition Program (HNP): Manitoba Health and Healthy Living Policy # HCS 207.24. January 17, 2008

Infusion Nurses Society (2006). Central Venous Access Devices: Access and Insertion. *Infusion Nursing: An Evidence-Based Approach* (3rd Ed.). In M. Alexander, A. Corrigan, L. Gorski, J. Hankins, and R. Perucca (Eds.).480-499. St Louis MO: Saunders Elsevier.

Weinstein, S. (2007). Central Venous Access. *Plumer's Principles & Practice of Intravenous Therapy* (8th ed.). 277-330.Philadelphia PA: Lippincott Williams & Wilkins.

9.0 CONTACTS

Adult Program

Location	Lower Level 425 Elgin Ave
Administrative Support	204-940-1911
Fax #	204-940-1933

Pediatric Program

Location	1155 Notre Dame
Fax #	204-474-2387

Team Manager	204-471-3828
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