



Commonwealth Home Support Programme

Good Practice Guide

April 2015

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5800 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for better food, better health, and wellbeing for all. DAA appreciates the opportunity to provide feedback on the Commonwealth Home Support Programme – Good Practice Guide by the Australian Government Department of Social Services.

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DAA interest in this consultation

DAA is concerned about the unacceptably high rate of malnutrition in older Australians living in the community. Dietitians and others have an opportunity to address this issue through the Commonwealth Home Support Programme (CHSP).

Accredited Practising Dietitians (APDs) are the health professionals whose primary interests are the food, nutrition, and the wellbeing of older Australians. APDs apply their training and experience in clinical nutrition, community health and food service to direct the efforts, and work with, carers, providers, health professionals, volunteers and the Australian Government to improve the nutrition and quality of life of consumers.

Key messages

Dietitians are key contributors to multidisciplinary care which supports wellness and reablement in the community. Food and nutrition related issues are essential to the wellbeing of older Australians. The CHSP should reflect these concepts more strongly.

Discussion

General comment – informed choice

DAA supports consumer directed care, but considers that consumers will need to be fully informed about their options to engage in multidisciplinary programs for reablement. DAA member experience is that case managers have an important role in influencing consumers to take up services which support wellbeing and reablement, particularly for consumers who lack insight or whose cognition is impaired by malnutrition.

Informed choice will be promoted by

- Regional Assessment Services helping consumers to identify the significant benefits which will accrue to them from participating in the CHSP.
- the MyAgedCare website presenting information which clearly explains the role of various professions and how these can meet the needs of consumers. This should be both services funded under the CHSP and other private services.
- A well trained workforce which is aware of the role of various professions and the various services which are necessary and accessible for wellness and reablement.

General comment – case studies

Case studies are generally valuable in the Guide but many seem to reflect a limited range of allied health services e.g. programs run by Silver Chain in Western Australia have not involved dietitians to any great extent. Future consumers of the CHSP should have access to the full range of allied health services to support all aspects of reablement and wellbeing.

Specific comments

Page	Comment
8	<p>DAA agrees that My Aged Care Regional Assessment Services will need to have an understanding of the client's needs, abilities, strengths and areas of concern which will be the basis for the development of the client's support plan to be actioned by service provider(s).</p> <p>The Assessment Form which is the platform for screening and assessment has the potential to identify nutrition problems of consumers. However, assessors will need to 'join the dots' as the form does not give direction on what to do with responses to individual nutrition related questions, does not guide assessors in drawing together nutrition related responses, or direct assessors to refer to dietitians for comprehensive professional assessment. There are gaps in the form, for example there are no questions around finances limiting food purchases, or of special diet requirements.</p> <p>It is essential that training of assessors in Regional Assessment Services is thorough to enable them to adequately screen consumers, set up plans which address nutrition related issues and refer to dietitians.</p> <p>DAA would like to see early evaluation of the Assessment Form and Regional Assessment Services with respect to nutrition to guide later improvement.</p>
10	<p>Dietitian should be listed with other therapies and services. Accredited Practising Dietitians are recognised by Medicare, DVA, health funds and employers as the dietetic and nutrition professionals in Australia. The Department of Social Services recently amended the MyAgedCare website on the advice of DAA and we suggest the Good Practice Guide be similarly amended to recognise the role of dietitians in multidisciplinary care in the community.</p> <p>Dietitians have been important contributors to Commonwealth HACC programmes and the recent Meals Review identified that home delivered meal services wanted better access to dietitians.</p> <p>Nutrition is integral to keeping older Australians well and functionally independent and should be considered essential to any wellness, reablement and restorative care programme. If consumers are not supported nutritionally, they do not have the energy or capacity to</p>

	respond to other therapies such as physiotherapy. If we imagine the body as a car engine, only half filling the fuel tank will mean not reaching the desired destination. For example, the case study of Bill on page 42 should also include a dietitian.
10	It is not clear what is meant by preventive therapies in the list of therapies and services. DAA suggests deleting this item.
21	Regarding Case Study Mrs C. Mrs C wanted to get stronger which is an obvious clue to nutrition problems, but this is not identified in the case study, nor are any deficits in swallowing or other physical function which might impact on her ability to swallow or prepare nutritious meals. DAA would welcome the opportunity to work with the Department of Social Services to prepare more comprehensive case studies.
28	Fourth dot point. It is excellent to see the inclusion of dietitian, but please note the accepted spelling in Australia and internationally is dietitian (with a 't', not a 'c').
30	Regarding Case Study Ahmed. Having a community care worker to provide assistance with meal preparation twice a week appears appropriate given the limited information in the case study, at least in terms of addressing some of Ahmed's social needs. However the strategy only addresses his nutrition needs for two meals out of twenty one meals for the week. Ahmed remains at risk of malnutrition if a more complete assessment is not made by Regional Assessment Service staff. Referral to a dietitian may be warranted to ensure that all of Ahmed's nutrition needs are met.
34	Regarding Case Study Teresa. A number of issues are identified for this client. She may also be at nutrition risk related to her limited ability to shop, prepare culturally acceptable food due to vision impairment and social isolation. Referral to a dietitian should be considered along with other actions.
36	Regarding Case study Mrs Gandolfo. Mrs Gandolfo should also be referred to a dietitian given her diabetes, shortness of breath on exertion, high blood pressure and falls and three goals. Making the most of her food and fluid choices will promote physical capacity for goal one. Understanding how to prepare a nutritious diet to meet her various physical and social needs is also relevant to goals two and three. Older Australians often continue to try to adhere to a diet for chronic disease, even though their physical requirements have changed with increasing age. Dietitians can support consumers and carers to understand their changing nutrition needs and how to eat and drink to meet personal goals.