DAA Submission

Delivering Transforming Health

February 2015

The Dietitians Association of Australia is the national association of the dietetic profession with over 5800 members, and branches in each state and territory. The Dietitians Association of Australia is a leader in nutrition and advocates for better food, better health, and wellbeing for all. The Dietitians Association of Australia South Australian Branch (DAA SA Branch) appreciates the opportunity to provide feedback on the Delivering Transforming Health Proposals Paper by the Government of South Australia.

Contact Person:	Lee-anne Costello
Position:	Chair, DAA SA Branch
Address:	1/8 Phipps Close, Deakin ACT 2600
Telephone:	02 6163 5200
Facsimile:	02 6282 9888
Email:	nationaloffice@daa.asn.au

DAA SA Branch interest in this consultation

DAA SA Branch advocates for excellence in patient care, management, teaching, training and research in healthcare. DAA SA Branch recognises the need to improve the South Australian healthcare system and supports the six quality principles of patient-centred, safe, effective, accessible, efficient and equitable.

Accredited Practising Dietitians (APDs), along with other allied health professionals, support quality services across the health continuum, with strong evidence supporting the role of APDs in improving health outcomes for individuals and communities.[1]

APDs in the South Australian metropolitan hospital system have a lead role in the

- training of dietetic students on clinical placements
- identification, prevention and treatment of malnutrition
- assessment, prescription, monitoring and evaluation of artificial nutrition support
- management of special dietary needs, and patient education, associated with a range of medical conditions
- promotion of an effective and safe food service system that incorporates the capacity to manage nutritional risks associated with food hygiene, food allergies and intolerances, and patient cultural needs.

Discussion

Extended service hours

DAA (SA Branch) agree in principal with extended service hours in clinical standards of care 16 and 17. APDs have been providing public holiday and weekend services for many years through on call telephone advice and sometimes in person. Extending services to provide a more continuous and comprehensive service would increase the accessibility and availability of APDs to patients, their families, multi-disciplinary health care teams, and food services to facilitate 7/7 inpatient management and discharge of patients.

Extending service hours will require an investment in staffing, both in clinician time, as well as management and administrative support.

A 1/8 Phipps Close Deakin ACT 2600 | **T** 02 6163 5200 | **E** nationaloffice@daa.asn.au | **F** 02 6282 9888 | **W** daa.asn.au
ABN 34 008 521 480

Training

Clinical standard of care number 34 acknowledges the need for appropriately trained health professionals: 'sufficient teaching, continuing education and research should be built in to all pathways; research and development activities should facilitate continuous improvement of services'. Staffing levels should take into account the need for ongoing professional development and quality appraisal to support innovative, efficient, and evidence-based practice. Future workforce training and education should be considered in workload allocations and documented in job descriptions and organisational strategic plans. Support, including infrastructure such as student spaces for training and education, should be incorporated across all health care sectors to ensure health professionals, including APDs, receive both theoretical training at university and practical training in health services that enables the development of highly competent practitioners in the workforce. Organisations have been operating at capacity for some time, and have found it necessary to place limits on training because of competing service needs.

There is potential for extended scope of practice to contribute to greater efficiencies and better patient care. For APDs, this may include management of enteral feeding tubes or insulin adjustment, provided clinical governance frameworks, additional education, and demonstration of advance competency are satisfied.

Risk profiling

Malnutrition is a continuing concern for the Dietitians Association of Australia as malnourished patients have significantly longer length of stay and lower survival rates than their well-nourished counterparts.[2,3] Australian studies show that many patients are admitted in a malnourished state, and they decline after discharge into the community if they are without sufficient post-discharge support. For this reason, we are pleased to see, and strongly support, the inclusion of clinical standard of care number 49 "risk profiling for patients should be routine and standardised to give due consideration to frailty, co-morbidities and malnutrition." Risk profiling has the potential for early identification of malnutrition; however this must be integrated with the appropriate multidisciplinary systems for both the prevention and treatment of malnutrition across the health continuum.

The burden of chronic health conditions will adversely impact on the tertiary health care sector in Australia unless the cuts to public health and community health nutrition workforce are reversed. The recent National Diabetes Trial demonstrated that more investment in allied health improved patient outcomes. Not investing will lead to complications of diabetes requiring more costly hospital treatment.

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Funding

Dietetics is a relatively small profession that has been depleted in its nutrition health promotion role, and loss of positions to the health sector as a result. The number of dietitians employed in SA is lower per 100,000 population than the national average, and the growth of employed dietitians in SA from 1996 to 2011 increased at a lesser rate than the national average.[4]

The proposed reallocation of allied health resources may place an already vulnerable workforce at risk and subsequently negatively impact on the health outcomes of the South Australian community. The availability of dietetic services outside of the acute hospital system may also impact the ability to deliver clinical standard of care number 155: 'there are effective processes in place to support the transition of care between specialist clinics and community based care'. There are no published ratios for the number of dietitians per number of hospital beds. Rather the number of staff required depends on casemix, on inpatient outpatient load, on services available in the community, whether the dietetic service supports a specialised medical or surgical unit, etc etc. Ultimately the estimated FTE required should be focused on activity and service goals rather than number of beds.

Specialisation of services

The specialisation of services is supported by the DAA SA Branch. Better management of elective and emergency cases will contribute to a decrease in theatre waiting times and hence reduce fasting times for patients, provided modern clinical guidelines for pre and post theatre care are respected.

APDs do contribute to highly specialised care e.g. nutrition support in burns, spinal injury and intensive care, renal disease, gastroenterology, complex cancer care etc but this is built on a strong foundation of generalist dietetic training. Development of specialised clinical structures will require attention to skills transfer and skills building to ensure APDs within these structures maintain the high level of skill necessary. Allied health professional developments have traditionally been scant, and this should be reviewed if greater training requirements are needed for specialty units.

Organisation around clinical specialties will have implications for student training both in terms of the availability of APDs to supervise students and in terms of an appropriate case mix for student experience. Students must complete at least 10 weeks and demonstrate safe and competent practice in basic clinical cases. The capacity for APDs in specialised settings to support students to achieve competency must be investigated, and adequate

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resourcing provided. Equally, the pressure that adapting dietetic training to this environment may place on the education section needs to be considered.

Collaboration with university sectors and preventative health

Allied health services have traditionally been funded for service delivery and there has been inadequate investment in research and evaluation. DAA considers that more investment in clinical nutrition and public health will improve the quality of care and improve outcomes in the longer term.

Transforming Health has a focus on the acute care sector but there must be better interface with primary care, tertiary care and public health if long term gains are to be made. The university sectors must also be involved in efforts to reduce tertiary health costs and produce quality services that are underpinned by evidence through research and evaluation. Universities can contribute to workforce development and the provision of quality care to the community through academics and researchers partnering with clinicians to investigate, translate and discover new and improved clinical pathways and technologies.

References

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