National Safety and Quality Health Service Standards Version 2

October 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 food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to provide feedback on the consultation draft of the National Safety and Quality Health Service Standards Version 2 by the Australian Commission on Safety and Quality in Health Care.

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Key messages

The Dietitians Association of Australia (DAA) supports safety and quality in health care and acknowledges the important role played by the Australian Commission on Safety and Quality in Health Care (the Commission) in achieving quality care across the continuum of care in Australia. DAA also supports revision of the National Safety and Quality Health Service Standards (the Standards) which underpin quality care.

Accredited Practising Dietitians (APDs) have various roles in contributing to quality care through direct care provision to individuals and groups, and by supporting health professionals and others in health service delivery. APDs have an interest in meeting health service standards, and working with other stakeholders in processes to demonstrate compliance with the Standards.

General comments

Inclusion of nutrition in the NSQHS Standards

DAA is pleased to see that the Commission has considered the evidence provided by DAA and other parties regarding the importance of measures to identify, treat and prevent nutrition related harms in the Standards. DAA commends the Commission on the inclusion of nutrition in Version 2 of the Standards.

Emphasis on systems

DAA is pleased to see the emphasis on a systems approach to addressing the needs and preferences of consumers, and to providing a platform for intervention where issues for consumers are identified. This builds on earlier standards which supported assessment to identify consumer issues but lacked an imperative to take action. A systems approach is particularly relevant for nutrition because meeting consumer nutritional needs and preferences is dependent on a complex series of activities by health services.

Supporting material needed

DAA supports the less prescriptive approach taken in the revision of the Standards. There is concern however that the lack of detail in the Standards will be a problem. Consequently it is important that comprehensive supporting materials be developed for the provision of food and nutrition systemss, with links to key references to support quality care. Supporting materials should also address the needs of consumers who need assistance with menu selection and meal consumption. DAA is able to assist in the development of supporting material for food and nutrition systems.

Partnering with consumers

DAA supports the principle of consumer directed care; that the Standards address this in detail in Standard PC: Partnering with consumers; and that meeting the needs and preferences of consumers is stated explicitly. Dietitians are aware that food and fluids have a social, as well as a nutritional dimension, and that meeting the needs and preferences of consumers is essential in improving nutritional status. DAA suggests that this is picked up in supporting material through reference to

nutrition standards which are now in place in each state. The standards invariably recommend that the various needs of consumers are addressed by the food and nutrition system, along with choice and variety.

Aboriginal and Torres Strait Islander Health

DAA supports approaches which lead to better health outcomes for Indigenous people and services which are delivered in a culturally safe manner. Nutrition is a contributor to the burden of disease carried by Aboriginal and Torres Strait Islander people. It is important that health service organisations facilitate access to food and nutrition systems to reduce the risk of harm from nutrition related chronic disease.

Supporting material

P63 The section on Roles for safety and quality in health care notes that managers of health service organisations have a role in education and training. DAA would expect to see detail in supporting material for the standards to address staff education, governance, monitoring, multidisciplinary care, and evaluation.

Specific comments

Governance for safety and quality

p 13 DAA agrees that the health service organisation should understand the diversity of the consumers who use its services. It should also respond to the diverse needs and preferences of consumers. The glossary definition of diversity is broad and DAA suggests supporting materials provide more detail about the spectrum of diversity.

Comprehensive care and Reducing harm

P 33 DAA considers placement of nutrition in the Standard: Comprehensive Care and Standard: Reducing Harm is appropriate and the content in RH5.1, 5.2, 5.3 is appropriate.

DAA welcomes the focus on malnutrition and dehydration. DAA recognises that vulnerable consumers are often also at risk of harm from pressure injuries and falls. DAA members relate that in larger health services separate safety and quality committees may be convened which undertake very similar activities in relation to pressure injuries, falls and nutrition, and this duplication of effort and lack of integration might be considered inefficient. In smaller regional services one Committee might be convened to address these issues because of limited human resources but in fact this is more efficient. DAA would encourage health services to give due consideration to each risk of harm, but to integrate risk assessment and actions where similarities are seen.

Admission and access to food and fluids

P33 RH5.1 DAA understands that the intent is to address the nutritional needs and food preferences of consumers who are in the health service for a prolonged period by using the term 'where a health service organisation admits consumers and provides overnight care'. However there are other

consumer populations who are not admitted but who should be provided with food and fluids, for example consumers treated in dialysis or oncology units, or treated in Emergency Departments/Short Stay units/ Medical Assessment and Planning units for prolonged periods. These consumers may be in the specialty unit for some time, but may also have lengthy travelling times before and after treatment. Long periods without food or fluids are detrimental to such consumers. DAA suggests that an alternate expression is used in this section.

Supporting materials would address systems to ensure patients are aware of the food and beverage options available, including procedures for ordering, meal times, and access to support for meal ordering to optimise nutritional intake.

End-of-life care

Supporting materials for end-of-life care would focus on accommodating consumer needs such as cultural practices which might include traditional foods.

Standard CS: Communicating for safety

P38 CS3.1 Supporting material should address systems which accurately communicate the diet specification for each consumer on admission and then update this in a timely manner during the health service time.

P38 CS4.1 DAA supports the application of communication systems in the local service context but would like to see mention of building partnerships between organisations as a platform for continuity of care and to address diverse needs of consumers.

Recognising and responding to acute deterioration

P57 The Action required in RR3.1 appropriately states 'monitor consumers as required etc' and graphically document and track changes in agreed observations etc'. While nutrition is not generally an acute matter, poor nutritional status over time may make consumers more susceptible to acute deterioration. Monitoring of body weight, and acting on results of that monitoring, are important activities which are poorly done in many health services. Supporting materials should provide detail to promote that consumers are weighed on admission, weekly thereafter and that changes in weight are identified with action taken according to service protocol.

Glossary

DAA recommends that a definition be included for the malnutrition

- malnutrition - 'state of nutrition in which a deficiency or excess (or imbalance) of energy, protein and other nutrients causes measurable adverse effects on tissue/body form (body shape, size and composition) and function and clinical outcome.' [1]

The definition for partnerships is rather lengthy and DAA suggests the following instead

- 'Partnership is a collaborative relationship between two or more parties based on trust, equality and mutual understanding for the achievement of a specified goal. Partnerships involve risks as well as benefits, making shared accountability critical.'[2]

We suggest the following terms be defined in the glossary

- nutrition support
- dehydration/hydration
- consumer needs

References

1. Elia M editor. Guidelines for detection and management of malnutrition. Malnutrition advisory group. Maidenhead: BAPEN 2000.
2. African partnerships for patient safety. http://www.who.int/patientsafety/implementation/apps/definition/en/

About the Dietitians Association of Australia

- The Dietitians Association of Australia (DAA) is the leading body for nutrition professionals. DAA has been the national association of the dietetic profession since 1976.
- DAA has over 5800 members constituting approximately 80 percent of the dietetic workforce in Australia.
- DAA has accredited training courses for dietitians in Australian universities since 1984.
- Prior to 1999 DAA advised the Australian Government about recognition of dietitians trained overseas. Since that time DAA has been specified as the assessing authority for the recognition of the education and skills of overseas trained dietitians. DAA has achieved mutual recognition with New Zealand and Canada.
- The interests of dietitians are broad and derive from training in three dominant areas of dietetic and nutrition practice i.e. individual case management of medical nutrition therapy (clinical care), community and public health nutrition, and food service management.
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About Accredited Practising Dietitians

- The Accredited Practising Dietitian (APD) program is the foundation of DAA as a self regulated profession with 98 percent of eligible members participating in the program.
- The APD credential is recognised by Medicare, the Department of Veterans Affairs, private health funds and for access to the Healthcare Identifiers Service.
- The APD program recognises the continuum of professional development and career progression of dietitians through the credentials of Provisional APD, APD, Advanced APD and Fellow.
- APDs apply their skills and knowledge of nutrition and dietetics in diverse settings including hospitals, private practice, public health, community health, aged care, disability, food service, food industry, research and teaching.