Aged Care Standards Guidance Material

May 2018

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6400 members, and branches in each state and territory. DAA appreciates the opportunity to provide feedback on the Aged Care Standards Guidance Material by the Australian Aged Care Quality Agency.

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DAA interest in this consultation

DAA has a continuing interest in the health and wellbeing of older Australians living in the community and in residential aged care facilities. DAA supports quality processes, including accreditation, to ensure that older Australians are able to access food and fluids which are enjoyable and which meet physical, mental, social and cultural needs.

DAA manages the Accredited Practising Dietitian (APD) program which is the basis for self-regulation of the profession in Australia to provide a public assurance of safety and quality. APDs provide medical nutrition therapy to consumers and their families to prevent and treat nutrition risks such as risk of malnutrition and dehydration, dysphagia, food allergy and intolerance, food safety, and special dietary requirements in the community and in residential aged care facilities. APDs also work with carers, health professionals, food service staff, and others to strengthen food and nutrition systems.

General comments about the Guidance Material

Introduction

Sometimes people are concerned that taking a thorough approach to the provision of food and fluids will work against providing a homelike atmosphere in residential aged care or it will not be consistent with the consumer's wishes in their own home. On the contrary, we suggest that Guidance Material should assist service providers to meet the nutritional requirements and preferences of the consumer because the consumer is reliant on the service provider for their food and fluids 24/7 and is generally less able to help themselves to the foods they need and want. Dietitians recognise that food provides pleasure as well as being a human right, and a source of nutrients for physical and mental health. It is for these reasons that the various dimensions of nutrition and hydration should be reflected clearly and comprehensively in the Aged Care Standards and Guidance Material.

Comments in support of the Guidance Material

The Aged Care Quality Agency is to be congratulated on the consumer focus in the Guidance Material and the emphasis placed on understanding the consumer experience. This is very relevant to food and nutrition systems because food is one of the aspects of care which consumers and families relate to strongly and which often generates complaints and feedback.

The concept of respect for consumer choice and consumer acceptance of risk is important. This will require attention in implementation as service providers work out the balance between their duty of care and adopting the principle of informed risk taking by consumers.

DAA is also pleased to see the attention to workforce, governance, training, and policies in the structure of the Guidance material.

General comments about refinement in some areas

The Guidance Material looks somewhat repetitive, is still very general and at this point will not provide sufficient guidance in food and nutrition systems. However, DAA understands additional tools, e.g. case studies and authoritative sources, will provide further detail and that this will be released for consultation.

More communication will be in the Guidance Material itself or in related documents and webpages about the application of the material in different care settings i.e. in-home care, respite, day care, and residential care.

Specific comments about the Guidance Material

Involvement of health professionals

The guidance about workforce is very general. We would like to see more content on the involvement of health professionals as employees or contractors in leading and contributing to team based care which undertakes to planning and reviewing systems to prevent and manage high prevalence risks. For example, Accredited Practising Dietitians have unique skills and knowledge to contribute to strengthening food and nutrition systems.

Minimising choking risks

Supporting strategies page 56 includes reference to Australian food safety standards. This reference needs to be clarified or removed. It seems to be the standards related to food hygiene, but that is not relevant in the area of minimising choking risks.

Actions taken to manage choking risk should guard against reduced oral intake and nutrient density in the effort to manage that risk. It is important that protocols developed jointly with Accredited Practising Dietitians, Speech Pathologists and other staff of the service include modified diets and nourishing fluids to promote an intake which meets estimated requirements.

Reflective questions

Reference is made in the question "have consumers with dysphagia been assessed by a qualified speech pathologist, and where indicated an accredited dietitian". The correct term is Accredited Practising Dietitian, as trademarked by the Dietitians Association of Australia and known as APD.

Optimising nutrition and hydration

Supporting strategies suggests reporting changes in eating patterns or weight loss to medical professionals. It is not clear what is meant by medical professional. We suggest that the lead professional for nutrition and hydration is an Accredited Practising Dietitian, but other professionals and staff have roles.

Action taken on such changes should be dictated by protocols developed by the service with the Accredited Practising Dietitian responsible for the service, and could include monitoring intake and weight, reporting changes to the immediate care supervisor and Accredited Practising Dietitian depending on the agreed protocol, and implementing an immediate action e.g. implementing nourishing fluids. Strong systems include agreed protocols which are implemented to ensure there are no delays in implementing corrective action.

Supportive strategies include Implementing processes for identifying risk but there is no action related to this. It is important that service providers not only identify risk, but that they act on such observations according to an agreed hierarchy of actions determined in conjunction with an Accredited Practising Dietitian. One of those actions might include reablement involving nutrition support measures (such as commercial or in-house oral supplements). Accredited Practising Dietitians should be involved in procurement processes for commercial supplements where trials of nourishing fluids from ordinary kitchen ingredients have not been successful.

Also, this strategy could be interpreted as screening and/or assessment at entry to the service, and screening thereafter to identify risks which include malnutrition, dysphagia, food intolerance/allergy, need for special diet. The other risk to manage is food hygiene which should be managed carefully so as not to restrict the intake of nutritious foods for fear of infection.

DAA supports the use of multidisciplinary teams to manage risks and support a systems approach to nutrition and hydration. Different health professions have unique contributions to make e.g. Accredited Practising Dietitians are qualified and credentialled in food and nutrition-related health conditions. Speech pathologists specialise in diagnosing and treating speech, language, communication and swallowing problems, treating communication disorders and swallowing difficulties (dysphagia). Dentists are the experts in oral health. DAA considers that it is important to accurately portray the unique contributions made by professions to

ensure they perform safely, competently, and are not expected to perform tasks out of scope.

Reflective questions include a question about modifying menus. Accredited Practising Dietitians should review menus at regular interviews and provide advice to staff about standard modifications to meet typical special dietary requirements. Along with protocols, this will assist staff who need to initiate dietary changes until review by the Accredited Practising Dietitian. The question "How often are menus modified" is not clear, it might better be expressed as "How often are menus for the service reviewed".

Reflective questions could include a question "Does the service evaluate the food and nutrient composition of foods purchased externally against the needs of consumers, e.g. for use in home delivered meals". There is an assumption that foods from commercial suppliers meet nutrition standards, but there are no such standards so it is important that products are evaluated generally regarding quality, but also in nutrient composition specifically.

There is no mention in the standards of management of enteral nutrition i.e. tube feeding. There should be protocols in place for the management of this type of nutrition support, including day to day management by care staff and regular review by an Accredited Practising Dietitian. Accredited Practising Dietitians can also advise the service on procurement of equipment and formula which is appropriate to the needs of consumers receiving care in the service.

Food must be nutritious

Requirement 4.5 states "Where meals are provided, they are varied and of adequate quality and quantity". Quality in relation to flavour, appearance, temperature, texture etc is important but the food must be nutritious with respect to the estimated requirements of the consumers receiving meals. This is important for all care settings i.e. day care, residential care, respite care and home delivered meals.

Prompts for Consumer experience in Requirement 4.5 include that "Consumers confirm their meal preferences" and that "they can change their mind" but DAA would like to see stronger language around providing genuine choice. Research from Australia and reports from DAA members are evidence that real choice in aged care is rare.

> *" Choice is a huge issue. There can be a semblance of choice but no real ability to eat food that you enjoy, especially in a contracted catering situation where they will not do something separate for one person, or provide extra over and above the contract. E.g. cant have a second glass of juice because one glass per day is allocated even though the next resident may not have had any at all… Or cream is not in the contract so not provided for dessert, or*

have used the allocated allowance of milk for the unit so cant have any more…. …. Even in non contracted situations there is often an inability to change what the standard item is."

Recruitment

Requirement 7.3 Examples of Evidence - Policies and practices p 137 includes the statement "Recruitment processes that show how the workforce is matched to positions, and have the required skills, experience and qualifications to perform their roles and responsibilities." Service providers may find it useful to refer to an authoritative source such as Allied Health Professions Australia to check details of credentials and qualifications. For example, the Accredited Practising Dietitian credential is a trademark of the Dietitians Association of Australia as a self-regulated profession. Accredited Practising Dietitians are the profession qualified in food and nutrition, as distinct from nutritionists. In Australia, dietitian are also nutritionists but the reverse is not true.

Under 7.3 Recruitment -Training, health professionals have a lot to contribute to leading education/training programs for health professionals and students, carers and other stakeholders. It is important that professionals deliver the majority of programs in their area of expertise, or that they develop programs and oversee the delivery of material. Where external commercial vendors of health products or services provide education, the organisations should be aware of the possibility of bias in the delivery of education material.

Risk management

Various risks are addressed in the Guidance Material, but these seem to be presented in isolation, whereas consumers may be subject to a number of risks contemporaneously. For example, consumers who are malnourished have poor immune status and are more vulnerable to infection, including food borne infection, and pressure injuries. DAA would like to see the interface between risks addressed more explicitly, to promote comprehensive risk management. This may also promote efficiencies as it may be the same/similar team members who participate in safety and quality activities related to risk management.

Team care

There is relevant content generally about workforce but more is needed about the workforce working as teams, e.g. to address risks of higher prevalence such as malnutrition, falls, pressure injuries. Multidisciplinary teams could also contribute to creative initiatives or responses to feedback from consumers.