

# Position Paper on Quarterly Food and Nutrition Reporting in Residential Aged Care

**August 2021**

Dietitians Australia is the national association of the dietetic profession with over 8100 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities. Dietitians Australia appreciates the opportunity to provide feedback to the Department of Health regarding the Position Paper on quarterly food and nutrition reporting in residential aged care.


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Here follows feedback from Dietitians Australia on the proposed quarterly food and nutrition reporting fields for residential aged care, which take effect October 2022.

## Food and nutrition reporting in the AN-ACC related reporting fields

### LABOUR PAID HOURS – INDIRECT CARE

Hotel services:

- Catering- *cooks and chefs*
- Catering – *other catering staff*
- Cleaning
- Laundry
- Routine maintenance

**Dietitians Australia feedback:** ‘Catering - other catering staff’ should include examples to clarify staff that fall into this category.

### CORPORATE RECHARGE LABOUR PAID HOURS

Corporate recharge labour paid hours:

- Care management
- Hotel management – *food and dining*
- Hotel management – *other*
- Facility management

**Dietitians Australia feedback:** ‘Hotel Management - other’ should include examples to clarify hotel management staff that fall into this category.

### ALLIED HEALTH QUESTIONS

Allied health employee direct care paid hours detail:

- *Dietetic care*
- Occupational therapy
- *Oral health practitioner care*
- Physiotherapy
- Podiatry
- *Speech pathology*
- Other clinical care
- Non-clinical therapy
- Focussed psychological therapies

**Dietitians Australia feedback:** The term ‘Dietetic Care’ may potentially only capture paid hours for 1:1 dietary consultations with clients and exclude other vital duties that dietitians perform as part of their dietetic care in residential aged care homes, such as menu and mealtime assessments, training of staff, development of nutrition policies and procedures etc. So suggest:

- changing the title to ‘Allied health EMPLOYEE paid hours detail’; and

- replacing 'Dietetic Care' with the name of the allied health professional (i.e. Dietitian) so as to capture all hours paid for a dietitian, not just 1:1 dietary consultations. The names for other allied health professionals should be changed to align with this change (e.g. reword to occupational therapist, physiotherapist, podiatrist etc)

#### **Agency staff paid hours – allied health detail:**

- *Dietetic care*
- Occupational therapy
- *Oral health practitioner care*
- Physiotherapy
- Podiatry
- *Speech pathology*
- Other clinical care
- Non-clinical therapy
- Focussed psychological therapies

#### **Dietitians Australia feedback:**

Many APD's are consultants and work independently. They are not always associated with an agency. Hence, suggest changing the title to: 'Consultant or agency staff paid hours – allied health detail'.

As outline above, the term 'Dietetic Care' may potentially only capture paid hours for 1:1 dietary consultations with clients and exclude other vital duties that dietitians perform as part of their dietetic care in residential aged care homes, such as menu and mealtime assessments, training of staff, development of nutrition policies and procedures etc. So suggest replacing 'Dietetic Care' with the name of the allied health professional (i.e. Dietitian) so as to capture all hours paid for a dietitian, not just 1:1 dietary consultations. The names for other allied health professionals should be changed to align with this change (e.g. reword to occupational therapist, physiotherapist, podiatrist etc)

*What percentage of allied health hours (direct care and agency staff) is related to food, nutrition and dining?*

**Dietitians Australia feedback:** 100% of Dietetic hours are related to food, nutrition and the dining experience.

## **Dedicated food and nutrition reporting section**

### **CATERING CONSUMABLE COSTS**

- Food and cooking ingredients
- Other (crockery, cutlery, paper goods etc)

#### *Total catering consumables*

**Dietitians Australia feedback:** Propose changing 'Food and cooking ingredients' to 'Food and ingredients (for resident meals only)', so as to exclude cost of food for other purposes, such as staff

supplies of milk, tea/coffee, snacks etc and the cost of food for family/guest meals. There is a risk that the food expenditure will be inflated if food used for staff and guests is included.

## RESIDENT EXPENSES

- iii. Nutritional supplements
- iv. Oral health living expenses

**Dietitians Australia feedback:** Recommend changing 'Nutritional supplements' to 'Oral Nutrition Supplements' to reflect the correct terminology used for commercial nutrition supplements used in this setting.

### *If the facility has contract catering – what is the contract basis?*

- v. 3<sup>rd</sup> party external kitchen; input Y/N; if Yes, dollars
- vi. On-site kitchen – contract catering staff and management; input Y/N; if Yes, dollars
- vii. Central kitchen for multiple facilities (own staff); input Y/N; if Yes, dollars

**Dietitians Australia feedback:** Are you asking about the staffing costs or food costs, or both? We propose the following fields:

- v. External kitchen – food costs (*staff costs will be reported elsewhere*)
- vi. On-site kitchen – contract catering – staff costs (*food costs will be reported elsewhere*)
- vii. Central kitchen – food and staff costs

### *Quality of daily living services*

- viii. Have you had an onsite menu and mealtime assessment conducted? Input yes/no
- ix. How many serves of meat and meat-alternative foods are served each day?
- x. How many serves of dairy and dairy-alternative foods are served each day?
- xi. Do you measure food wastage? Input Yes/No
- xii. How many written compliments have you received about food, food service or the dining experience?
- xiii. Do you have a resident food committee? Input Yes/no
- xiv. How many hours between the last meal served at night and the first meal the next morning?
- xv. For a resident who requires eating assistance, how many minutes do you generally allow for providing this assistance? Drop down: 15 minutes; 30 minutes; 45 minutes or more, not applicable
- xvi. When providing eating assistance, how many residents is the staff member feeding? Drop down: 1, 2, 3, 4 or more, not applicable
- xvii. Do you have any additional comments on how you ensure that you are providing an appropriate standard of daily living services? Free text field

### Dietitians Australia feedback:

- Recommend expanding the question: ‘Have you had an onsite menu and mealtime assessment conducted?’ to clarify who the qualified expert is to do this, which is an Accredited Practising Dietitian (APD). So the question should be: ‘Have you had an onsite menu and mealtime assessment conducted by an Accredited Practising Dietitian?’. Background notes in a ‘user guide’ should outline that Accredited Practising Dietitians are dietitians who are qualified to practice in Australia and who commit to the rigorous standards of the Accredited Practising Dietitian program managed by Dietitians Australia. The credential is recognised by Medicare, Department of Veterans Affairs, the National Disability Insurance Agency and private health funds.
- Recommend changing the question about ‘meat and meat-alternatives served each day’ as it may be interpreted as having to keep tabs on the actual number ‘served’ each day, which is difficult to measure. So propose changing to: ‘How many servings of meat and meat-alternatives are available to residents as part of the menu each day?’ In order for aged care providers to do this, background information in a user guide for providers must clearly include sample serves of meat, fish, poultry, eggs, nuts and legumes, as outlined in the Australian Guide to Healthy Eating. The background notes should also direct providers to access an APD where assistance is needed to answer this question.
- Recommend changing the question about ‘dairy and dairy-alternatives served each day’ as it may be interpreted as having to keep tabs on the actual number ‘served’ each day, which is difficult to measure. So propose changing to: ‘How many servings of dairy and calcium enriched dairy-alternatives are available to residents as part of the menu each day?’ In order for aged care providers to do this, background information in a user guide for providers must clearly include sample serves of milk, cheese, yoghurt, custard and calcium-enriched dairy alternatives, as outlined in the Australian Guide to Healthy Eating. The background notes should also direct providers to access an APD where assistance is needed to answer this question.
- Propose adding a question similar to that for ‘meat’ and ‘dairy’ for the remaining 3 food groups: fruit, vegetables/legumes and breads/cereals.
- Propose changing the question about compliments received about food to: ‘How many positive/negative comments have you received about food, the food service or dining experience?’ (Input: Positive – actual number; Negative – actual number).

### REVIEW AND IMPROVEMENT OF DAILY LIVING SERVICES

- xviii. Have you had an external consultant review your daily living services, with a focus on food and nutrition? Input Yes/No
- xix. Are you planning on doing any of the following to improve the food, nutrition and hydration for your residents? Drop down list (choose all relevant answers):
- Making building alterations to the kitchen or dining area
  - Changing the presentation of the dining area
  - Changing the crockery or cutlery used
  - Training food service and food management staff
  - Allocating more resources to eating assistance

- Training cooks and chefs
- Changing the food ordered
- Changing the way texture modified food is presented
- Changing the timing of your food services
- Increasing use of dietitians, speech pathologists or oral health practitioners
- Improving choice for residents
- Changing how consumer feedback is taken into consideration
- Changing how the cultural backgrounds of residents are taken into account
- Other

xx. Briefly describe your plans (free text field)

**Dietitians Australia feedback:** Unsure what the question about 'external consultant review of daily living services, with a focus on food and nutrition' means. This needs greater clarity. If you are referring to a menu and mealtime assessment conducted by an APD, this is covered in question viii.

### Validation of the self-reported food and nutrition data collected

Validation of the self-reported food and nutrition data collected by the Department of Health is important to ensure it is an accurate reflection of the food and nutrition on offer and served to residents in residential aged care. In the absence of any validation of the data, there is wide scope for self-reported data to be false, inaccurate or at worst, deceiving.

As outlined in the explanatory notes for the *'Basic Daily Fee Supplement Reporting Requirements'*, the new supplement supports aged care providers to deliver better care and services to residents, with a focus on food and nutrition. With this being the ultimate focus, it is vital that any food and nutrition data collected is verified to be true and accurate. Very importantly, if this reported data is eventually incorporated/fed into the **Star Rating System**, a process will need to be put in place to validate the self-reported food and nutrition information being collected.

Dietitians Australia would be happy to share thoughts on how self-reported food and nutrition data can be validated using APDs who conduct annual onsite menu and mealtime quality assessments. A Government funded research trial is recommended to assess such a validation process for the self-reported food and nutrition data.