

# Older People and Aged Care Dietitian Role Statement

Developed by members of the Rehabilitation and Aged Care Interest Group

## Introduction

Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice. APDs are qualified to advise individuals, groups and organisations on nutrition-related matters.

APDs have university training accredited by Dietitians Australia, undertake ongoing professional development and commit to evidence-based practice. They comply with the [Dietitians Australia Code of Conduct for Dietitians & Nutritionists](#) and commit to providing quality service.

APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs, the National Disability Insurance Agency and most private health funds as the quality standard for nutrition and dietetics services in Australia. It is a recognised trademark protected by law.

## Purpose of this Role Statement

- To define the role an APD may fulfil when working in the area of aged care
- To promote the knowledge and expertise of an APD in the area of aged care and beyond [National Competency Standards](#)
- To advocate for dietetic services

## Knowledge and skills in this area of practice

Entry level dietetic competencies ensure all APDs can conduct assessments, diagnose nutritional issues, and develop, monitor and evaluate interventions. Within a particular practice area, APD skills and knowledge will range from entry level to highly skilled. Within this continuum APDs can either fully manage the patient, seek support to continue seeing the patient or refer the patient on.

The following is a list of skills and knowledge required to work with older people across the continuum of care, including those living in the community and/or residential aged care facilities:

### Knowledge

- Factors that impact nutrition and hydration for older people. For example, poor dental health, conditions that affect swallowing including signs of dysphagia, poor appetite, mental health issues, reduced taste, poor coordination for self-feeding and disabilities.
- Unique nutrition and hydration requirements of acute and chronic health conditions commonly seen in older people, and their related medications. For example, dementia,

frailty, sarcopenia, constipation, anaemia, urinary tract infections, heart disease, diabetes, mood disorders.

- Food fortification techniques to support an individualised ‘food first’ approach to nutrition and hydration for older people.
- Use of oral nutrition supplements, micronutrient (vitamin/mineral) supplements and enteral nutrition to optimise nutrition goals and maintain person-centred care for older people.
- International dysphagia diet standardisation initiative (IDDSI) framework for thickened liquids and texture modified foods, including knowledge of the nutrition implications for older people who may be prescribed these diets.
- Policies, procedures and guidelines relating to health care for older people in line with the mandatory organisation/site specific, state and federal policy directives (eg Aged Care Quality Standards).
- Government and community support programs that support older people to access nutrition, meal service providers, shopping and cooking services and other healthcare services. For example, Meals on Wheels, Commonwealth Home Support Programme (CHSP), Home Care Packages, Transition Care Packages, Home Enteral Nutrition Service (HENS), National Disability Insurance Scheme (NDIS), Department of Veterans Affairs (DVA), compulsory third party insurance.

## Skills

- Optimise nutrition and hydration to support a good quality of life and overall health for older people, across a range of settings.
- Apply existing standards to develop and assess food preparation, including recipes and menus for regular diets, therapeutic diets, texture modified diets and specific population groups.
- Interpret the results of quality assessments to support/improve the provision of safe, adequate, tasty, nutritious, culturally appropriate and cost-effective food and nutrition services.
- Collaborate with clients, families, residential aged care homes, support network and healthcare teams working within the person-centred practice paradigm, taking into account the individual’s needs, preferences and choices.
- Monitor and interpret body composition changes in older people, including physical assessments to examine for signs of muscle and fat loss with particular focus on identifying malnutrition.
- Communicate confidently and effectively with audiences with a range of cognitive abilities to deliver nutrition education.

## Activities entry level APDs would conduct

- Implement and monitor malnutrition screening processes using validated tools across a range of settings.
- Support food services to provide a food-first approach through appropriate meal, snack and drink choices and, where relevant, within the requirements of therapeutic and/or texture modified diets. This may also include conducting on-site assessments of the menu, mealtime experience and the dining environment, where relevant.

- Work collaboratively with multidisciplinary healthcare teams, organisations and managers to ensure that nutrition and quality of life are optimised for older people across a variety of settings.
- Conduct audits of food- and nutrition-related care plans. For example, oral nutrition supplement provision reviews, hypoglycaemia management reviews.
- Prescribe oral nutrition supplements and enteral feeding regimens where indicated.
- Develop, implement and evaluate nutrition education activities for clients, food service, personal care and medical staff, using a variety of formats. For example, written materials, training workshops and skills demonstrations.

### **Activities APDs working at a higher level would conduct**

- Develop food service and nutrition standards, guidelines and policies.
- Develop and review procedures for organisations on nutrition and hydration related topics in conjunction with relevant clinical and care teams. For example, diabetes management, enteral nutrition management, pressure injury management, malnutrition screening, falls prevention.
- Contribute to the continuous quality improvement activities of an organisation/provider to meet the requirements for policies, procedures and guidelines relating to health care for older people, in line with the mandatory organisation/site specific, state and federal policy directives. For example, Aged Care Quality Standards, National Aged Care Mandatory Quality Indicator Program, Serious Incident Response Scheme.

Practitioners should refer to the [Scope of Practice Decision Tool](#) to determine if a task is within their scope of practice.

### **Activities APDs working in this area of practice do not usually undertake**

- Assessments of swallowing.
- Making food texture and fluid thickness recommendations for older people with swallowing problems. For example, dysphagia.
- Assessments of physical activity capacity.
- Assistance with feeding at mealtimes.
- Management and care of enteral feeding tubes/devices and tube sites, unless additional training and accreditation process are in place to act within an advanced scope of practice.