Expansion of the National Aged Care Mandatory Quality Indicator Program

Response to consultation
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Recipient

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Dietitians Australia acknowledges all traditional custodians of the lands, waters and seas that we work and live on across Australia. We pay our respect to Elders past, present and future and thank them for their continuing custodianship.

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians play an important role in aged care, such as in the assessment and dietary management of older Australians with chronic diseases and malnutrition, in the planning and coordination of food service within aged care homes and home delivered meal programs, and in the training of aged care sector staff.

This submission was prepared by staff of Dietitians Australia following the Conflict of Interest Management Policy and processes approved by the Board of Dietitians Australia.

Recommendations

1. In the development of Aged Care Quality Indicators for allied health, both the clinical and non-clinical aspects of aged care must be considered. This is especially relevant to Accredited Practising Dietitians who not only provide 1:1 clinical care, but who play a key role with specific non-clinical tasks in the planning, coordination and assessment of food and nutrition services within aged care homes (as per Standard 6, Food and Nutrition, of the strengthened Aged Care Quality Standards).
2. Prior to the development of 'clinical care' Quality Indicators for allied health, it is vital to establish a consistent allied health needs assessment and care planning process. Once established and allied health is funded and provided according to actual need, Quality Indicators for 'clinical care' provided by allied health professionals can be established.
3. Until a nationally consistent allied health needs assessment and care planning tool/ process becomes available, establishing 'interim measure' Quality Indicators for allied health should consider the allied health staffing targets established by the Australian Health Services Research Institute and internationally.

Discussion

Considerations for 'clinical care' and 'non-clinical care' in the development of Quality Indicators for allied health

The development of Aged Care Quality Indicators (QIs) for allied health must consider the vital role allied health professionals play in both the 'clinical care' of older people (i.e. assessing and managing allied health needs for reablement and quality of life) and the 'non-clinical care' duties performed in aged care. It is apparent that the current focus for the development of QIs for allied health is only on the direct clinical care aspects.

In the aged care setting, Accredited Practising Dietitians (APDs) not only provide 1:1 clinical care, but they also play a key role in the planning, coordination and assessment of food and nutrition services within aged care homes, which are deemed 'non-clinical care' duties. Some specific examples of 'non-clinical care' duties performed by APDs in aged care[1] include:

- 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.
- Conduct on-site assessments of the menu, food offerings, mealtime experience and dining environment with residential aged care homes.
- Conduct audits of food and nutrition related care plans. For example, oral nutrition supplement provision reviews, hypoglycaemia management reviews.
- 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.
- 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.

Both the strengthened Aged Care Quality Standards (which are due to take effect 1 July 2024) and the Quarterly Financial Report (QFR) for residential aged care, acknowledge both the direct clinical care and non-clinical care duties performed by allied health professionals, including Accredited Practising Dietitians. For example:

- Strengthened Aged Care Quality Standards:
    - Standard 5 (Clinical Standards) requires providers to refer and facilitate access to relevant health professionals and medical, rehabilitation, allied health, oral health, specialist nursing and behavioural advisory services to address the older person's clinical needs.
    - Standard 6 (Food and Nutrition) requires menus (including for texture modified diets) to be developed with the input of chefs, cooks and an Accredited Practising Dietitian, including for older people with specialised dietary needs. It also requires menus to be reviewed at least annually through a menu and mealtime assessment conducted by an Accredited Practising Dietitian. These are examples of 'non-clinical care' duties.
- The Quarterly Financial Report:
    - Captures both 'care expenses' and 'labour hours' for allied health (among other staff). This is for clinical care provided by allied health, with dietetic care provided by Accredited Practising Dietitians captured here.
    - Also captures 'dietetic care' and 'speech pathologist' in the food and nutrition tab of the report, which captures allied health expenses and hours worked on duties specific to food, nutrition and the dining experience only (i.e. some level of non-clinical care). This is in acknowledgement of the importance of the food and nutrition aspects of care in residential aged care homes.

Dietitians Australia recommends that in the development of any Quality Indicators for allied health, both the clinical and non-clinical aspects of care must be considered. This is especially relevant to

Accredited Practising Dietitians who not only provide 1:1 clinical care, but who play a key role with specific non-clinical tasks in the planning, coordination and assessment of food and nutrition services within aged care homes (as per Standard 6, Food and Nutrition, of the strengthened Aged Care Quality Standards).

Establishing an allied health needs assessment and care planning process to inform the development of 'clinical care' Quality Indicators for allied health

Prior to the development of 'clinical care' Quality Indicators for allied health, it is considered vital to establish a nationally consistent allied health needs assessment and care planning tool/ process for aged care. We are aware Allied Health Professions Australia (AHPA) shares this same view.

Once an allied health needs assessment and care planning process has been established and allied health is funded and provided according to actual need, Quality Indicators for 'clinical care' provided by allied health professionals can be established.

Establishing 'interim measure' Quality Indicators for allied health

Until such time as a nationally consistent allied health needs assessment and care planning tool/ process becomes available, the establishment of 'interim measure' Quality Indicators for allied health should consider the allied health staffing targets established by Australian researchers and internationally.

Research undertaken for the Royal Commission by the Australian Health Services Research Institute (AHSRI) at the University of Wollongong – the same team who developed the Australian National Aged Care Classification (AN-ACC) – found that in 2019, aged care residents received, on average, only 8 minutes per person per day of allied health care.[3]

More recent figures are lower than the Royal Commission's 8 minutes, with Quarter 4 (April to June 2023) of the Quarterly Financial Snapshot (QFS) on the Australian aged care sector showing a median total cost and time for allied health services per resident per day of just $5.36 and 4.26 minutes.[4]

To meet the allied health needs of residents, the AHSRI recommended an average of 22 minutes of allied health care, and that funding for allied health service provision be built in to the AN-ACC model.[5]

Internationally, there are examples of even higher targets for direct hours of care provided by allied health professionals working in long-term care. On April 11, 2022 the Fixing Long-Term Care Act, 2021 came into force in Ontario, Canada. Under the Act, the target is for 36 minutes of direct care per resident per day to be provided by allied health professionals[6].

It is the intent of the Ministry of Long-Term Care in Ontario to increase the hours of direct care provided to residents to improve health outcomes and working conditions, both of which will reduce stress and anxiety for staff and families. Increasing broader supports will contribute to improved mental health and a higher quality of life for residents[6].

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