

National Safety and Quality Health Service Standards Submission

**Response to consultation
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Recipient

The Australian Commission on Safety and Quality in Health Care
NSQHSSThirdEdition@safetyandquality.gov.au

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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 9000 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 have an important role across hospitals, early childhood education and care, aged care, primary care, disability, public health and food systems settings.

APDs are uniquely trained to provide one-on-one medical nutrition therapy to individuals in a clinical context across a broad range of disease and health conditions. Dietitians must hold the APD credential and meet continuing professional development and recency of practice standards annually to access Medicare, Department of Veterans Affairs, National Disability Insurance Scheme, worker's compensation schemes and most private health insurers.

National safety and quality standards that explicitly recognise and support APDs to provide safe nutrition care are important to prevention, effective management of chronic disease, reduction of avoidable harm and hospitalisation, and improved health and quality of life for all Australians.

This submission was prepared by members of the Dietitians Australia Policy and Advocacy team following processes approved by the Board of Dietitians Australia.

Background

The Australian Commission on Safety and Quality in Health Care (the Commission) is seeking feedback to shape the third edition of the National Safety and Quality Health Service Standards (NSQHS).

This edition streamlines the previous eight standards into three standards including, clinical governance, person-centred practice, and safer clinical systems, to better support an integrated, whole-of-system approach to health care across Australia.

Dietitians Australia welcomes the Commission's effort to strengthen the link between clinical governance, workforce capability, and patient outcomes to promote a single, integrated system for safe healthcare delivery in Australia. However, the draft standards fail to recognise the integral role of nutrition and hydration in improving patient outcomes and supporting a person-centred approach to care.

Dietitians Australia's feedback and suggested amendments to the Commission's draft are noted below.

Summary of Recommendations

Number	Recommendation	Amend to
1	Amend section 2.04 to include an additional subpoint to align NSQHS version 3 with previous standards.	“Identifies and responds to patients at risks of nutritional deficiencies, malnutrition or dehydration, with appropriate referral to qualified health professionals where required.”
2	Amend section 2.04 e subpoint v to include “nutrition and hydration outcomes”	Uses clinical assessments, including relevant input from patients, their family and carers, to: “Identify and address patient-specific risks that may affect their safety, clinical, nutrition and hydration outcomes or functional ability during care.”
3	Define hospital-acquired complications (HAC) within the glossary and include malnutrition	Define hospital-acquired complications (HAC) within the glossary, by reference to the Commission's HAC list and include malnutrition so that 2.06b has a clear, fixed definition.

Discussion

1. How well do the Standards reflect key safety and quality priorities? What is missing?

While the National safety and quality health care standards reflect key safety and quality priorities to better support an integrated whole-of-system approach to health care across Australia, **the draft Standards do not explicitly recognise food, nutrition and hydration as components of safe, high-quality care.**¹

The second edition of the NSQHS standards incorporated specific requirements for nutrition and hydration (section 5.27 and 5.28), including identifying patients at risk of nutritional deficiencies, dehydration and malnutrition, as well as providing nutrition support and monitoring nutrition care.²

Omission of nutrition and hydration within the draft standards does not support the Commission's own priority of *"supporting Australian health services to manage risk, reduce preventable harm and continuously improve care"*, given the preventive role of nutrition and hydration in reducing malnutrition, dehydration, and associated adverse health outcomes.

Healthcare organisations and professionals have a responsibility to understand and address patients' nutrition and hydration needs as part of a person-centred approach to care.³⁴ The World Health Organisation recognises nutrition as a fundamental aspect of health and a critical component of primary health care, through its person-centred approach to prevention, supporting immunity, longevity, addressing health determinants, and reducing risk of diet-related conditions and non-communicable diseases.⁵³

Adequate nutrition and hydration are integral to promote recovery from infection, illness, surgery, and prevent complications associated with dehydration and malnutrition.⁶ Around 4.8% of the total burden of disease in Australia is due to poor diet, while the prevalence of diet-related chronic conditions continues to increase.^{7,8} Hospital admissions present an important opportunity to not only address acute nutrition issues but provide support for chronic disease management. Malnutrition also remains highly prevalent among hospital patients in Australia.⁹ Including nutrition and hydration supports patient health and wellbeing and healthcare professionals to identify and manage diet-related risks before adverse outcomes occur.

Explicit inclusion of **nutrition and hydration should be retained in the NSQHS third edition under person-centred practice to support early identification and management of diet-related health risks and support the delivery of high-quality care.**

2. What changes would strengthen the Standards to support the delivery of high-quality care and better health outcomes?

Recommendation 1

Amend section 2.04 to include an additional subpoint, "Identifies and responds to patients at risk of nutrition deficiencies, malnutrition and dehydration, with appropriate referral to qualified health professionals where required."

Nutrition deficiencies, malnutrition and dehydration, are associated with hospital admissions and higher healthcare costs and negative health outcomes.¹⁰ The importance of healthcare professionals identifying malnutrition is noted in the NSQHS second edition, stating “*ensure that patients at risk of poor nutrition are identified and that strategies are put in place to reduce these risks*”.² However, the new draft standards fail to define malnutrition and therefore the importance of identification and response, to protect patients and prevent it before it occurs.

Malnutrition is associated with compromised wound healing, increased risk of complications, further infections, and higher rates of mortality.¹⁰ Hospitalisation can further increase the risk of nutritional decline, particularly among older people, due to increased nutrition requirements, reduced appetite and physical activity, difficulty consuming food and fluids, and reduced opportunities for social interaction.¹¹ The resulting impacts can affect physical and psychological wellbeing, and quality of life.¹²

Accredited practising dietitians are uniquely trained to monitor and prevent nutrition deficiencies, malnutrition and dehydration by providing practical, personalised, medical nutrition therapy and behavioural and lifestyle interventions.¹³ Early identification and appropriate referral can therefore support the prevention and management of nutrition-related risks and HACs before they contribute to adverse patient outcomes.

Nutrition and hydration support are core components of safe, high-quality care. **The third edition should retain an explicit requirement for health services to identify and respond to patients at risk of nutrition deficiencies, malnutrition and dehydration, including through appropriate referral to qualified health professionals where required.** This would support early intervention, reduction of preventable complications and healthcare expenditure, while strengthening patient safety and quality of care.

Recommendation 2

Amend section 2.04 e subpoint v to include “nutrition and hydration outcomes”: *uses clinical assessments, including relevant input from patients, their family and carers, to: “identify and address patient-specific risks that may affect their safety, clinical, nutrition and hydration outcomes or functional ability during care.”*

As per recommendations 1 and 2, understanding, identifying, and responding to patients' nutrition and hydration needs and risk of nutrition deficiencies, malnutrition, and dehydration, is a core part of safe, person-centred care. Clinical assessment of nutrition and hydration, alongside input from patients, their families and carers underpin the planning and coordination of effective care, that considers caring for the whole person.

3. How well do the Standards support care delivery and coordination across services, settings, and providers? How could this be improved?

Dietitians Australia supports the Standard's mandatory use of national clinical terminologies and specifications. This supports care delivery and coordination across services, settings and providers.

In dietetic practice, Nutrition Care Process Terminology (NCPT) provides a recognised, structured clinical language for documenting nutrition assessment, diagnosis, intervention and outcomes. NCPT can be incorporated into electronic health records and clinical information systems, supporting consistent documentation across providers.¹⁴ The adoption of standardised terminology may also strengthen data interoperability and extraction in digital systems, and improve the ability to demonstrate the important contribution of dietitians to patient care and health outcomes.

4. Are the Standards easy to understand and free from duplication? Where could they be clearer or simpler?

Recommendation 3

Define hospital-acquired complications (HAC) within the glossary, by reference to the Commission's HAC list, which includes malnutrition (HAC 13), so that 2.06b has a clear, fixed definition.

Under section 2.06, the draft standards state, a) *"uses evidence-informed interventions to identify and mitigate patient risks on admission and whenever the patient's condition changes"*; b) uses *"hospital-acquired complications"* data to improve outcomes.

The term hospital-acquired complications (HACs) are not defined in the glossary. The commission monitors HACs including pressure injuries, infections, falls, longer hospital stays and readmissions. Malnutrition is a recognised HAC on the Commission's own list. Malnutrition and other HACs should be clearly defined within the glossary. This will help to ensure malnutrition is captured when services use HAC data to monitor and improve care. This recommendation complements recommendation 2, to establish explicit requirements to identify and respond to patients at risk of nutritional deficiencies, malnutrition and dehydration, supporting early intervention before HACs occur.

5. How well do the Standards help health services learn, reflect and improve over time? What could strengthen this?

N/A

6. What changes to the Standards would reduce the compliance burden, while maintaining safety and quality?

N/A

References

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