Short-Term Restorative Care Programme Manual
External Consultation
Feedback Template

Action Required:

1. Please complete the feedback template below.
2. Please expand the response box where necessary.
3. Please return the completed template to STRC@health.gov.au by **5 July 2016**.

1. Is the programme manual clear and comprehensive?

The manual is generally clear and comprehensive.

2. Does the programme manual clearly outline the programme objectives and facilitate successful programme implementation?

The programme objectives are generally clear and can be expected to support programme implementation.

3. Has the programme manual accurately captured and outlined the roles and responsibilities of the stakeholders that will be involved in the programme's delivery?

DAA suggests refinement is needed to accurately capture and outline the roles and responsibilities of stakeholders, specifically dietitians.

P12 3.2 Service Delivery states that "STRC providers must provide the care recipient with therapy from appropriately qualified staff."

P17 3.5 Multidisciplinary Care defines multidisciplinary care including nutritionist.

Accredited Practising Dietitians (APDs) are qualified and credentialed to provide services in Short Term Restorative Care programmes. Nutritionists are neither qualified nor credentialed to do so. DAA recommends that the Manual uses the terms Accredited Practising Dietitian or APD throughout, or at least dietitian, consistent with other Commonwealth Government programmes such as Medicare and DVA. DAA would be pleased to provide further information to the Department of Health in support of this request.

4. Are the client journeys and scenarios outlined clinically relevant and useful?

The Client Journey Map is useful.

The potential for STRC programmes to meet the needs of care recipients will be maximised when My Aged Care Contact Centre, Regional Assessment Service, and ACAT staff have initial and ongoing training. Training should include use of the NSAF to identify potential candidates for STRC; the roles of allied health professionals such as Accredited Practising Dietitians in delivering multidisciplinary care; nutrition risk screening and assessment; and policies and procedures related to the implementation of STRC programmes.

The Care Recipient Scenarios are somewhat useful. Some scenarios lack clinical relevance in while other cases have omitted relevant content, actions and key allied health professionals. DAA has provided specific feedback in track changes in the scenarios, please see separate attachment.

The scenarios include possible signs of Functional Decline and Potential Questions for ACAT Assessment. No doubt these are intended to be illustrative not comprehensive, but DAA suggests it would be helpful to provide more explicit reference to use of the NSAF in screening and assessment processes by My Aged Care Contact Centre, Regional Assessment Service, and ACAT staff.

5. Do the client referral mechanisms outlined in the programme manual align with current practice?

Practice varies in referral mechanisms across the country, and there have been many problems reported in the implementation of My Aged Care. The effort of the Department in addressing implementation is acknowledged but more work is needed. DAA suggests that additional training of My Aged Care, Regional Assessment Service and ACAT staff will assist in referral mechanisms meeting the needs of care recipients while being practical and realistic for service providers as the STRC programme is implemented.

6. Is there anything missing from the manual which you believe would support the operationalisation of STRC?

See 8

7. Is the length, pitch and structure of the manual appropriate?

The Manual is lengthy and somewhat repetitive although generally clear. Any effort to reduce the length would be welcomed by those using the Manual.

8. Do you have any further comments or feedback you wish to provide on the programme manual?

P8 2.3.1 states the period of care for STRC is up to a maximum of 56 days. Also that STRC can be accessed twice within a 12 month period. It would be helpful to state what circumstance or time should pass between each STRC.

P9 2.4.1 describes the Australian Government's roles and responsibilities in relation to the Programme. Approved providers are identified for collaboration in the evaluation of the Programme. DAA would like to see other stakeholders, such as allied health professionals, carers and consumers, included in evaluation of the Programme.

P9 2.4.2 Approved Providers requires each client's Modified Barthel Index (MBI) score to be recorded but the MBI does not screen for, or assess, nutritional status. As poor nutrition and an inability to meet nutrition needs is a contributing factor to admission to residential care, DAA recommends Providers also report on nutritional status, e.g. Mini Nutritional Assessment MNA score.

MNA is referenced in the NSAF and is identified as an assessment tool for the Aged Care

Funding Instrument. DAA recommends including the MNA tool in the STRC Manual, or linking to the tool. https://agedcare.health.gov.au/aged-care-funding/residential-care-subsidy/basic-subsidy-amount-aged-care-funding-instrument/suggested-assessment-tools-for-aged-care-funding-instrument-acfi .

Other nutrition screening tools which are appropriate to include are the Malnutrition Screening Tool and Malnutrition Universal Screening Tool.

- Ferguson M, Capra S, Bauer J, Banks M. Development of a valid and reliable malnutrition screening tool for adult acute hospital patients. Nutrition 1999; 15: 458-64. Malnutrition Advisory Group (MAG): A Standing Committee of the British Association for Parenteral and Enteral Nutrition (BAPEN).
- The 'MUST' Explanatory Booklet. A Guide to the 'Malnutrition Universal Screening Tool' ('MUST') for Adults: BAPEN; 2003.

P10 2.5 Becoming an STRC Provider states that prospective providers will need to meet a number of selection criteria. DAA suggests that providers should demonstrate that their multidisciplinary teams include key allied health professionals, such as Accredited Practising Dietitians. Allied Health Professions Australia or professional organisations in the National Aged Care Alliance would be please to provide information on this point.

P13 3.2.3 Provision of Residential based STRC. The environment should also include kitchen facilities i.e. food preparation and storage areas and equipment for preparation/reconstitution of meals, snacks and fluids.

P16 3.4 Care Plan Design requires baseline level of functioning using a MBI. DAA also recommends inclusion of baseline nutritional status using Mini Nutritional Assessment.

P43 6.1 Table Part 2 - Care and services. 2.8 Assistance in obtaining access to specialised therapy services should include Accredited Practising Dietitians (or dietitians) along with other allied health professions listed.

P45 6.1 Table Part 3 - Care and services 3.11 Therapy services should include Accredited Practising Dietitians (or dietitians) along with other allied health professions listed.

P46 6.2 Care and services for STRC delivered in a home care setting Part 1 Care and Services 1.3 Nutrition, hydration, meal preparation and diet includes providing enteral feeding formula and equipment which is appropriate. DAA recommends including provision of oral nutrition supplements and thickening agents as these may benefit some care recipients who may find the cost of supplements prohibitive. This comment is also relevant to Part 4 – Excluded items.

P48 6.2 Part 3 Clinical Services Table 3.1 Clinical care should include Accredited Practising Dietitians (or dietitians) along with other allied health professions listed.

P53 Glossary LOW INTENSITY THERAPY provides examples of allied health involved in low intensity therapy. DAA recommends a more extensive list of allied health professions, including Accredited Practising Dietitians (or dietitians). It isrecommended that there is consistent referencing of allied health professions throughout the document to ensure that service providers can provide the range of allied health professionals to comprehensively meet the needs of care recipients. Care recipients whose nutritional needs are not identified and who do not receive appropriate nutrition care will not be able to respond fully to the therapies which are provided.