

# National Safety and Quality Health Service Standards

DAA submission – May 2017

**ONLINE SUBMISSION – Lodged 16/05/2017**

## National Safety and Quality Health Service Standards guide for hospitals

The Dietitians Association of Australia (DAA) commends the Australian Commission on Safety and Quality for taking on board much of the feedback provided by DAA in the development of this 2<sup>nd</sup> edition. Further feedback on the 'Guide for Hospitals' follows.

### Nutrition and Hydration section (pg: 267-269)

Regarding '**Nutrition and Hydration – Action 5.27 and Action 5.28**', screening for dysphagia is missing from the nutrition risk screening. Screening for swallowing difficulties among the frail, elderly is especially important given there is a 40-50% prevalence of dysphagia among elderly people living in residential aged care facilities. The most common causes are neurological disorders such as stroke, Parkinson disease and dementia. Dysphagia causes increased morbidity and mortality through dehydration, malnutrition and aspiration pneumonia, and may be associated with depression and deterioration in quality of life.

**Recommendation:** Given the importance of screening for dysphagia in hospital, DAA recommends editing Action 5.27 and 5.28 as follows:

- '**Nutrition and Hydration – Action 5.27:** Recommend expanding 'Processes for menu and meal planning' to include: 'consider swallowing ability and any requirements for texture modification of foods and beverages'.
- '**Nutrition and Hydration – Action 5.28:** Under 'Strategies for Improvement', we recommend expanding the second bullet point to include: 'considering nutrition risk such as malnutrition and dehydration, *dysphagia*, special dietary needs, food intolerance or allergy'.

### Resources section (pg: 285-287)

Regarding the section: 'Resources: Minimising Patient Harm', specifically the resources for 'Nutrition and Hydration' (pg: 286), there is a spelling error – please change 'Dieticians' to 'Dietitians' in 'Dietitians Association of Australia, Nutrition Manual, 9<sup>th</sup> edition, 2014'.

In the resources section for 'Preventing delirium and managing cognitive impairment' (pg: 286), we recommend adding the resource titled 'Nutrition and Dementia – a review of available research' (<https://www.alz.co.uk/sites/default/files/pdfs/nutrition-and-dementia.pdf>). This is an evidence-based report published by Alzheimer's Disease International which highlights the high prevalence of undernutrition in people with dementia and the need for greater awareness (by service providers, assessors, general

practitioners, health professionals and care workers) of malnutrition and other nutrition risks in people with dementia in hospital, community settings and in residential aged care. To identify those at risk, routine nutrition screening and assessment is required with appropriate interventions including stronger food and nutrition systems, staff training and a focus on meal environments in all settings - particularly residential care.

### **National Safety and Quality Health Service Standards guide for multi-purpose services and small rural hospitals**

The Dietitians Association of Australia (DAA) commends the Australian Commission on Safety and Quality for taking on board much of the feedback provided by DAA in the development of this 2<sup>nd</sup> edition. Further feedback on the 'Guide for multi-purpose services and small rural hospitals' follows.

#### **Nutrition and Hydration section (pg: 306-309)**

Regarding '**Nutrition and Hydration – Action 5.27 and Action 5.28**', screening for dysphagia is missing from the nutrition risk screening. Screening for swallowing difficulties among the frail, elderly is especially important given there is a 40-50% prevalence of dysphagia among elderly people living in residential aged care facilities. The most common causes are neurological disorders such as stroke, Parkinson disease and dementia. Dysphagia causes increased morbidity and mortality through dehydration, malnutrition and aspiration pneumonia, and may be associated with depression and deterioration in quality of life.

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#### **Resources section (pg: 329-332)**

Regarding the section: 'Resources: Minimising Patient Harm', specifically the resources for 'Nutrition and Hydration' (pg: 330), there is a spelling error – please change 'Dieticians' to 'Dietitians' in 'Dietitians Association of Australia, Nutrition Manual, 9<sup>th</sup> edition, 2014'.

In the resources section for 'Preventing delirium and managing cognitive impairment' (pg: 330), we recommend adding the resource titled 'Nutrition and Dementia – a review of available research' (<https://www.alz.co.uk/sites/default/files/pdfs/nutrition-and->

[dementia.pdf](#)). This is an evidence-based report published by Alzheimer's Disease International which highlights the high prevalence of undernutrition in people with dementia and the need for greater awareness (by service providers, assessors, general practitioners, health professionals and care workers) of malnutrition and other nutrition risks in people with dementia in hospital, community settings and in residential aged care. To identify those at risk, routine nutrition screening and assessment is required with appropriate interventions including stronger food and nutrition systems, staff training and a focus on meal environments in all settings - particularly residential care.