

26 August 2020

Ms Lynelle Briggs & The Honourable Tony Pagone QC
Commissioners
Royal Commission into Aged Care Quality and Safety
GPO Box 1151
Adelaide SA 5001

By email: ACRCenquiries@royalcommission.gov.au

Dear Ms Briggs & Mr Pagone

Dietitians Australia (DA) welcomes the report prepared by ROSA for the Royal Commission on 'International and National Quality and Safety Indicators for Aged Care'. While 'unplanned weight loss' is currently included as a quality indicator in Australia as part of the National Mandatory Quality Indicator Program (NMQIP), malnutrition risk and malnutrition prevalence is not captured in this current quality indicator. DA therefore wishes to highlight the value and importance of including 'malnutrition' as an independent quality indicator in routine monitoring of aged care quality and safety in Australia.

According to the American Society for Parenteral and Enteral Nutrition (ASPEN) and the Academy of Nutrition, malnutrition may be defined as two or more of the following characteristics: low energy intake, weight loss, loss of muscle mass, loss of subcutaneous fat, fluid accumulation and hand grip strength (1). The Global Leadership Initiative on Malnutrition (GLIM) suggests that at least one phenotypic criterion (non-volitional weight loss, low body mass index (BMI) or reduced muscle mass) and at least one etiologic criterion (reduced food intake/assimilation or inflammation/disease burden), must be present to diagnose malnutrition (2). Therefore, unplanned weight loss alone is not a reliable indicator of malnutrition.

DA considers a quality indicator for 'malnutrition' that incorporates a validated screening tool, with monthly follow-up embedded in the assessment process, is more meaningful than an assessment of unplanned weight loss.

The framework for screening of malnutrition risk must include:

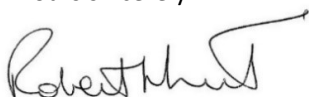
- initial and ongoing training of all care staff and support workers working in residential aged care in use of the validated screening tool;
- prompt referral of all identified as being malnourished or at risk of malnutrition to an Accredited Practising Dietitian for nutrition intervention; and
- minimum standards for the documentation of screening results and follow up.

In residential care, Australian studies have identified a prevalence of malnutrition from 22% up to 50%. Given the negative impact of malnutrition, including increased morbidity, need for hospitalisation and mortality, it is important to diagnose the condition as early as possible, so that timely and effective nutritional intervention can begin.

Several validated malnutrition screening tools, such as the Mini Nutritional Assessment (MNA) and the short-form version of this tool (MNF-SF), have been specifically designed to assess malnutrition in the elderly. The MNF-SF is quick and easy to use and carry out, with results showing if an individual is well nourished, at risk of malnutrition or malnourished (3). Validated malnutrition screening tools such as the MNF-SF can be implemented using existing administrative data collections, and at no additional burden to aged care providers.

DA ascertains malnutrition screening and timely and effective nutritional intervention are vital to the routine monitoring of aged care quality and safety in Australia and recommends that malnutrition be added to the National Mandatory Quality Indicator Program as a matter of urgency.

Yours sincerely



Robert Hunt
Chief Executive Officer

References:

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2. Cederholm T, Jensen GL, Correia MITD, et al. GLIM criteria for the diagnosis of malnutrition - A consensus report from the global clinical nutrition community. *Clin Nutr.* 2019;38(1):1-9. doi:10.1016/j.clnu.2018.08.002
3. Corcoran C, Murphy C, Culligan EP, Walton J, Sleator RD. Malnutrition in the elderly. *Sci Prog.* 2019;102(2):171-180.