



Dietitians Association of Australia

Inquiry into palliative care services and home and community care services in Queensland

August 2012

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 4900 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for better food, better health, and wellbeing for all. The DAA appreciates the opportunity to provide feedback on the Inquiry into palliative care services and home and community care services in Queensland.

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Introduction

Nutrition is fundamentally important as it impacts on the physical, mental and social wellbeing of recipients of chronic, frail and palliative care services. DAA has identified issues of concern in both palliative care and home and community care, and would welcome the opportunity to present as an invited witness to a public hearing.

Capacity issues in palliative care

DAA asserts that nutrition and hydration may be suboptimal in palliative care¹. The capacity of services to address these issues is limited by the scarcity of Accredited Practising Dietitians (APDs) providing direct care to patients/clients with a terminal but protracted illness. The nutrition of patients/clients in residential care may be compromised by the absence of dietitians who would otherwise contribute indirectly to care by supporting nursing and food service staff. DAA recommends that palliative care teams include APDs.

Effectiveness of home and community care services

APDs report that the quality of nutrition care of recipients of home and community care varies widely from service to service. The frail elderly frequently have compromised nutrition and hydration status as a result of a number of factors^{2,3,4}, which include but are not limited to the following

- Inability to obtain and prepare food for themselves, thus becoming reliant on home delivered meals, supplements, family or other providers
- Inadequate nutrition screening, assessment and intervention programs in place
- Inequitable systems for the supply of home enteral nutrition or nutrition supplements at home
- Lack of standards against which home delivered meals or centre based meals are measured.

DAA recommends that more resources be directed to the provision of nutrition services by APDs, the implementation of a national Home Enteral Nutrition scheme which will meet the needs of residents of Queensland, and the implementation of standards for provision of meals in home or centre based care.

Adequacy of home and community care services

DAA understands that the scope of the current inquiry is limited to services provided in Queensland. However, the recently released HACC manual is a key reference document for care providers across Australia, including Queensland. Attention is drawn to the description of allied health in section 3.2.3 Service Group 3 Allied Health Care where referral to 'nutritionists' is inappropriate. The qualifications of nutritionists in Australia vary considerably and there is no substantial regulation of this group. DAA recommends that Queensland nutrition services should be provided by APDs who are tertiary trained professionals in medical nutrition therapy, food service and community health/public health. The APD credential is the foundation of self regulation in the dietetic profession. The credential is accepted by Medicare, the Department of Veterans Affairs and private health funds. It has also been accepted as the equivalent of registration for the purpose of enrolment as a Healthcare Provider Identifier – Individual for Person Controlled Electronic Health Records by virtue of an Administrative Decision by the Deputy Secretary, Rosemary Huxtable PSM, Australian Government Department of Health and Ageing⁵.

References

1. Burbidge D. Dietary needs in palliative care. Aged Care Insite; Jul/Aug 2012
<http://www.agedcareinsite.com.au/pages/section/article.php?s=Clinical&ss=Nutrition&idArticle=24148> Accessed 6 August 2012
2. Evidence based practice guidelines for the nutritional management of malnutrition in adult patients across the continuum of care. Nutr Diet 2009; 66: S1 – S34

3. Leggo M, Banks M, Isenring E, Stewart L, Tweedale M. A quality improvement nutrition screening and intervention program available to Home and Community Care eligible clients. *Nutr Diet* 2008; 65: 161 – 6
4. Visvanathan R, Macintosh C, Callary M, Penhall R, Horowitz M, Chapman I. The nutrition status of 250 older Australian recipients of domiciliary care services and its association with outcomes at 12 months. *J Am Geriatr Soc* 2003; 51: 1007 – 11
5. Correspondence from Rosemary Huxtable, PSM Australian Government Department of Health and Ageing to Claire Hewat, Chief Executive Officer, Dietitians Association of Australia. See Appendix 1.

