

25 November 2019

## Submission: Healthy and high-quality foods in public hospitals and aged care

### Background

The Victorian Healthcare Association (VHA) welcomes the opportunity to make a submission to the consultation on food in public hospitals and aged care. This submission focusses on aged care because of the particular nutritional needs and issues for older people, in particular, those in Victorian public sector residential aged care services (PSRACS).

### About Victorian PSRACS<sup>1</sup>

- A total of 73 Victorian health services operate 178 PSRACS.
- These services deliver 5,600 operational beds - approximately 11 per cent of all beds in Victoria.
- Eighty-eight per cent of PSRACS are located in regional and rural communities, making the public sector the sole provider of residential aged care in more than 50 locations across Victoria.
- Cohorts of complex residents in PSRACS can be roughly delineated according to three groups, including those that have:
  - Complex health care or specialist care needs - including needs such as people requiring tracheostomy care, tube feeding, complex wound care, diabetes related issues, bariatric care, dialysis cases and conditions such as multiple sclerosis.
  - Difficult to manage behaviours - including verbal and physically disruptive behaviours resulting from conditions such as acquired brain injuries, dementia with severe behavioural and psychological symptoms, and neurological conditions.
  - Complex psychosocial care needs - people who have experienced prior trauma and those at risk of homelessness, and chronic mental illness (such as treatment resistant schizophrenia or depression).
- The cohorts in PSRACS consist of some of the most complex and vulnerable aged care clients in Victoria, with many residents at the most severe end of the care need continuum.
- Unpublished Australian Institute of Health and Welfare (AIHW) data as at 30 June 2014 illustrates that PSRACS cohorts have a significantly different resident complexity profile compared to non-government providers.
- Aged Care Funding Instrument (ACFI) data, used by the AIHW as a descriptor of relative dependency, shows that proportionally PSRACS have:
  - more than ten times the numbers of residents requiring airway patency support (suctioning and tracheostomy care);
  - four times the number of residents requiring management of intravenous fluids, subcutaneous fluids, syringe drivers and dialysis; and

<sup>1</sup> Kym Peake Witness Statement, Royal Commission into Aged care Quality and Safety, <https://agedcare.royalcommission.gov.au/hearings/Documents/exhibits-2019/16-october/WIT.0481.0001.0001.pdf>

- a higher number of younger (65-75 years of age in this context) residents with physical and verbal behaviour support needs when compared to non-government providers.

## Comments

The VHA acknowledges the importance of nutritious food to maintain enjoyment and a healthy weight, but that in residential aged care there needs to be consideration of some important factors when it comes to the care of older people as outlined below.

It should also be noted that organisations providing Commonwealth subsidised aged care services are required to comply with Standard 4 of the Aged Care Quality Standards. Standard 4 outlines the expectations of a residential aged care provider as part of the assessment process.<sup>2</sup>

### Appetite loss

- Many people with dementia experience appetite loss.<sup>3</sup>
- As a person ages there are normal appetite changes that occur, however a number of factors can impact on appetite including medications, changes to taste, depression, thyroid disorders, liver disease and many others.
- Loss of appetite also affects those ageing with loss of sensory stimulation such as smell deteriorates, taste alters and vision deteriorates which affects overall enjoyment of food.
- Appropriate assessment by expert clinicians is important – e.g. dieticians.

### Weight loss

- One of the mandatory aged care Quality Indicators is unplanned weight loss.<sup>4</sup> Weight loss can be an indication of an older person deteriorating and therefore it is an important area to monitor. Conversely, with obesity rates increasing weight loss may be a preference for some residents.
- There may be the need for high protein/calorie/fat food for residents to maintain healthy weight.

### Human rights/dignity of risk

- Aged care residents should have the right to choose to eat or not, the same as any other member of the community.
- An individual should also have the right to eat what they choose even if it may cause harm, for example:
  - A diabetic requesting a sugary soft drink.
  - A resident with dysphagia may be on a mince-moist diet but they want to eat toast.

### The dining experience

- The food itself is only one part of the dining experience for the resident. The whole event/dining experience needs to reflect quality care.
- People in aged care should be able to choose the times they eat.
- Choice needs to be considered for those with modified diets.
- The survey does not take into consideration a benchmark as many compare food in aged care to a restaurant not to meals they would have in their own homes.

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<sup>2</sup><https://agedcarequality.govcms.gov.au/sites/default/files/media/Guidance%20and%20resources%20for%20providers%20to%20support%20the%20Aged%20Care%20Quality%20Standards%20v3.pdf>

<sup>3</sup><https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/dementia-eating>

<sup>4</sup><https://agedcare.health.gov.au/quality/quality-indicators/national-aged-care-mandatory-quality-indicator-program-manual-10>

## Victorian Government procurement policies

The VHA notes that the delivery of public funded health and aged care occurs in a complex operational environment. The community rightly expects that services are delivered in a responsible and ethical manner. When health and aged care services undertake procurement, including food, it needs to be done with integrity, transparency and respect for public sector values.<sup>5</sup>

When sourcing local food supplies, and particularly in remote or rural areas, there may be few suppliers and the Victorian Government procurement policies should be examined to ensure they do not impede access to local suppliers.

## Innovations

The VHA recommends the examination of innovative tools to support good nutrition in aged care. For example:

- Food First policy: High protein, high caloric diets in preference to supplements.
- Food service delivery models: Move from a tray-based service to a communal dining self-service model.

### **Example: High tech nutritional health support**

*Elderly residents at more than 100 care homes in Scotland are set to benefit from a high-tech nutritional health support. This new digital pathway is designed to improve the health and wellbeing of residents and reduce the inappropriate prescribing of oral nutritional health supplements.*

*Whenever there is cause for concern, care home staff use the service to refer residents to dietitians via a digital questionnaire. Dietitians review the responses and if the patient is accepted into their caseload then care home staff are provided with advice on food and where appropriate, oral nutritional supplements.*

*A schedule for regular monitoring is established until the resident's nutrition is stabilised. Care home staff enter monitoring data into the digital platform, and this includes weight, body mass index, food and drink intake, appetite and number of supplements consumed.*

*This data creates a patient dashboard that then creates alerts if readings fall out of range, allowing dietitians to respond to those in most need.<sup>6</sup>*



### For further information contact

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<sup>5</sup> Australian Centre for Healthcare Governance, Integrity Governance Framework and Assessment Tool, May 2019.

<sup>6</sup> <https://www.health.europa.eu/care-home-residents-to-get-high-tech-support-for-nutritional-health/94260/>