

Malnutrition in Aged Care

Position

Dietitians Australia considers it vital for malnutrition screening to become embedded in the admission process for aged care services. Results of quarterly re-screens of nutritional status must become the mandatory nutrition criteria and replace mandatory reporting on unintentional weight loss. Mandatory malnutrition screening with nutrition management by Accredited Practising Dietitians using a food-first approach will improve the quality of life for aged care consumers and could provide more than \$80 million in savings.

Recommendations

- 1. Australian Government to develop and implement a national policy for nutrition care in community and residential aged care and provide adequate funding for Accredited Practising Dietitians to implement and monitor the nutrition care policy in all aged care settings. The nutrition care policy is to include governance of:
 - a. Mandatory malnutrition screening
 - b. Nutrition assessment
 - c. Nutrition care planning
 - d. Food and nutrition systems
 - e. Menu planning
 - f. Meals and the mealtime environment (with 'National Meal Guidelines' for residential aged care)
 - g. Assistance with eating and drinking
 - h. Staff nutrition education and ongoing training
- 2. Routine malnutrition screening is to become embedded in aged care:
 - a. At the assessment stage (ie. to be a mandatory feature of the National Screening and Assessment form and the Medicare Health Assessment for Older Persons, 75+); and
 - b. At the beginning of care (eg. with community aged care services and residential aged care); and
 - c. On a regular basis (ie. quarterly re-screening).
- 3. All aged care staff are to receive annual training (eg. via an e-learning module) on how to identify and manage those who are truly at nutritional risk using a standardised process with a validated malnutrition screening tool.
- 4. Residents identified as being at risk of malnutrition or malnourished by the screening process are to be referred to an APD for nutrition intervention. If necessary, nutrition assessments and intervention can be conducted by an APD using telehealth.¹ Mandatory malnutrition screening with nutrition management by APDs using a food-first approach will improve the quality of life for aged care consumers and could provide in excess of \$80 million in savings.



- 5. Results of quarterly re-screens of nutritional status must become the mandatory nutrition criteria and replace mandatory reporting on unintentional weight loss in the National Aged Care Mandatory Quality Indictor Program.
- 6. Guidelines associated with nutrition care are to be reviewed to ensure that compliance with the Aged Care Quality Standards includes the expectation that an APD is involved in nutrition care planning before the routine use of oral nutritional support (ONS) products.

Background

The delivery of high-quality aged care for older Australians is a priority.² With more older adults using home care (usage has increased by approximately 140% in the past decade),³ and over 213,000 people receiving residential aged care services,⁴ identifying those who are malnourished and in need of enhanced nutritional care remains a challenge. In residential care, Australian studies have identified a prevalence of malnutrition from 22% up to 50%⁵ and in study regarding prevalence of malnutrition in older Victorians receiving home nursing services, 8% were found to be malnourished and 35% were at risk of malnutrition.⁶

Malnutrition is known to increase the risk of falls, pressure injuries, increase hospital admissions, and has adverse outcomes on mortality. As a result, costs increase across the aged care sector and the broader healthcare system. Known barriers to identifying and treating malnutrition in aged care include lack of knowledge and awareness, the inability of care staff to identify malnutrition, and eating environments that are rushed and task-focused.⁷

Multiple nutrition screening tools have been validated to indicate the nutritional status of adults in aged care settings. Screening tools are broadly considered to identify residents who are at high nutritional risk, whilst not requiring calculations, blood tests or measurement of anthropometric variables⁸ and are widely adopted in the acute care sector.

References

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