Nutrition Standards - What’s Available?

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Adequate Nutrition in the Aged Care Setting is essential for:

- Prevention of adverse outcomes including -
  - Malnutrition
  - Wounds and Pressure Injury
  - Falls
  - UTI’s
  - Constipation
  - Dehydration, delirium & hypoglycaemia
- Quality of life – food provides enjoyment
- Physical recovery and rehabilitation
- Enhanced mental performance
Malnutrition Prevalence is unacceptably high

- Studies in Australia show the prevalence of malnutrition in Australia in residential aged care facilities (RACF) is 40 – 70 percent

- There are no nationally agreed nutrition standards for residential care to support quality care of older Australians receiving home care packages or living in RACFs.
Residential Care Accreditation Standards and Accreditation
Schedule 1—Specified care and services for residential care services

Part 1, Hotel Services - to be provided for all residents who need them

• 1.10 Meals and refreshments
  
  • (a) Meals of adequate variety, quality and quantity for each resident, served each day at times generally acceptable to both residents and management, and generally consisting of 3 meals per day plus morning tea, afternoon tea and supper
  
  • (b) Special dietary requirements, having regard to either medical need or religious or cultural observance
  
  • (c) Food, including fruit of adequate variety, quality and quantity, and non-alcoholic beverages, including fruit juice
Aged Care Standards and Accreditation

• Standard 1 - Management Systems, Staffing and Development.

• Standard 2 - Health and Personal Care

• Standard 3 - Resident Lifestyle

• Standards 4 - Physical Environment and Safe Systems
2.10 Nutrition and Hydration

Residents receive adequate nourishment and hydration.
Policies and practices provide:

- that residents' nutrition and hydration needs are assessed, documented, regularly reviewed and acted upon;
- that residents are offered a varied, healthy and well-balanced diet;
- that takes individual preferences into account; that residents receive sufficient food and fluid to meet their nutritional requirements;
- that residents are assessed for and are provided with assistive devices that enhance the resident's ability to meet their nutrition and hydration needs;
- that residents are assisted to maintain their dietary customs according to their religious and cultural beliefs; and that residents' swallowing is regularly assessed, documented and reviewed, and
- that food and fluids of appropriate texture are provided.
Standard 3: Resident lifestyle

3.8 Cultural and Spiritual Life

Expected Outcome: Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.

- for the observance of religious, cultural and personally significant anniversaries and events of choice;
- that residents are enabled to maintain their dietary customs according to their religious and cultural beliefs.
3.9 Choice and Decision-Making

Expected Outcome: Each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people.

- an effective forum for each resident that takes account views in service planning and evaluation;
- that issues raised by each resident relating to the services are dealt with fairly, promptly, confidentially and without retribution;
- that a simple and easy-to-use comments and complaints resolution mechanism is in place
- that information relating to individual resident care, lifestyle, services and internal and external complaints mechanisms is communicated to each resident in a language they can understand;
- assessment and documentation of residents' needs and preferences regarding their individual choices;
- consultation with each resident (or his or her representative) regarding their care and choices; and
- for a resident's right to refuse treatment.
Standard 4: Physical environment and safe systems

4.8 Catering, Cleaning and Laundry Services

**Expected Outcome:** Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment.

- catering and menu planning to ensure that quality and variety of food is maintained and is regularly reviewed
- resident participation in menu planning and food presentation
- that expert dietary advice is sought when necessary
- assessment and action on an individual resident's preferences
- for safe and correct food purchasing, storage, handling, preparation and serving
- safe and sanitary disposal of unused food and other waste
- equipment used is fit for the purpose intended and well maintained, and that staff are trained in its use
- that the dining environment is conducive to the relaxed, pleasant and social enjoyment of food
State Based Nutrition standards

• QLD – Queensland health Nutrition Standards for Meals and Menus (2012)

• NSW – Nutrition standards for adult inpatients

• WA – Nutrition Specification for Hospital Food Service, Dept Health WA (Jan 2005)

• VIC - Nutrition Standards for Menu Items in Victorian Hospitals and Residential Aged Care Facilities
QLD Nutrition Standards - OVERACHING PRINCIPLE:

AIM: Food provision shall meet the nutritional requirements of the majority of patients, residents, consumers and clients, taking into account age, clinical need, nutritional status, psychosocial needs, cultural and religious diversity and length of stay.
STANDARDS: Overarching

• **1.1** Menu planning will be undertaken as a collaborative process and will include dietitians, foodservice managers and other key stakeholders to ensure nutrition, financial, psychosocial, choice and quality goals are met.

• **1.2** A dietitian will be available to assess the food and menu as meeting these NSMM and the requirements (cultural, religious, age, psychosocial, nutritional status) of the population in the facility.

• **1.3** The menu is reviewed by a dietitian biennially.

• **1.4** Patients/residents/clients are able to access at a minimum, three main meals and three mid-meals each day.

• **1.5** Serve size variations* are offered on the menu.

• **1.6** The facility will endeavour to accommodate cultural and religious food preferences within the restrictions and constraints of food supply issues.
Aim: The food offered and dining environment provides choice, variety and meets the nutritional and psychosocial needs of the residents, including those with higher protein and energy requirements and those requiring texture modified meals.

- **6.1** Residents in aged care facilities shall receive a menu with a cycle of no less than 14 days and minimum choices across the menu cycle equivalent to those outlined in Table 3 Residential Aged Care Minimum Menu Choice (pp 34 – 37).
- **6.2** A hot protein choice shall be offered to residents on full and soft textured diets at least four times a week or on alternate days. A cold protein choice at breakfast will be provided each day.
- **6.3** A hot protein breakfast choice shall be offered to all residents on texture B minced and moist and texture C smooth pureed diets each day.
Finger Foods

• **6.4** Finger food options shall be available when required for those residents who are identified as benefiting from this option.

• Residents with dementia and other similar conditions benefit from finger foods. These options can facilitate increased oral intake, independence and self feeding (refer to p 46 for finger food definition).

• Finger foods do not require utensils thus enable patients to eat these foods on their own without feeding assistance. Examples include sandwiches, meat balls, sausage rolls, mini pies or quiches.
• **6.5** Additional food and/or fluid supplements shall be available as required.

• **6.7** Residents shall have the opportunity to have input into menu choices and menu reviews. If residents are unable to have input, family members can be consulted on preferred menu choices or for input into menu reviews.

• Constipation and dehydration is a common issue in elderly persons for various reasons, thus encouraging appropriate food and fluid intake will be beneficial.
Fortified Options
“making every mouthful count”

• 6.6 The standard menu shall provide fortified options for hot cereal, soup and one vegetable per day for full and soft textures. An additional fortified vegetable per day shall be provided for the texture B minced and moist and texture C smooth pureed. Fortified foods will meet the nutrition targets outlined in Section 2 Meal Component Specifications (pp 21 – 23).

• In ageing, energy (kilojoules) requirement is lowered but nutrient requirement is similar or higher than in the younger adult.

• The use of fortified foods have been demonstrated to increase protein and energy intake in the institutionalised elderly.

• One study has shown that fortification of food and a cooked breakfast resulted in the highest protein an energy increase.
Best Practice Food and Nutrition Manual for Aged Care Facilities

- Updated version will be released in 2014.
National Safety and Quality Healthcare Standards

Standard 1: Governance for Safety and Quality in Health Service Organisations
Standard 2: Partnering with Consumers
Standard 3: Preventing and Controlling Healthcare Associated Infections
Standard 4: Medication Safety
Standard 5: Patient Identification and Procedure Matching
Standard 6: Clinical Handover
Standard 7: Blood and Blood Products
Standard 8: Preventing and Managing Pressure Injuries
Standard 9: Recognising and Responding to Clinical Deterioration in Acute Healthcare
Standard 10: Preventing Falls and Harm from Falls
• **EQuIP5** (5th edition of the ACHS Evaluation and Quality Improvement Program), is a four-year continuous quality assessment and improvement accreditation program for health care organisations that supports excellence in consumer / patient care and services.

• **1.5.7** The organisation ensures that the nutritional needs of consumers/ patients are met
National Aged Care Menu Guidelines?
DAA’s scoping project for menu planning standards in aged care (2012)

• The Dietitians Association of Australia (DAA) is concerned that the Residential Aged Care Accreditation standards are not sufficient guide the care of vulnerable older Australians in the community or residential aged care

• The DAA report identified the need for guidelines to prevent and manage malnutrition through food service and nursing systems.

• Access to individual case management for nutrition care is available however it is not effective without robust nursing and food service systems to implement care plans.

• Assessors conducting accreditation processes rarely have an in-depth knowledge of nutrition or food service delivery.
REFERENCES
1. Queensland Health Nutrition Standards for Meals and Menus 2011

RESOURCES
• Bartl R and Bunney C Gosford: Central Coast Health 2004 Best practice food and nutrition manual for aged care facilities: addressing nutrition, hydration and catering issues.
• Scoping Project: Development of Nutrition and menu planning Standards for Residential Aged Care Facilities in Australia and New Zealand update version, 22 February 2012
• Aged Care Standards and Accreditation Agency Ltd. (02) 9633 1711 www.accreditation.org editor@accreditation.org.au Our new website from 1 January 2014: www.aacqa.gov.au