

Royal Commission into Aged Care Quality & Safety: Impact of COVID-19 on residential and home aged care

June 2020

Dietitians Australia is the national association of the dietetic profession with over 7,500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities. Dietitians Australia appreciates the opportunity to provide feedback to the Royal Commission into Aged Care Quality and Safety regarding the impact of COVID-19 on residential and home aged care.


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DIETITIANS AUSTRALIA INTEREST IN THIS CONSULTATION

As the leading organisation of nutrition and dietetic professionals in Australia, Dietitians Australia (DA) supports reforms to aged care systems and services to better support older Australians who have reduced capacity to care for themselves. DA considers it vital that the aged care system is changed to improve the availability of dietetic services and nutrition supports, including at times when visitor restrictions are in place due to pandemic situations.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians have an important role to play in aged care, such as in the assessment and dietary management of clients with chronic diseases and malnutrition, in the planning and coordination of food service within aged care homes and home delivered meal programs, and in the training of aged care sector staff.

RECOMMENDATIONS

- DA considers it vital that remote access systems and procedures (e.g. remote access to resident files, video conferencing with staff, etc) be established for Accredited Practising Dietitians to access staff (including nursing managers and catering staff) within residential aged care homes at times when visitor restrictions are in place.
- DA urges the Department of Health to release the results for 'unintentional weight loss' and 'pressure injuries' (under the National Aged Care Mandatory Quality Indicator Program) for the January-March 2020 quarter and the subsequent quarter (when available) as a matter of urgency to assess the impact of COVID-19 restrictions on the health and wellbeing of elderly consumers in residential aged care.
- DA recommends mandatory adoption of the 'National Meal Guidelines' by home delivered meal programs and emergency relief programs for older Australians.
- DA considers it vital that the Australian Government establishes a system (including a public awareness campaign) for vulnerable elderly Australians (and other vulnerable groups) to access emergency food relief and meal delivery in pandemic and natural disaster situations.
- DA considers it of utmost importance that the development of plans for emergency food relief has the input of Dietitians Australia. This will help to ensure that the dietary needs of emergency food recipients are met and health status is maintained in times of need.
- DA recommends APDs are recognised as an essential workforce in emergency, epidemic and pandemic situations (including those in the private sector) to expedite access to personal protective equipment (PPE).

- DA recommends that funding for item numbers for all dietetic telehealth and telephone services included in the 'COVID-19 Temporary MBS Telehealth Service' be extended beyond 30 September 2020, to ensure vulnerable patients may continue to access vital services without leaving their homes.

DISCUSSION

Access to dietetic services in residential aged care during the COVID-19 pandemic

In response to the COVID-19 pandemic, many aged care homes nation-wide imposed very tight restrictions on face-to-face visits as a measure to reduce the risk of COVID-19 infections. As residential aged care homes closed their doors to visitors and external service providers (including allied health staff), Dietitians Australia received calls from concerned Accredited Practising Dietitians (APDs) who routinely provide dietetic services to residential aged care homes. In many cases, APDs were unable to physically access the residential aged care homes (for up to several weeks or more) to provide either individual medical nutrition therapy to residents, or audit the food supply to residents. In some cases, limited access is still in place for APDs (effective mid-June 2020). Remote access was made available for some, but not all APDs, which caused serious concern for the health and wellbeing of elderly residents unable to be serviced.

Accredited Practising Dietitians have a vital role to play in aged care, such as in the assessment and dietary management of clients with chronic disease and malnutrition, in the planning and coordination of food service (menus and meals) within aged care homes, and in the training of aged care sector staff.

The potential implications of a lockout of APDs from residential aged care homes due to COVID-19 include:

- **a wave of malnutrition and subsequent deaths in the months to follow:** as research shows social isolation and loneliness significantly increase malnutrition risk for aged care residents¹. Without closer monitoring or intervention, residents who are lonely, whose intake has reduced, or who experience weight loss are at a significantly higher risk of malnutrition and poorer health outcomes, including death;
- **intensified rates of wounds, pressure injuries and falls:** as poor nutrition increases the risk of all these conditions. Nutrition screening and treatment of any degree of malnutrition is integral to the prevention and healing of pressure injuries and related wounds, and in the prevention of falls;
- **a negative impact on the provision of nutritious meals, snacks, beverages and texture modified meals to residents:** which result without the ongoing support of an APD in foodservice planning and co-ordination.

In lockdown situations, **remote access systems for allied health professionals** (e.g. remote access to resident files or video conference consultations with staff) are not broadly available or utilised in all residential aged care homes. The establishment of remote access systems for allied health professionals will allow APDs to assist staff with:

- malnutrition screening and malnutrition management
- nutrition assessment
- nutrition care planning
- menu planning
- meal reviews
- mealtime environment reviews
- advice on assistive eating and drinking
- staff nutrition education and ongoing training

Dietitians Australia therefore considers it vital that that remote access systems and procedures (e.g. remote access to resident files, video conferencing with staff, etc) be established across the board for APDs to remotely access staff (including nursing managers and catering staff) within residential aged care homes at times when visitor restrictions are in place. APD clinical consultations and menu/mealtime quality assessments must continue in some format, even if only via a remote service, to maintain the health and wellbeing of residents.

Concerns regarding the added burden of COVID-19 on ‘unintentional weight loss’

DAA recently raised concerns with Senator the Hon Richard Colbeck regarding recent data for **‘unintentional weight loss’** sourced from the second quarterly report of the **National Aged Care Mandatory Quality Indicator Program**.

In the [October-December 2019 quarter](#), 14,733 aged care residents recorded significant unplanned weight loss (i.e. three or more kilograms) and 15,398 residents recorded consecutive unplanned weight loss (i.e. a loss of any amount every month over three consecutive months) compared to the previous period. The accelerated rate of almost **3,000 more residents recording significant unplanned weight loss** in the last quarter compared to the previous period is unacceptable and cause for serious alarm and prompt action.

Accredited Practising Dietitians are an essential part of the solution to reverse the escalating rates of unintended weight loss and malnutrition in residential aged care. Yet the current aged care system means that APD services are sadly an afterthought, typically called upon by aged care providers when significant amounts of weight have been lost and malnutrition is well established.

Dietitians Australia has concerns that the impact of restricted APD access in many residential aged care homes (due to COVID-19) is only going to compound the unintentional weight loss trend in residential aged care. As highlighted above, the potential impact of this will be higher rates of malnutrition and intensified rates of wounds, pressure injuries and falls.

DA therefore considers it vital for the Department of Health to release the results for 'unintentional weight loss' and 'pressure injuries' for the January-March 2020 quarter and subsequent quarter (when available) as a matter of urgency to assess the impact of COVID-19 restrictions on elderly consumers in residential aged care.

Community aged care and nutrition issues during the COVID-19 pandemic

APDs working in community aged care identified a number of nutrition issues stemming from COVID-19, including:

- **Access to basic food supplies:** As widely reported in the media, basic food supplies were in short supply in most Australian supermarkets during the most severe restrictions imposed by the Government in response to the COVID-19 pandemic. In addition to this, many elderly limited their shopping trips due to fear of contracting COVID-19. The empty supermarket shelves and limited trips to the shops meant that many elderly Australians living in the community were left short on basic food supplies, such as bread, pasta, rice, eggs and milk. Home shopping / delivery services were not an option for elderly Australians with no computer access or poor knowledge of how to access home delivered grocery services over the phone. The fear of using credit cards, or no access to a credit card, also added to the issue of elderly Australians accessing food when cash was not accepted in all stores.
- **Access to nutritionally appropriate delivered meals and meal services:** The volunteers who assist home-delivered meal programs (e.g. Meals on Wheels) are mostly from an aged population. This presented problems when the COVID-19 pandemic took hold, as it limited the number of volunteers willing and able to deliver food to vulnerable elderly residents living in the community.

The issue of nutritious food production is an ongoing one, as the National Meal Guidelines for home delivered meal programs are not mandatory and therefore not always followed by community groups / organisations who prepare meals for community-based elderly residents. Malnutrition has the potential to put vulnerable elderly people at a higher risk of infections, falls and pressure injuries, therefore DA is an advocate for the mandatory adoption of the National Meal Guidelines for home delivered meal and emergency relief programs for older Australians.

- **Emergency food relief:** This was poorly coordinated and communicated to older Australians during the COVID-19 restrictions, with no public messaging made available on how to access emergency food relief. DA considers it vital that the Australian Government establishes a system (including a public awareness campaign) for vulnerable elderly Australians (and other

vulnerable groups) to access emergency food relief and meal delivery in pandemic and natural disaster situations.

Given a considerable percentage of elderly Australians have special dietary requirements (e.g. due to chronic conditions like diabetes, heart disease, renal failure etc) or they are dependent on oral/enteral nutrition, DA considers it of utmost importance that the development of plans for emergency food relief has the input of Dietitians Australia. This will help to ensure that the dietary needs of emergency food recipients are met and health status is maintained in times of need.

- **Access to oral and enteral nutrition feeds and supplies:** Whilst local sources revealed there were no issues with access to oral and enteral nutrition feeds and supplies to elderly consumers during the COVID-19 pandemic, other situations have identified access issues. For example, during severe floods in the Hunter region in 2016, a situation arose where elderly consumers reliant solely on enteral feeding weren't able to access any feeds or supplies. Oral and enteral nutrition feeds and supplies are often overlooked in emergency preparedness plans. Therefore, DA considers it important that future emergency food relief for pandemic and natural disaster situations include oral and enteral nutrition feeds in the plan.
- **Dietitian access to PPE:** The COVID-19 social distancing measures presented APDs with many challenges for home visits. Allied Health Professionals do not typically wear personal protective equipment (PPE) as part of their home visits, so knowledge was limited among APDs on the appropriate PPE to use as part of their dietetic consultation. Then accessing the appropriate PPE was problematic, due to severely limited supplies of PPE in the country at the peak of the pandemic. DA recommends APDs (including those in the private sector) are recognised as an 'essential workforce' in emergency, epidemic and pandemic situations to ensure PPE access is guaranteed and expedited in the future.
- **Reduced home visiting/community support services & access to family/carers:** Social isolation requirements was found to impact elderly Australians who reside at home in a negative way. This equated to reduced welfare checks (from family, friends, carers), increased self-isolation, loneliness and reduced food intakes for some. As previously highlighted, research shows social isolation and loneliness significantly increase malnutrition risk for aged care residents¹. Without closer monitoring or intervention, residents who are lonely, whose intake has reduced, or who experience weight loss are at a significantly higher risk of malnutrition and poorer health outcomes.

Medicare Benefits Schedule (MBS) telehealth items for allied health professionals

The expansion of **Medicare telehealth** items for all patients, (with or without COVID-19), to see eligible **allied health professionals** (including APDs) during the COVID-19 health emergency, which was put in place from the 30th March, 2020 is **due to expire 30th September, 2020**. Unless telehealth

for allied health professionals is extended, elderly Australians in the community will be unable to access the services of an APD via telehealth effective 1 October, 2020.

Whilst face-to-face dietary assessment is always preferred, sometimes it is not always possible or practical for elderly Australians to access services in this way. Poor mobility, limited access to public transport and long distances away from the service are just some of the reasons why face-to-face appointment with an APD are not always possible.

APD access to telehealth services allows service providers to physically see the patient, which is important in picking-up those non-verbal cues that service providers cannot obtain over the phone. In light of this, DA recommends that funding for item numbers for all dietetic telehealth and telephone services included in the 'COVID-19 Temporary MBS Telehealth Service' be extended beyond 30 September 2020 to ensure vulnerable patients may continue to access vital services without leaving their homes.

Barriers to access for telehealth services among the community-based elderly needs to be seriously considered given that computers/tablets and the internet are not always available to this population. Access to MBS for telehealth for the provision of dietetic care would allow APDs to determine which patients would be suitable for this method of service delivery early on in the assessment for ongoing care and/or during times of emergency.

REFERENCES

1. Boulos C, Salameh P, Barberger-Gateau P. Social isolation and risk for malnutrition among older people. *Geriatr Gerontol Int.* 2017 Feb;17(2):286-294. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26790629>