

The Opportunities & Challenges of providing Nationally Recognised Training & Career Progression For Support Workers in Nutrition

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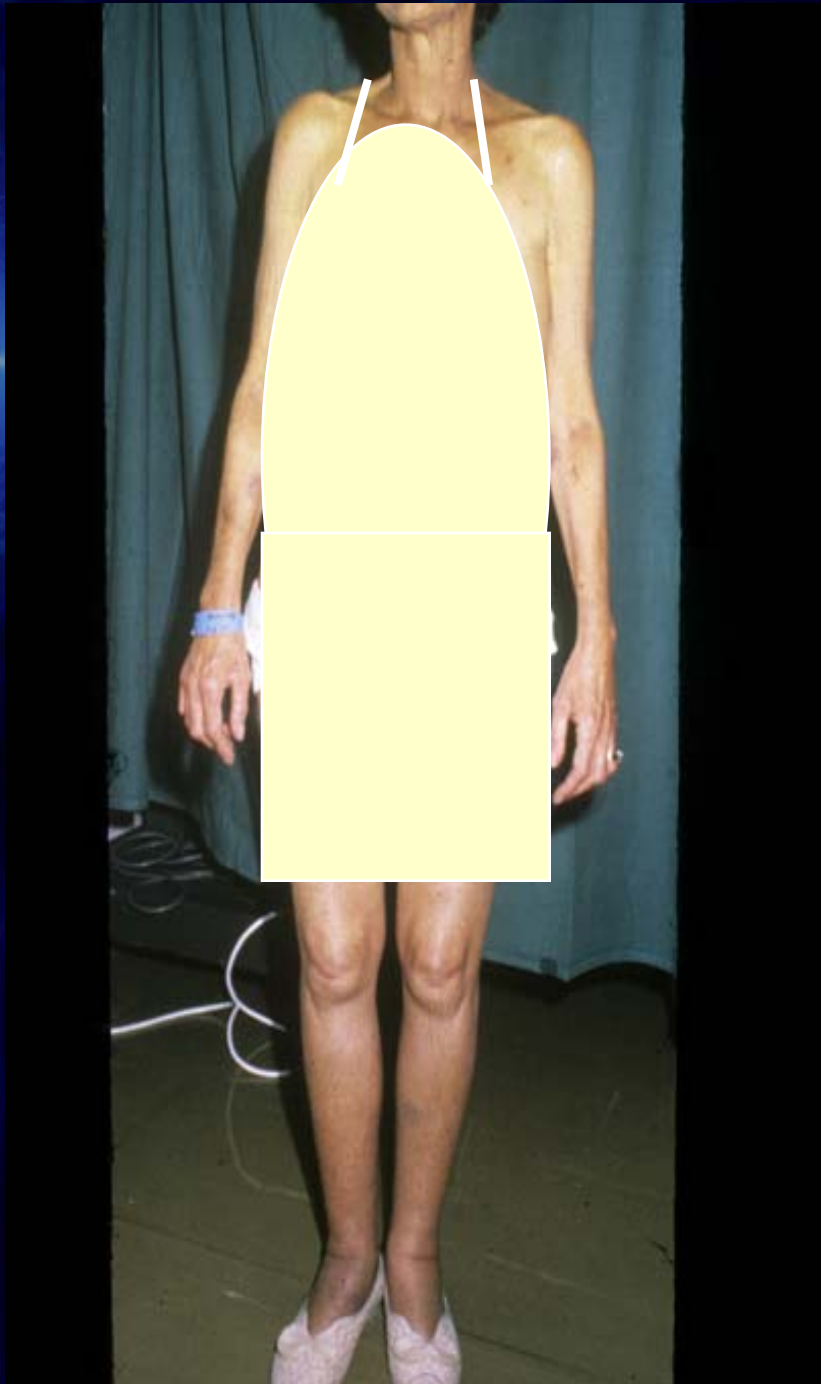


Queensland Government

Queensland Health

Nutrition assistants are integral to clinical care of patients

- The roles of dietitians are constantly changing & diversifying
- Workload demands continue to increase
- Support staff offer opportunities to provide cost effective and cost efficient services
- While achieving continual improvement in quality of care





Malnutrition is under-recognised

- 60-80% of malnourished patients not recognised or referred for nutrition intervention
- Lazarus (2005) – only 15% of malnourished referred for nutrition intervention
- Middleton (2001) – majority of malnourished not recognized, including over half of severely malnourished

Nutritional Status Categories According to SGA Across Qld Acute & Residential facilities Banks et al. 2007

Facility Type Audit Number	Number of facilities (of subjects)	Well Nourished	Malnourished (moderate + severe)
Acute:		Mean+SD (Min-max)	Mean+SD (Min-Max)
Audit 1	8 (774)	65.3 +4.0 % (61.9-77.4)	34.7 ± 4.0% (22.6--38.1)
Audit 2	16 (1434)	68.5 + 9.5 % (25.0-100.0)	31.4 ± 9.5% (0.0- 75.0)
Residential Aged Care:		Median (Min-max)	Median (Min-max)
Audit 1	5 (381)	50.0 % (43.4-88.9)	50.0% (11.1-56.6)
Audit 2	5 (458)	50.8% (46.3-85.7)	49.2% (13.9-53.7)

Optimising nutrition benefits health system outcomes

Enhanced and optimised nutritional status

- reduces the risk of pressure ulcer (OR 0.75),
- reduces mortality (OR 0.6),
- reduces the risk of complications (OR 0.4)
- particularly infection (OR 0.3),
- reduces length of stay by almost a week,
- and controls the 300% increase in costs associated with those assessed with sub-optimal nutritional status

(Stratton et al. 2005 Stratton et al. 2003)

Action to enhance consumption during admission is vital.

Importance of meals

- Even if well nourished on admission to hospital care, a greater proportion of those receiving meals only, compared with those who received meals and additional nutrition support (Larsson).
 - died (18.6% vs 8.6%) or became
 - malnourished (21.1% vs 8.3%)
- Whether well nourished or not, nutritional status has been shown to decline during admission.

Contrary to common perceptions of short hospital stays

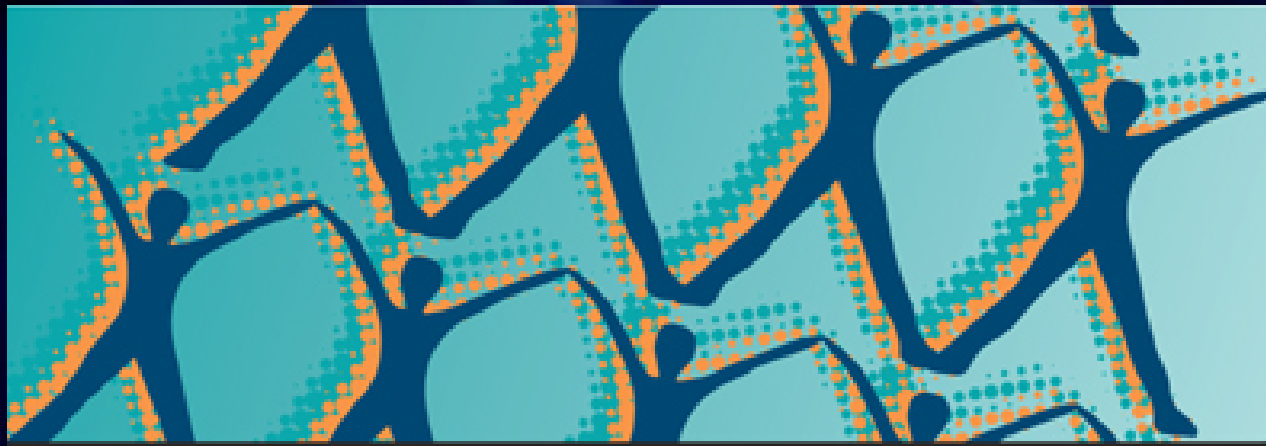
- 50% of beds are admitted for >2 wks (ALOS 30 days)
- 1/3 stay an average of almost 8 wks (54 days)
- Most do not consume protein or energy req'd for illness

(Banks et al, 2004; Banks, Vivanti 2005; Vivanti Banks, 2007)

Challenges

- **Nutrition support workers usually have dual roles**
 - operational tasks supporting foodservices and
 - clinical tasks supporting dietetics
- **A limited understanding of the importance of foodservice roles in clinical nutrition support** often restricted access to training & competency development in clinical nutrition areas
- **The lack of a formal dietetic group advising Queensland Health** has resulted in the ownership and intellectual property rights passing to an external RTO

National Health Training Package



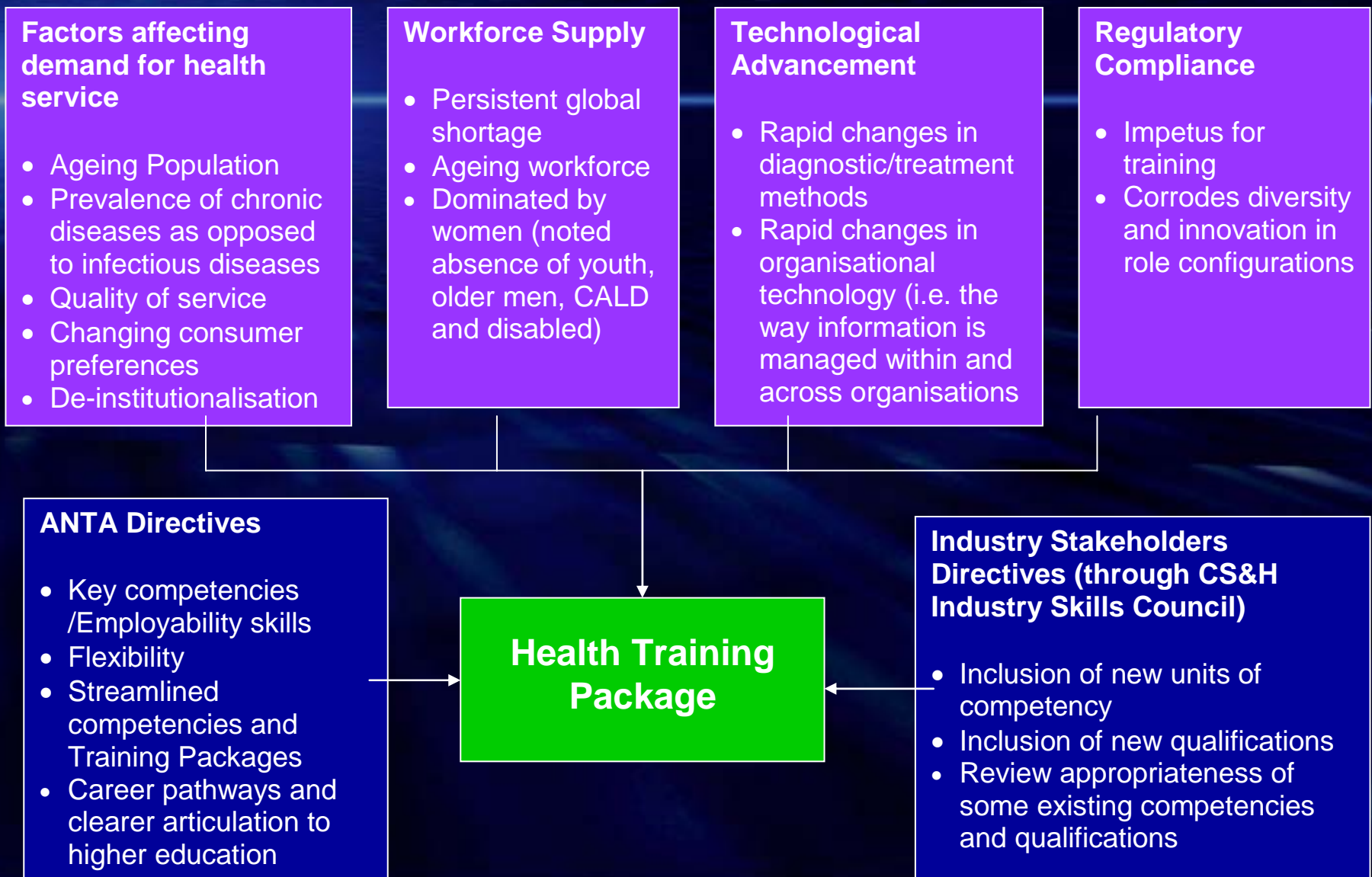
Industry Skills Council



research

Health Training Package HLT02 *Rev Up for the Review*

Figure 1. Industry Drivers and Other Factors that Impact on the HLT02 Review



Health Training Package HLT02 *Rev Up for the Review*



Directions and Recommendations for the Allied Health Assistant Qualification

- Ensure the structure of & prerequisites for Certificate IV in Allied Health Assistance do not disadvantage nutrition assistants
- Ensure a pathway from Certificate III in Nutrition & Dietetic Support to broader Certificate IV in Allied Health Assistance
- Ensure that electives chosen for the Certificate III in Nutrition & Dietetic Support reflect broadening roles & competencies
- Ensure that competencies remain within the scope of practice for dietetic assistants eg. Patient assessment is outside the scope of practice

Comments re Certificate IV in Allied Health Assistance

To use inclusive terminology by changing terms such as

- “Therapist” to “Allied health assistant”
- “Equipment” to “Materials”
- “Therapy centres” to include “Day respite” centres
- “Therapy” to “Therapy/Treatment/Education” program

Comments re Certificate IV in Allied Health Assistance

- To ensure pre-requisites are appropriate for all AHA's
 - Eg “Assist with client movement” (HLTCSD305B). Very therapy focused
 - Recommended as an elective
- “Screen” vs “Assess” as is outside scope of practice
- To include Nutrition & Dietetics alongside other AHP's for “Required skills & knowledge”
 - Eg Included only “Knowledge of differences between occupational therapy, physiotherapy, speech pathology”
 - Eg Allied health equipment: to include anthropometric measures, stadiometer etc

Comments re Certificate IV in Allied Health Assistance

- New elective developed
 - for roles in community & home settings
- Alternate electives recommended eg
 - Planning and conducting group sessions
 - Preparing and planning for quality audits
 - Supporting innovation and change

HLT31506

Certificate III in Nutrition and Dietetic Support

This qualification covers those who provide a range of assistance functions to Dietitians and Food Service Managers. This qualification is suited to New Apprenticeships pathways.

Occupational titles for these workers may include:

- Nutrition/Dietetic assistant
- Diet aide
- Meal monitor
- Food and diet co-ordinator
- Menu co-ordinator

HLT31506

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DAA reference group
has recommended
that these titles be
removed

HLT31506 Certificate III in Nutrition and Dietetic Support

8 COMPULSORY UNITS INCLUDED:

- HLTHIR301A **Communicate & work effectively in health**
- HLTIN301A Comply with **infection control P&P** in health work
- HLTOHS200A Participate in **OHS** processes in the health industry
- BSBFLM303B Contribute to effective **workplace relationships**
- HLTNA301B **Provide assistance** to nutrition & dietetic services
- HLTNA302B **Plan & evaluate meals & menus** to meet recommended dietary guidelines
- HLTNA303B **Plan & modify menus** according to nutrition dietary plan
- HLTNA304B Plan meals & menus to meet **cultural & religious needs**

HLT31506 Certificate III in Nutrition and Dietetic Support

7 ELECTIVE UNITS INCLUDED:

Employers may specify that certain electives are required to address identified workplace needs:

- **Nutrition and dietetic support**
- **Work relationships**
 - BSBAUD402A Participate in a quality audit
- **Working with clients**
 - CHCMH1B Orientation to mental health work
 - HLTAH301A Assist with an allied health program
 - HLTCSD201B Maintain high standard of client service
 - HLTAP301A Recognise healthy body systems in a health care context
 - BSBMED201A Use basic medical terminology

National Health Training Package

The Queensland Experience

Queensland Health needed a Cert III in Health Service Assistance (Nutrition and Dietetic Support)

- Almost no Nutrition Assistants had recognised qualifications
- Most receive “on the job” training only
- Dietetic departments had structured (but not accredited) training programmes

Key Steps

- Find a Registered Training Authority (RTO)
- Certificate IV for Trainers Undertaken
- Assessment mapping
- Develop training materials
- Determine delivery model
- Establish service agreements
- Pilot and validation



Find a Registered Training Organisation (RTO)

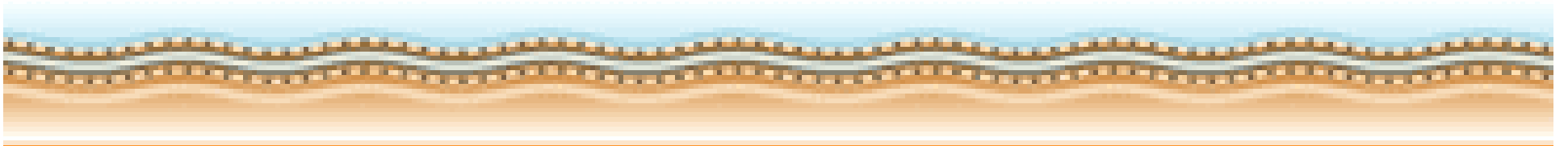
- There were no Queensland RTO's offering the Cert III in Health Service Assistance (Nutrition & Dietetic Support)
- Interstate RTO's were not offering the course externally
- Queensland RTO's were approached
 - including Cunningham Centre (Southern Area Health Service)
 - TAFE
 - Yangulla Centre
- Yangulla Centre (based in Rockhampton, 640 km north₂₅ of Brisbane) agreed to develop, pilot and run the course

YANGULLA CENTRE

Central Zone Rural Health Training Unit



Queensland Government
Queensland Health

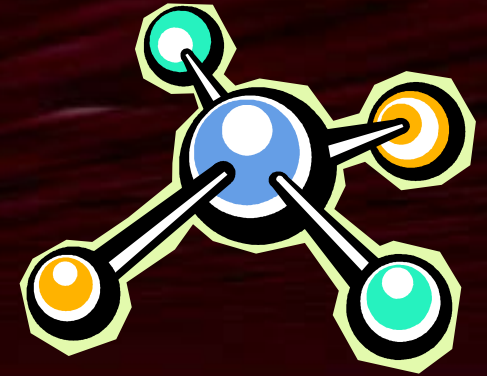


Training program was delivered



- Over 12 weeks
- Primarily off the job
 - Assessment items for “Safety in the workplace” & “Nutrition and Dietetic Support Services in the Workplace“ Modules were discussed in an off the job setting, and assessed in a simulated work environment if needed, or in the workplace if possible.
- Face to face with trainer led theory classes and practical sessions involving small group and individual activities/projects.
- With training manuals for each module
 - Which include all materials used in the training sessions, assessment materials and reference materials.

Delivery Models



- Districts entered service agreement to run the training
- Districts supplied Cert IV assessors, trainers, course co-ordinators
- Opportunities for videoconferencing were investigated
- Lead assessor model, where the RTO
 - reviews assessments prior to issuance of certificates
 - provides advice/support to assessors as requested/required
 - ensure assessors are informed of any professional development opportunities
 - coordinate and facilitate moderation sessions

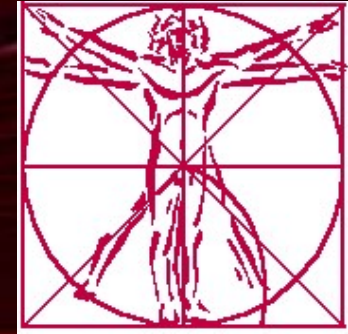
Pilot and Validation

- The processes used to validate assessment in this program included :
 1. Field testing, trialling and piloting
 2. Moderation
 3. Lead assessor



The Major Future Challenges Include

- Ensuring sustainability of Nutrition Assistant training
- Appropriate professional and Health Department support of Nutrition Assistants
- Inclusion of Nutrition into Community and Rehab eg
 - Cert IV Allied Health Assistance (Community Rehabilitation) includes mandatory units in speech pathology and physiotherapy, in addition to the rehabilitation units...
 - But nutrition is not included



- Currently, Queensland Health employs > 160 staff to support AHP's in a variety of settings ... and this number is increasing
- Draft Allied Health Assistant guidelines developed clear statements of
 - practice scope
 - supervision guidelines
 - and the skills and potential for allied health assistants to provide support to qualified staff to ensure not under utilised.
(p20, Practice Guidelines For Allied Health Assistants, Draft, 2005).
- Supervising health professionals are accountable for
 - the tasks they delegate and
 - ensuring assistants are competent to do tasks effectively & safely

Dietitians Association of Australia

Scope of Practice

Draft Position Paper



- Nutrition and Dietetic Assistants **assist dietitians** in the nutritional care of patients
- **Clinical dietitians are accountable** for the nutritional care of patients
- **Regular communication must occur** between Nutrition and Dietetic Assistants and the clinical dietitian to ensure high quality patient care

Dietitians Association of Australia

Scope of Practice

Draft Position Paper



- In Facilities that **do not employ a clinical dietitian**, the professional association supports the the use of a **shared supervision** model
- **Shared supervision** could occur in
 - multifunctional health centres, day respite centres, home based services
 - rural and remote facilities where dietetic access may be part-time or consultancy

Reports to**Title****Hospital Site**

Dietetics	Nutrition assistant	Ballie Henderson
* Dietetics	Nutrition assistant	Caboolture
Dietetics	Nutrition assistant	Dalby Hospital
Dietetics	Nutrition assistant	Logan
Dietetics	Nutrition assistant	Nambour
* Dietetics	Nutrition assistant	Redcliffe
Dietetics	Nutrition assistant	Royal Brisbane & Women's
Dietetics	Nutrition assistant	Royal Children
Dietetics	Nutrition assistant	The Prince Charles
* Dietetics	Nutrition assistant	Townsville
Dietetics	Nutrition assistant	Toowoomba Base
Dietetics	Nutrition assistant	Wesley
Dietetics	Diet aid	Gold Coast

* Integrated Nutrition
& Foodservices Dept

Hotel services	Diet aid	Kingaroy
Food services	Menu monitors	Cairns
Food services	Menu monitors	Mackay Base
Food services	Menu monitors	QEII
Food services	Nutrition assistant	Princess Alexandra

Dietitians Association of Australia

Scope of Practice

Draft Position Paper Supports...

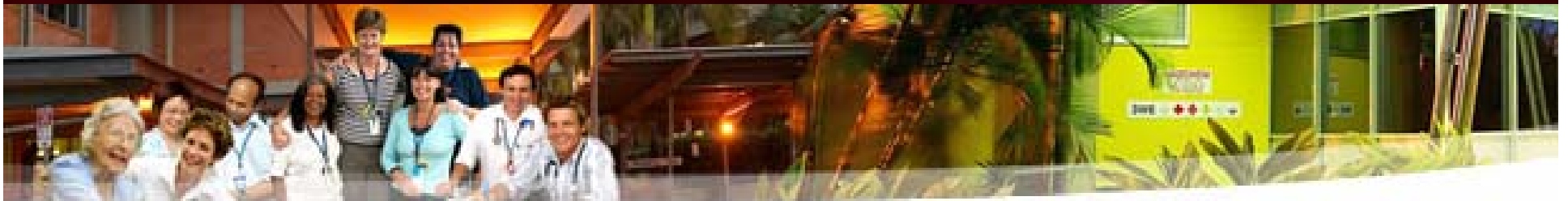
- The Guiding principle that:
 - Dietitians, who are APD's (Accredited Practising Dietitians) are the most qualified to select the nutrition support tasks
- The Supervision principle that:
 - Qualified nutrition and dietetic professionals be responsible for operational & professional management



Although there are several models for the supervision of delegated tasks

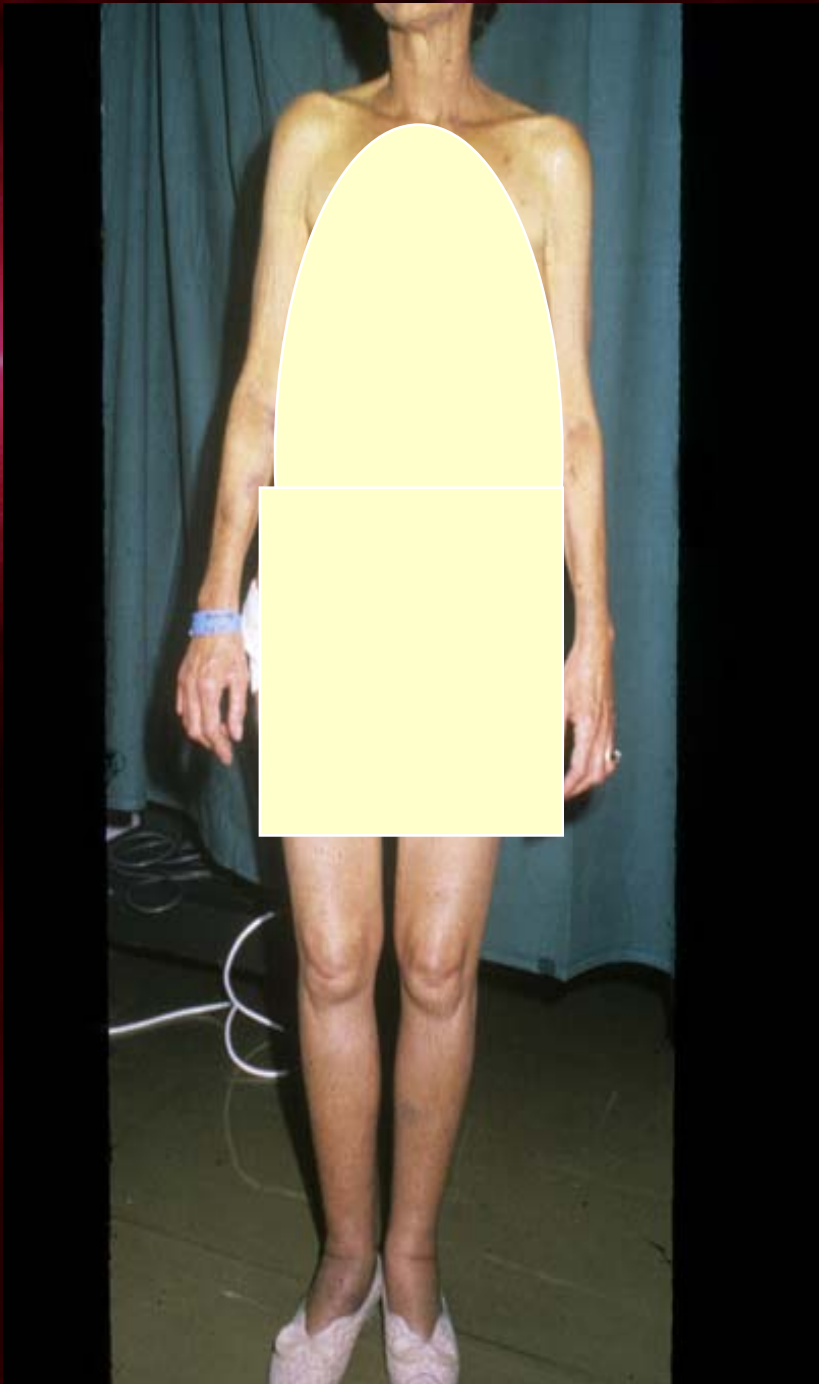
Supervision of nutrition assistants should be performed by health professionals with dietetic qualifications

....particularly if no barriers due to staff availability



Future Directions and Challenges

- Ensuring the Cert IV Allied Health Assistance is **inclusive of all Allied Health Assistants**
 - Such as Nutrition Assistants ... In addition to Therapy Assistants
- That all Allied Health Assistants **Report to Health Professionals** where there are staff available
- **Including developed Nutrition Units** into other AHA courses
 - eg in planned courses for community and rehab workers
 - Optimising nutritional intake is important for all& is at risk





One class of **Certificate III in Nutrition & Dietetic Support** students

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Course Structure

Module One:	Workplace Behaviour
Module Two:	Safety in the Workplace
Module Three:	Principles of Nutrition & Diet Therapy
Module Four:	Workplace Profile & Menu Review
Module Five:	Meeting Cultural & Religious Dietary Needs
Module Six:	Orientation to Aged Care Services
Module Seven:	Providing Dietetic Assistance to Clients
Module Eight:	Nutrition & Dietetic Support Services in the Workplace

Certificate Level III vs IV

should be able to:

Certificate III :

- Demonstrate *some relevant theoretical knowledge*
- Apply known solutions to a *variety of predictable problems*
- Apply a *range of well-developed skills*
- Perform processes that require a *range of well-developed skills* where *some discretion and judgment* is required

Certificate IV :

- Demonstrate understanding of a *broad knowledge base incorporating some theoretical concepts*
- Apply solutions to a *defined range of unpredictable problems*
- Identify and apply skills and knowledge to a *wide variety of contexts* with *depth in some areas*

Certificate Level III vs IV

should be able to:

Certificate III :

- ***Interpret available information*** using ***discretion and judgment***
- Take ***responsibility for their own outputs*** in work & learning
- Take ***limited responsibility for the output of others***

Certificate IV :

- ***Identify, analyse and evaluate information*** from a ***variety of sources***
- Take ***responsibility for their own outputs*** in relation to ***specified quality standards***
- Take ***limited responsibility*** for the ***quantity and quality*** of the output of others

HLT31506 Certificate III in Nutrition and Dietetic Support

7 ELECTIVE UNITS INCLUDED:

- Employers may specify that certain electives are required to address identified workplace needs.

Nutrition and dietetic support

- HLTNA305B Support foodservices in menu & meal order processing
- HLTFS207B Follow basic food safety practices

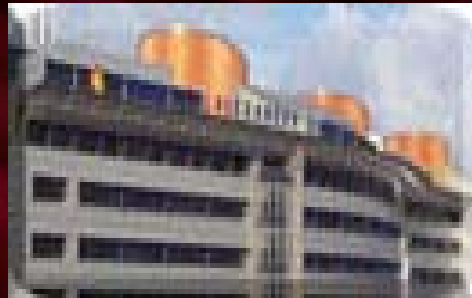
Working with clients

- HLTHIR404B Work effectively with Aboriginal & Torres Strait Island people
- HLTHIR403B Work effectively with culturally diverse clients & co-workers
- CHCAC3C Orientation to aged care work
- CHCDIS1C Orientation to disability work
- CHCIC1C Interact effectively with children
- **CHCMH1B Orientation to mental health work**
- **HLTAH301A Assist with an allied health program**
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- **BSBMED201A Use basic medical terminology**

Work relationships

- CHCORG3B Participate in the work environment
- BSBFLM304A Participate in work teams
- BSBCMN302A Organise personal work priorities & dev't
- BSBCMN312A Support innovation and change
- CHCCS401A Facilitate cooperative behaviour
- HLTCSD306B Respond effectively to difficult or challenging behaviour
- **BSBAUD402A Participate in a quality audit**

Slide with Cert III photo



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Assessment of Malnutrition in Queensland Hospitals

S Ash, M Banks, K Atkinson, D Cruickshank, J Hill, A Vivanti
2002

QLD HOSPITAL	TOTAL NO. OF PTS	NO. OF PTS SCREENED	% AT RISK	% MALNOURISHED
1*	501	381	42.5	28
2	470	451	40.1	35
3	380	277	NA	36
4	180	125	45.6	44
5	176	143	54.5	32
6	NA	213	NA	37

Nutritional Status Categories According to SGA Across Qld Acute & Residential facilities Banks et al 2007

Facility Type and Audit Number	Number of facilities (of subjects)	Well Nourished	Moderately Malnourished ^a	Severely Malnourished ^b	Total Malnourished ^{a+b}
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