

APPENDICES

APPENDIX 1: DEFINITIONS

ACAT is the Aged Care Assessment Team. This is a Commonwealth Department of Health and Aged Care funded program which provides comprehensive assessment of a person's ability to perform their daily living activities, and information on residential options and in-home assistance available to the older person. These responsibilities include assessment for admission to government subsidised hostels, and nursing homes.

Assessment is defined by the HACC Program as "A process by which consumers' need for formal HSACC Services is evaluated. Assessment considers all the consumer needs and may involve an evaluation of other factors, such as the availability of informal care and the consumer's ability to pay where fees are charged for a service. Assessment is conducted in close consultation with the consumer" (Commonwealth of Australia, 1991).

Assessment officers assess the needs of individuals in the HACC target group for community services, prepare individual care plans with them, and continue to advocate for the client as required.

Community dietitians are usually employed by community health centres. They may work across all phases of the life cycle from infants to the older person, or they may be employed to provide food, nutrition and dietetic services to particular population groups.

Community services officers are assessment officers for Aged Services. These officers assess the needs of individuals in the target group for community services and prepare individual care plans with the client.

DAA (Vic) is the Dietitians Association of Australia (Victorian Branch). The Dietitians Association of Australia (DAA) is the national body representing dietitians throughout Australia, with branches in all States and Territories.

DAA (Vic) Rehabilitation and Aged Care Special Interest Group This group is committed to excellence of practice in food, nutrition and dietetics in the areas of rehabilitation, aged care and disability.

Food issues are defined as client characteristics and problems which are related to client food needs.

Food needs include those affected by client health and nutritional needs, their social needs (food range and variety, cultural and social factors, and location of meals).

HACC is the Home and Community Care Program funded by the Commonwealth Department of Health and Aged Care and the Victorian Department of Human Services.

HACC Dietitians are employed by a variety of organisations and are funded by HACC to provide food, nutrition and dietetic services in the HACC Program.

HACC service providers provide HACC Services with HACC funding, and include home carers, personal carers, district nurses, allied health professionals in teams which are home-based, Linkages (case management), and social support Adult Day Activities (Services) (ADASS).

HACC Subsidised Food Services are partly funded by the HACC program. Service providers receive \$1.10 subsidy per meal and include local governments, hospitals and also non-government public and private organisations.

The HACC target population is defined in the Victorian HACC Program Manual (May 1998) as being: *“frail older people, people with physical, functional, sensory, intellectual or psychiatric disabilities, people with acquired brain damage, carers and families living at home or in the community.”* (p 10)

Local dietitians may work with home based clients who are aged or who have a disability, without knowing that they are registered HACC clients. These dietitians may work in health and Community Care Agencies, hospitals, and/or in private practice.

Nutrition issues are defined as client characteristics and problems which are related to their nutritional health needs.

Nutritional needs of a client means the need for fluid, energy, and the macro- and micro-nutrients which are required by the client to support life itself and its daily phases of activity (sleeping, rest, and movement). These physiological needs increase during fever, illness and trauma, and are best provided in excess to correct for one or two days of poor or no food intake. Nutritional needs may be altered to treat and/or correct specific medical problems such as diabetes, and chronic obstructive airways disease.

Nutrition counselling “provides individualised guidance on appropriate food and nutrient intakes, taking into consideration health, cultural, socioeconomic, functional and psychological factors. Nutrition counselling may include advice to increase or decrease nutrients in the diet, to change the timing, size or composition of meals, to modify food textures, and, in extreme instances, to change the route of administration” (Nutrition Screening Initiative, 1992).

Nutrition education “imparts information about foods and nutrients, diets, lifestyle factors, community nutrition resources and services to people to improve their nutritional status” (Nutrition Screening Initiative, 1992).

Nutritional intervention “is an action taken to decrease the risk of or to treat poor nutritional status. (These actions) address the multi-factorial causes of nutritional problems and therefore include actions that may be taken by many different health and social service professionals as well as family and community members. A wide range of intervention actions, from utilisation of...meal programs and home care services, to dental services and pharmacist advice, to nutrition education and nutrition counselling, to specialised medical and/or dietary treatment,... are all examples of nutritional interventions” (Nutrition Screening Initiative, 1992).

Nutritional risk can be simply defined as “the risk of poor health for nutritional reasons”. A more complex and accurate definition has been provided: “The risk factors of poor nutritional status are characteristics that are associated with an increased likelihood of poor nutritional status. They include the presence of various acute or chronic conditions or diseases, inadequate or inappropriate food intake, poverty, dependency or disability and chronic medication use. Indicators are generally quantitative and provide evidence that poor nutritional status is present” (Nutrition Screening Initiative, 1992).

“**Nutritional screening** is the process of identifying characteristics known to be associated with dietary or nutritional problems. Its purpose is to differentiate individuals who are at high risk of nutritional problems or who have poor nutritional status. For those with poor nutritional status, screening reveals the need for an in-depth nutrition assessment which may require medical diagnosis and treatment as well as nutrition counselling, as a specific component in a comprehensive health care plan” (Nutrition Screening Initiative, 1992).

APPENDIX 2: MORE INFORMATION ON HARM REDUCTION IN ALCOHOL ABUSE

Practical guidelines

- 1) Does the client use alcohol, tobacco, or drugs/sedatives (refer Section 5.5)?
- 2) Identify the clients who are likely to incidentally withdraw from alcohol and seek advice.
- 3) Expert advice is available through a 24 hour a day advisory service on alcohol and drugs (refer next page).

Prevention of incidental alcohol withdrawal

Alcohol withdrawal becomes apparent in the first 24-72 hours after cessation of continuous drug use or excessive recent use of the drug. It is during this period that incidental alcohol withdrawal can occur. Older adults most at risk include:

- 1) Those who drink every day and have done so recently
- 2) Those who undergo procedures, tests or operations within a few days, the effects of which can mask alcohol withdrawal, and
- 3) Those who are treated with opiates (for example. pethidine) and other pain killers and sedatives (for example. benzodiazepines) which can mask alcohol withdrawal and delay its appearance.

In a few individuals, alcohol withdrawal is so severe that it can cause difficult behaviour and perhaps result in serious injury to the person and bystanders or death from withdrawal complications.

The prevention of incidental alcohol or drug withdrawal (in particular, alcohol withdrawal) is an important feature of good health care in all persons, regardless of their reason for presentation.

Cessation of heavy drinking should not occur without medical supervision.

Care of intoxicated adults

***** NOTE: intoxication and alcohol/drug withdrawal can occur at the same time**

1) Overdose, intoxication identified

- a) Move the person into a safe, quiet and supportive environment
- b) Consult a medical practitioner or expert (refer next page)

2) Aggressive individuals

- a) Adopt a calm and quiet approach immediately
- b) Inform other staff

3) Very violent individuals (rare)

- a) Inform nearby people
- b) Call the police immediately

ALCOHOL AND DRUG 24 HOUR ADVISORY SERVICES (VICTORIA)

DACAS. Victorian Drug and Alcohol Clinical Advisory Service.

Metropolitan areas Telephone: (03) (9416 3611).

Country areas Telephone: (1800) (81 2804) (toll free).

DACAS is a 24-hour telephone service which provides health professionals with advice on the clinical management of drug and alcohol issues.

DIRECT LINE.

Metropolitan areas Telephone: (03) (9416 1818).

Country areas Telephone: (1800) (13 6385) (toll free).

Direct Line is a telephone service which provides anyone in the community (users and health professionals) with access to services, counselling and information on drugs and alcohol.

ALCOHOL AND DRUG ORGANISATIONS

ADF (Australian Drug Foundation), Victoria

409 King Street, WEST MELBOURNE 3003

Telephone 03 9278 8100

The ADF has an extensive library which provides resource and reference material to anyone, particularly health workers. There is a lengthy publication list of printed material, posters and videos. Call the Librarian to arrange access.

ARBIAS (Alcohol Related Brain Injury Advisory Service)

226 Gertrude Street (PO Box 213). FITZROY 3065

Tel 03 9417 7071

The aim of ARBIAS is to assist people disabled through alcohol or other substance related brain injury to live and function to their full potential in the community. ARBIAS provides assessment, accommodation and support.

TURNING POINT ALCOHOL AND DRUG CENTRE INC.

54-62 Gertrude Street, FITZROY 3065

Telephone 03 9254 8061; Fax 03 9416 3420

Turning Point is a non-government organisation established to provide leadership in therapeutic innovation, research and evaluation, and education and training in the alcohol and drug sector in Victoria. It is affiliated with St Vincent's Hospital and the University of Melbourne.

VAADA (Victorian Alcohol and Drug Association)

3 Alexander Parade, COLLINGWOOD 3066

Telephone 03 9416 0899; Fax 03 9416 2085

VAADA is the peak body for Victorian organisations and individuals with an interest in reducing the health economic and social consequences of the use of alcohol and other drugs. VAADA runs an annual conference.

APPENDIX 3: REFERENCES AND RESOURCES

Nutritional Risk Screening and Monitoring Project Publications and Materials

Wood, B. 1996, *Identifying and assisting people who are nutritionally at risk: Part I: Report*, Dietitians Association of Australia (Victorian Branch), Melbourne.

Wood, B. 1996, *Identifying and assisting people who are nutritionally at risk Part II: Appendices*, Dietitians Association of Australia (Victorian Branch), Melbourne.

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Good Food and Health Advice for Older People Who Want to Help Themselves: An Information Booklet for Older People, Family and Carers 2000, Aged Care and Mental Health Division, Victorian Government Department of Human Services, Melbourne.

General References

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Commonwealth of Australia, Department of Human Services and Health, Aged and Community Care Division 1995, *'The efficiency and effectiveness review of the home and community care program. Final report'*, AGPS, Canberra.

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Haralambous, B. 1992, *'Caring for people from non-English speaking backgrounds, issues for carers'*, Inner West Migrant Resource Centre, Melbourne.

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Hunwick, H. & Dear, W. 1997, *'The Nutrition Project: A case study for screening, assessment and intervention'*, West Sydney Intellectual Disability Support Group Inc, Epping, Sydney.

Madden, R. & Hogan, T 1997, *'The definition of disability in Australia: Moving towards national consistency'*, AIHW, Canberra.

Migrant Resource Centre 1992, *'Ethnic meals project and feasibility study'*, Migrant Resource Centre, Melbourne.

Nutrition Screening Initiative 1992, *'The nutritional intervention manual for professionals caring for older Americans'*, Nutrition Screening Initiative, Washington DC.

Pargeter, K. & Flint-Richter, D. 1991, *'Home and Community Care Food Services Information Kit'*, Department of Health and Community Services, Melbourne.

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Wood, B. Morrison, M. & Atkinson, M. 1998, *A Resource Manual for Carers*, Ballarat Health Services, Ballarat.

Resources

COOKING FOR ONE OR TWO

Home Economics Institute of Australia (Vic) Inc.
PO Box 143,
CARLTON SOUTH 3053
A small paperback recipe book.

COOKING SMALL EATING WELL

Hawthorn Community Education Project
24 Wakefield Street
HAWTHORN 3122
Telephone: 03 9818 7371

A practical program for community workers to assist older people to eat well.

This program takes community workers through a one day demonstration and information package. The workers can then use this package in turn, to assist individuals and groups to improve their information and cooking skills. The emphasis is on preparing dishes and meals for one or two people.

COST CUT WITH CANNED FOODS

Australian Nutrition Foundation (Victorian Division)
c/- Caulfield General Medical Centre
260 Kooyong Road,
CAULFIELD 3162
Telephone/Fax: 03 9528 2453

A VHS video tape with recipes for economical meals using canned foods.

FOOD CENT\$ PROJECT

Heal Promotions Services Branch
Health Department of Western Australia
189 Royal Street, EAST PERTH, 6004

A program which targets people on low to moderate incomes. This program takes community workers through training to enable them to conduct Food Cent\$ supermarket tours for adults and schoolchildren, and to train members of the community to become a Food Cent\$ adviser.

IN THE THICK OF IT

Speech Pathology Department
Royal Melbourne Hospital
Chester St
MOONEE PONDS 3039

An innovative video that aims to demonstrate the need for and preparation of thickened fluids for people with particular swallowing difficulties.

A WORLD OF FOOD: A MANUAL TO ASSIST IN THE PROVISION OF CULTURALLY APPROPRIATE MEALS FOR OLDER PEOPLE

Commonwealth Department of Human Services and Health.
Australian Government Publishing Service
GPO Box 84
CANBERRA 2601

A manual designed to assist facilities to meet the food-related needs of older non-English speaking background people in a culturally appropriate way. It shows how simple it can be to make mealtimes enjoyable for older people from non-English speaking backgrounds and how to adapt existing menus to accommodate cultural and individual preferences.

SWALLOWING DIFFICULTIES

Motor Neurone Disease Association of Victoria
PO Box 262
CAULFIELD SOUTH 3162
Telephone: 03 9596 4761
Freecall 1800 80 6632

A 22 minute video guide for carers of people with swallowing problems of any kind (not specific to motor neurone disease).

THE PROOF OF THE PUDDING: OLDER PEOPLE TALK ABOUT EATING WELL

Australian Pensioners' and Superannuation Federation
Suite 62
8-24 Kippax Street
SURRY HILLS 2010
Telephone 02 281 4566
Fax 02 281 5951

A 20 minute video and resource kit.

THERE'S MORE TO QUITTING THAN QUITTING

Centre for Education and Training in Addiction Studies Melbourne
Royal Melbourne Institute of Technology
Department of Social Work
MELBOURNE 3000

The stages of change in giving up addictive behaviours. A 15minute video training resource for counsellors working with substance users.

THE MANAGEMENT OF AGGRESSION IN DRUG AND ALCOHOL AFFECTED PERSONS

NSW Nurses Association
43 Australia Street
CAMPERDOWN 2050
Telephone 02 550 3244

Professionally produced 50 minute record of an actual one hour lecture with self-teaching booklet.

APPENDIX 4: PROJECT FOCUS GROUPS

Central Grampians Region

Ms Alex Tascas (Regional Aged Care Manager), Ms Robin Reeves, Ms Faye McLeod, Ms Lynne Hyett (Coordinators), Ms Jane Allen, Ms Meredith Atkinson, Ms Amanda Collins, Ms Lee-Anne Dolon, Ms Ethne Farrell, Ms Dawn Gilbert, Ms Sally Greenall, Ms Lynden Hayes, Ms Ellen Johnson, Ms Linda Jones, Ms June Lugg, Ms Shelagh Meates, Ms Megan Morrison, Ms Margaret Patrick, Ms Margaret Pedrioli, Ms Judy Prendergast, Ms Alice Read, Mr Glen Rowbothom, Ms Rosalie Sheehan, Ms Val Stevens

Central Wellington Gippsland Region (Central Wellington Health Service, Wellington Community Care)

Ms Leona Mann (Director), Ms Belinda Greening (Domiciliary Care Coordinator), Ms Julia Churches, Ms Brenda Clewley, Ms Hana Emms, Ms Gaylee Humphries, Ms Christine Kardash, Ms Brigitte Jones, Ms Lauren Neilsen, Ms Wendy Newcommen, Ms Jill Quirk, Ms Betty Robinson, Ms Chris Ronalds, Ms Val Scott, Ms Gaynor Small, Ms Maureen Wilson

Northern Metropolitan Region

City of Darebin: Ms Viki Perre (Manager of Community Care), Ms Adele Carmady (Coordinator of Support Services), Ms Jenny Bacon, Ms Linda Bennets, Ms Tania Ciotti-Lin, Ms Lisa Drayton, Ms Fran Harper, Ms Betty Kalambokis, Ms Anna Marino, Ms Pam Newton, Ms Kathy Vlahakis, Ms Isabella Silveri

City of Knox: Ms Wanda Mitka March

Southern Region (Cardinia Shire, City of Glen Eira, and City of Bayside)

Ms Judy Beaumont (Regional Aged Care Adviser), Ms Tracel Devereux (Cardinia Shire Council Aged Care Coordinator), Ms Margo Anderson, Ms Vimala Beaucasin, Ms Marion Coughlin, Ms Margaret Cox, Ms Rachel Davies, Ms Roisin Kelly, Ms Cathy Toyas, Ms Alison Stewart

Regional Dietitians

Ms Simone Austin, Ms Meredith Atkinson, Ms Jenny Bacon, Ms Katherine Bathgate, Ms Rhonda Gilbert, Ms Helen Gray, Mr Milton Jacob, Ms Mandy John, Ms Amanda Jones, Ms Mary Lawry, Ms Claire Martin, Ms Pauline Maunsell, Ms Megan Morrison, Ms Sue Race, Ms Alison Stewart, Ms Cathy Toyas, Ms Barbara Villani, Ms Maureen Wilson, Ms Debbie Wynd

National Focus Group of Dietitians in Disability

Dr Sandra Capra (Queensland University of Technology), Ms Wendy Dear (Stockton Centre, New South Wales), Ms Jeanette Delatycki (Department of Human Services, Victoria), Ms Sue Gebert (Kew Residential Services, Melbourne), Ms Michelle Lane (Disability Commission, West Perth), Ms Sue Race (Austin Repatriation Hospital, Victoria), Ms Alison Stewart (Kingston Centre, Victoria), Ms Lyn Stewart (Consultant, North Ryde, New South Wales), Ms Barbara Villani (Dandenong Day Care Centre, Victoria), Ms Bridget Wallace (Manly Hospital, New South Wales), Ms Robin Wood-Bradley (East Bentleigh Community Health Centre, Victoria), Ms Judith Wright (Peter Macallum Clinic, Melbourne), Ms Lynden Hayes (Assessment Officer, City of Ballarat)

Victorian Reference Group of Dietitians in Disability

Ms Jenny Bacon (Bendigo Health Care Group), Ms Margaret Cox (Caulfield Community Health Centre), Ms Jeanette Delatycki (Department of Human Services), Ms Sue Gebert (Kew Residential Services), Ms Barbara Villani (Dandenong Day Care Centre), Ms Robin Wood-Bradley (East Bentleigh Community Health Centre), Ms Judith Wright (Consultant Dietitian)

Royal District Nursing Service Homeless Persons Program

Ms Teresa Swanborough (Coordinator), Ms Ann Delikat-Kowalski, Ms Margaret Ryan, Ms Judy McWilliams, Ms Sue Spurling

Geelong Aged Care Services

Ms Debbie Wynd (Chief Dietitian, Barwon Health, Grace McKellar Centre), Ms Heather Ashcroft (Coordinator, Belmont Day Care Centre, City of Greater Geelong), City of Greater Geelong Community Services: Ms Barbara Lewis (Program Management Coordinator) and Ms Margaret McNamara (Coordinator). Carer Team Leaders, Home Carers, elderly clients