From: s 22 (1)(a)(ii)
To: s 22 (1)(a)(ii)
Subject: Fw: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner"s Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]
Date: Monday, 10 August 2026 11:42:20 AM
Attachments: Outlook-Choice, di.jpg
Outlook-Choice, di.jpg
Outlook-Choice, di.jpg
Outlook-Choice, di.jpg
Outlook-Engage Emp.png
Outlook-Engage Emp.png
Outlook-Engage Emp.png
Outlook-Engage Emp.gif
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OFFICIAL

FOI request

s 22 (1)(a)(ii)

Chief Clinical Advisor

BMBS FRACP Mst Gerontology Grad Cert Leadership GAICD

Chief Clinical Advisor Division

Available Monday, Wednesday, Thursday and Friday

Aged Care Quality and Safety Commission

E s 22 (1)(a)(ii) agedcarequality.gov.au | W www.agedcarequality.gov.au

s 22 (1)(a)(ii)

GPO Box 9819, Adelaide SA 5000

Kaurna Country

#Everyone you meet is fighting a battle you know nothing about - be kind always

Choice, dignity, respect

In the spirit of reconciliation, the Aged Care Quality and Safety Commission acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, water and community. We pay our respect to their Elders, past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples.

From: Dr s 22 (1)(a)(ii)s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: Wednesday, June 10, 2026 4:56 PM
To: s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>
Cc: s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii)s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>
Subject: Re: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Thanks s 22 (1)(a)(ii)
Very helpful
Ive taken on all of your suggestions but for 1 or 2 I think

s 22 (1)(a)(ii) - is ready for plain language review now
Kind regards

s 22 (1)(a)(ii)

s 22 (1)(a)(ii)

Chief Clinical Advisor

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s 22 (1)(a)(ii)

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#Everyone you meet is fighting a battle you know nothing about - be kind always

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From: s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: Wednesday, June 10, 2026 12:53 PM
To: s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>
Cc: s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii)s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>
Subject: Re: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Hi s 22 (1)(a)(ii)

s 22 (1)(a)(ii) kindly forwarded me the drafted clinical alert. I've reviewed and made some suggestions for your consideration from a policy perspective.

Overall, I think this is a really practical guidance that can be promoted to both a

provider and worker audience.

DRAFT_ Clinical Alert - Dehydration June 2026_for CCA - NH comment.docx

Thanks

s 22 (1)(a)(ii)
Director
Operational Policy & Knowledge Management
Sector Capability and Regulatory Strategy Division
Aged Care Quality and Safety Commission

E s 22 (1)(a)(ii) agedcarequality.gov.au I W www.agedcarequality.gov.au
s 22 (1)(a)(ii)
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Choice, dignity, respect - your rights in aged care

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From: s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: Tuesday, 9 June 2026 6:05 PM
To: s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(is 22 (1)(a)(ii) agedcarequality.gov.au>
Cc: s 22 (1)(a)s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii)s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>
Subject: Re: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's

Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Hello s 22 (1)(a)(ii)
s47F(1)

For example wrt hydration the standards simply say In Action 5.5.5. "The provider implements processes to maintain an individual's nutrition and hydration" - and similarly in Action 6.2. 1 - "As part of assessment and planning, the provider assesses and regularly reassesses each individual's nutrition, hydration and dining needs and preferences" - but no further guidance is given as to how to assess, monitor or maintain hydration - with all of the detail within each Action directed instead at managing nutritional risk

I see use of the words 'should' and 'must' more indicative of my expectations around the nature of the clinical care - rather than referring to regulatory obligations

It would also be fair to say that 'should' is used to indicate how seriously providers need to consider dehydration risk - given how tragic the outcome can be when providers do not

I hope this helps

s 22 (1)(a)(ii)

BMBS FRACP Mst Gerontology Grad Cert Leadership GAICD

Chief Clinical Advisor
Chief Clinical Advisor Group
Available Monday, Wednesday, Thursday and Friday

Aged Care Quality and Safety Commission
E s 22 (1)(a)(ii) agedcarequality.gov.au | W www.agedcarequality.gov.au
s 22 (1)(a)(ii)
GPO Box 9819, Adelaide SA 5000
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From: s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: Monday, June 8, 2026 7:30:00 AM
To: s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>; Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Cc: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Subject: RE: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Thanks s 22 (1)(a)(ii)

@s 22 (1)(a)(ii) noting the 'provider should' comments throughout, I am thinking that the addition of direct reference to specific provider obligations might be belpful? What do you think ?

Thanks

s 22 (1)(a)(ii)

s 22 (1)(a)(ii) **CPHRI** (She/Her/Hers)
Assistant Commissioner

Knowledge Management & Operational Policy
Sector Capability and Regulatory Strategy Division
Aged Care Quality and Safety Commission
E s 22 (1)(a)(ii) agedcarequality.gov.au | W www.agedcarequality.gov.au
s 22 (1)(a)(ii)

Working on the lands of the Yuggera and Turrbul people

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From: s 22 (1)(a)(ii) s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: Friday, 5 June 2026 1:01 PM
To: Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>; s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Cc: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Subject: Re: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Hello everyone

Please find attached our draft version of the Clinical Alert related to this case
Thank you to s 22 (1)(a)(ii) for their input
It will need plain language consideration

You will note that I have been a little prescriptive about the amount of fluid one would ordinarily expect an older person to drink. Please advise however if this is unhelpful

s 22 (1)(a)(ii)

s 22 (1)(a)(ii)

Chief Clinical Advisor

BMBS FRACP Mst Gerontology Grad Cert Leadership GAICD

Chief Clinical Advisor Division

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T s 22 (1)(a)(ii) | M s 22 (1)(a)(ii)

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From: Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>
Sent: Thursday, April 30, 2026 11:28 AM
To: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Cc: Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; Dr s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Subject: Re: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Hi All

Confirming that the Coroner Inquiries team (s 22 (1)(a)(ii)) will coordinate a consolidated response to the recommendations, correspondence etc. We are developing a coordination framework (table of actions with lead business areas/officers, sharepoint folders etc) which I hope to circulate to all players shortly.

Kind regards

s 22 (1)(a)(ii) (she/her)

Senior Policy Officer

Sector Risk and Partnerships

Sector Capability and Regulatory Strategy

Aged Care Quality and Safety Commission

s 22 (1)(a)(ii)

E s 22 (1)(a)(ii) @agedcarequality.gov.au | W www.agedcarequality.gov.au

Larrakia Country

Coroner Inquiries

Aged Care Quality and Safety Commission
E CoronerInquiries@agedcarequality.gov.au | W www.agedcarequality.gov.au
GPO Box 9819 in your capital city

Engage Empower Safeguard

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From: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: 24 April 2026 3:30 PM
To: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii)

<s 22 (1)(a)(ii) agedcarequality.gov.au>
Cc: Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; Dr s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Subject: RE: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Thanks s 22 (1)(a)(ii)

I have included the request from the KMOP team reviewing the provider guidance for outcome 5.5, including their request to review the documents/resources:

- Preventing Urinary Tract Infections: Recognising dehydration
  - A resource that is part of the clinical pharmacy unit's program 'To dip or not to dip'
- Keep your fluids up!
  - A QB 'food for thought' article written January 2024
  - A follow up article with a focus on supporting choice, nutrition, hydration and safety was also published: Thickened fluids: Supporting choice, nutrition, hydration and safety | Aged Care Quality and Safety Commission

s 22

To support, we have also enlisted the support of the clinical unit and clinical education unit to review for any other resources, however they are lacking for aged care further highlighting support of a dedicated resource/communication (e.g. clinical alert). I believe KMOP are reviewing the guidance for outcome 5.5 and Action 5.5.5 only.

I am meeting with our advisors from CCAD's other units reviewing early next week to summarise and provide back to KMOP.

I will also support s 22 (1)(a)(ii) in drafting the clinical alert for publication.

For all teams requested to support and to consolidate recommendations, @s 22 (1)(a)(ii) can I confirm you/your team are the central point of coordination for response, and where it is preferred our review and recommendations is forwarded to? I want to

ensure what we provide is visible and an effective support for what has been requested.

Kind regards,

s 22 (1)(a)(ii) BSc MDietSt GradDipPH APD

Director

Food, Nutrition and Dining Unit

Chief Clinical Advisor Division

Aged Care Quality and Safety Commission

E s 22 (1)(a)(ii) agedcarequality.gov.au | W www.agedcarequality.gov.au

s 22 (1)(a)(ii)

GPO Box 9819 Perth WA 6001

Whadjuk Country

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From: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: Thursday, 23 April 2026 3:36 PM
To: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Cc: Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; Dr s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Subject: RE: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Thanks s 22 (1)(a)(- I will flag with Ingrid for discussion and follow up the actions in your email

See below for relevant actions everyone, this is going to take some coordination if you can lead that s 22 (1)(a)(with the coronial response team.

Re Rec 4

s 22 (1)(a)(- I am just looking through your notes which I've attached as they seem to not be in this email chain

You note – *you working with KMOP to review and provide SME on the Coroner's recommendations for the Commission's guidance outcome 5.5 and examples of key tasks*

providers can take (Action 5.5.5) regarding the implementation of processes to maintain an individual's nutrition and hydration. The team also advised that the Department has stated that they will commit to include these recommendations in the first 5-year periodic review of the Quality Standards (due 2030).

I'm not clear if this means we think hydration is already sufficiently addressed in the standards? Or it's a matter of updating the notifiable instrument for the Actions?

Be good to get your or KMOP advice on which aspects of the standards might be usefully updated within the standards architecture and how:

- Standard
- Outcome
- Actions
- Commission audit methodology

Are you able to specify against this list what is already being changed (through your work with KMOP) and what you would recommend changing in the future?

s 47C [redacted]

For Rec's 5 and 6 - s 22 (1)(a)(ii) advised the Inspector General on the Clinical Alert and Quality Bulletin options.

s 22 (1)(a)(ii) - Taking into account s 22 (1)(a)(ii) and s 22 (1)(a)(ii) advice – can you work with s 22 (1)(a)(ii) and s 22 (1)(a)(ii) to draft a clinical alert from Mandy as our CCA on hydration – referencing the coroners findings and messaging on the importance of hydration and nutrition to older people and risks on not exercising good practice. In the alert we should take the opportunity to remind providers what we expect in simple terms and link to relevant guidance.

s 47E(d)

s 47E(d)

Kind Regards, s 22 (1)(a)(ii)

s 22 (1)(a)(ii) *(she/her)*

Assistant Commissioner, Regulatory Strategy and Partnerships

Aged Care Quality and Safety Commission

E s 22 (1)(a)(ii) agedcarequality.gov.au | W www.agedcarequality.gov.au

s 22 (1)(a)(ii)

GPO Box 9819, Sydney NSW 2001

EA: E s 22 (1)(a)(ii) @agedcarequality.gov.au W: s 22 (1)(a)(ii)

I live and work on Gadigal Country, land of the Eora Nation

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From: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: Thursday, 23 April 2026 11:59 AM
To: Dr s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) @agedcarequality.gov.au>
Cc: Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; Office of the Commissioner <commissionersoffice@agedcarequality.gov.au>; ls 22 (1)(a)(ii) @agedcarequality.gov.au>
Subject: RE: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Hi everyone,

s 22 (1) and I just met with the IG who has been in contact with s47F(1) daughter. s 22 (1)(a)(ii) received the same letter from the SA Minister.

s47F(1)

s 47E(d)

Happy to discuss further.

Kind regards

s 22 (1)(a)

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From: Dr s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: Tuesday, 21 April 2026 10:49 AM
To: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) agedcarequality.gov.au>
Cc: Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Subject: Re: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

Thanks s 22 (1)(a)(ii)

I would actually retire the poster about preventing UTIs/assessing hydration status - as there is little evidence that any of the clinical symptoms or signs mentioned are accurate in predicting dehydration. It would be better also to provide resources to support providers to prevent dehydration for hydrations sake - rather than unnecessarily linking it to UTIs - as that tends to also cloud the messaging

s 47C

The coroners case also certainly sets the scene for a clinical alert - which I am happy to

write - once we are more certain of our recommendations

It is also worthwhile noting that the roll out of point of care (blood) testing is being considered for the aged care sector - although it is still very early days of consultation - but that would be very helpful too and we could prompt providers to consider

Let me know what next steps might be

s 22 (1)(a)(ii)

Dr s 22 (1)(a)(ii)

Geriatrician

BMBS FRACP Mst Gerontology Grad Cert Leadership GAICD

Chief Clinical Advisor

Chief Clinical Advisor Division

Available Monday, Wednesday, Thursday and Friday

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T s 22 (1)(a)(ii) | M s 22 (1)(a)(ii)

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From: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: Monday, April 20, 2026 2:20 PM
To: Dr s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) @agedcarequality.gov.au>
Cc: Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; Peter Edwards <Peter.Edwards@agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Subject: RE: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Hi s 22 (1)(a)(ii)

Just bringing in s 22 (1)(a)(ii) as well

Rec 4

- I make the following recommendation to the Aged Care Quality and Safety Commissioner, the Inspector-General of Aged Care and the Minister for Health, Disability and Ageing:
    - That consideration be given to amending the final Strengthened Aged Care Quality Standards to include the following requirements (potentially within standard 5.5.5):
        - The provider implements processes to maintain an older person's hydration by:
        - a. Measuring the daily fluid intake of residents who are clinically dehydrated
        - b. Measuring the daily fluid intake of residents assessed as being at risk of dehydration, including all residents living with dementia and residents being administered diuretic medication/s
        - c. Recognising inadequate fluid intake d. Responding to inadequate fluid intake

- For Rec 4 regarding changes to the standards, the dept is the policy holder so we would take any requests to them. There is also a question of where in the standards to adjust, ie the outcomes (compliance obligations) or actions (guidance published as a notifiable instrument). The third option which is more in our direct control is to adjust our guidance and promote any more specified practice.

Rec 5 & 6

- I make the following recommendations to the Aged Care Quality and Safety Commissioner:
    - That the poster "Preventing Urinary Tract Infections - Recognise Dehydration", published in the resource library section of the Aged Care Quality and Safety Commission website, be amended to reflect that caution must be exercised in the identification of dehydration in older persons based on observable signs as it may only be reliably identified by a blood test.
    - That the Commissioner provide educational resources to aged care providers regarding the prevalence of dehydration in older persons, and the unreliability of traditional assessment methods in detecting

dehydration.

For Recs 5 and 6 – do we agree with updates recommended? Any risks?

Are there any plans under the current FNDU program to address hydration – perhaps the coroners rec's are a chance to do a clinical alter or Quality Bulletin article on it? Be good to get peter's thoughts here too

Kind Regards, Emma

s 22 (1)(a)(ii) *(she/her)*

Assistant Commissioner, Regulatory Strategy and Partnerships

Aged Care Quality and Safety Commission

E s 22 (1)(a)(ii) agedcarequality.gov.au | W www.agedcarequality.gov.au

s 22 (1)(a)(ii)

GPO Box 9819, Sydney NSW 2001

EA: E s 22 (1)(a)(ii)

I live and work on Gadigal Country, land of the Eora Nation

In the spirit of reconciliation, the Aged Care Quality and Safety Commission acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, water and community. We pay our respect to their Elders, past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples.

From: Dr s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: Monday, 13 April 2026 7:16 PM
To: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Cc: Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>
Subject: Re: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Hello

s47F(1)

Recommendations 5 and 6 seems reasonable

Recommendation 4 could be addressed through our FNDU RBM and/or outreach work

I have seen this sort of scenario play out before

People with Lewy body dementia often experience periods (up to a week or less) of drowsiness which is usually self limiting. This is one of the Lewy Body diagnostic criteria along with cognitive impairment, parkinsonism and visual hallucinations

s47F(1)

s 22 (1)(a)(ii)

Dr s 22 (1)(a)(ii)

Geriatrician

BMBS FRACP Mst Gerontology Grad Cert Leadership GAICD

Chief Clinical Advisor

Chief Clinical Advisor Division

Available Monday, Wednesday, Thursday and Friday

Aged Care Quality and Safety Commission

E s 22 (1)(a)(ii) agedcarequality.gov.au | W www.agedcarequality.gov.au

T s 22 (1)(a)(ii) | M s 22 (1)(a)(ii)

GPO Box 9819, Adelaide SA 5000

Kaurna Country

#Everyone you meet is fighting a battle you know nothing about - be kind always

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From: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: Friday, March 27, 2026 3:23 PM
To: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; Dr s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Cc: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>
Subject: FW: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

Hi s 22 (1)(a)(ii)

Below is the email thread that originally arrived with Government Relations that made its way to the Coroner team. The original attachments are the PDF that came through from the SA Minister (not directly from the SA Coroner). The attached email is advice from DCSCRS that they replied to the minister acknowledging receipt. As discussed with you this week, the Coronial team will develop a procedure and log for when these types of recommendations come through to us. This includes supporting senior executive decision-making on whether to implement the recommendation, and a process for overseeing its implementation via the SRPC.

The recommendations to the Commission are at the end of the coroner's report, the PDF labelled Attachment 1. I've pasted them below.

Recommendations to the Commission:

Rec 4

- I make the following recommendation to the Aged Care Quality and Safety Commissioner, the Inspector-General of Aged Care and the Minister for Health, Disability and Ageing:
    - That consideration be given to amending the final Strengthened Aged Care Quality Standards to include the following requirements (potentially within standard 5.5.5):
        - The provider implements processes to maintain an older person's hydration by:
        - a. Measuring the daily fluid intake of residents who are clinically dehydrated
        - b. Measuring the daily fluid intake of residents assessed as being at risk of dehydration, including all residents living with dementia and residents being administered diuretic medication/s
        - c. Recognising inadequate fluid intake d. Responding to inadequate fluid intake

Rec 5 & 6

- I make the following recommendations to the Aged Care Quality and Safety Commissioner:
    - That the poster "Preventing Urinary Tract Infections - Recognise

Dehydration", published in the resource library section of the Aged Care Quality and Safety Commission website, be amended to reflect that caution must be exercised in the identification of dehydration in older persons based on observable signs as it may only be reliably identified by a blood test.

- That the Commissioner provide educational resources to aged care providers regarding the prevalence of dehydration in older persons, and the unreliability of traditional assessment methods in detecting dehydration.

s 22 (1)(a)(ii)

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From: s 47E(d) @agedcarequality.gov.au>
Sent: Tuesday, 24 March 2026 10:09 AM
To: Coroner Inquiries <CoronerInquiries@agedcarequality.gov.au>
Cc: s 47E(d) @agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) @agedcarequality.gov.au>; s 22 (1)(a)(ii) @agedcarequality.gov.au>; s 22 (1)(a)(ii) @agedcarequality.gov.au>
Subject: For Action: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Hi Team,

Please see attached Commissioner correspondence from the South Australian Minister for Health and Wellbeing, providing a copy of the Deputy State Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) Page 35 of the report lists recommendations for the Commission. Kindly for your review and action as appropriate.

@s 22 (1)(a)(ii) I believe the OOC were drafting a response from the Commissioner – I will follow up where this is at and confirm.

@s 22 (1)(a)(ii) Copying you in for visibility as some of the recommendations relate to Commission posters and educational resources.

Kind regards,

s 22 (1)(a)(ii) (She/Her)

Executive Officer to s 22 (1)(a)(ii) Deputy Commissioner

Sector Capability and Regulatory Strategy Division

E | s 22 (1)(a)(ii)@agedcarequality.gov.au s 22 (1)(a)(ii)

Deputy Commissioner SCRS

Deputy Commissioner, Sector Capability & Regulatory Strategy

Aged Care Quality and Safety Commission

E s 47E(d) @agedcarequality.gov.au | W www.agedcarequality.gov.au

GPO Box 9819 in your capital city

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From: s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>
Sent: Monday, 23 March 2026 3:53 PM
To: s 47E(d) @agedcarequality.gov.au>
Subject: FW: FOR ACTION: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Yes, this can go to the coronial team etc. Can they draft a response for s 22 (1) to send to the SA Minister?

Kind regards

s 22 (1)(a)

In the spirit of reconciliation, the Aged Care Quality and Safety Commission acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, water and community. We pay our respect to their Elders, past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples.

From: s 47E(d) @agedcarequality.gov.au>
Sent: Friday, 6 March 2026 4:57 PM
To: s 47E(d) @agedcarequality.gov.au>; s 22 (1)(a)(ii) @agedcarequality.gov.au>; s 22 (1)(a)(ii) @agedcarequality.gov.au>
Cc: s 47E(d) @agedcarequality.gov.au>; s 22 (1)(a)(ii) <s 22 (1)(a)(ii) agedcarequality.gov.au>; s 22 (1)(a)(ii) @agedcarequality.gov.au>; s 22 (1)(a)(ii) @agedcarequality.gov.au>
Subject: FOR ACTION: Letter from the SA Minister for Health and Wellbeing re Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) [SEC=OFFICIAL]

OFFICIAL

Hi s 22 (1)(a) (and s 22 (1)(a)(ii) absence next week)

See attached a letter from the South Australian Minister for Health and Wellbeing, the Hon Chris Picton MP to addressed to you providing a copy of the Deputy State Coroner's Inquest Findings into the death of s 22 (1)(a)(ii) There are several recommendations that have been directed to the Commission within.

Please let us know if you require assistance preparing a response to the Minister. Otherwise, we will leave with your office to action as appropriate.

Kind regards

s 22 (1)(a)(ii)

s 22 (1)(a)(ii)

Assistant Director, Parliamentary Services

Engagement, Education and Communication

Aged Care Quality and Safety Commission

E s 22 (1)(a)(ii) @agedcarequality.gov.au |W www.agedcarequality.gov.au

s 22 (1)(a)(ii)

GPO Box 9819, Sydney 2001

I work part time and do not work on Tuesdays.

In the spirit of reconciliation, the Aged Care Quality and Safety Commission acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, water and community. We pay our respect to their Elders, past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples.

Preventing and responding to dehydration in older people receiving aged care services

On this page:

We are publishing this alert in response to a recent coronial inquest in South Australia where an older person living in residential aged care died from acute renal failure caused by severe dehydration. The coroner found the death to be preventable, occurring due to lack of a systemic mechanism to monitor fluid intake or recognition of the potential seriousness of dehydration in aged care residents.

Key points

- Aged care providers must be alert to the dehydration risks for the older people they care for.
    - who is at risk of dehydration

    - when to escalate their concerns about an older person's hydration status.
- Providers must make sure they implement strategies to prevent dehydration and maintain these on an ongoing basis.
- A comprehensive assessment must be undertaken on entry. Ongoing assessment of the older person must also occur whenever there is a change in condition, a dehydration risk is identified, or symptoms present.
- Providers should exercise caution when assessing older people for the signs and symptoms of dehydration. They can be unreliable and appear too late. Assessment should consider the person's recent fluid intake and fluid losses.

Providers must support their staff to be able to recognise:

If dehydration is suspected, encourage fluid intake and refer promptly to the older person's GP or other medical practitioner for medical assessment, diagnosis, and a treatment plan. The medical assessment should include a discussion regarding the benefit of blood testing for more accurate hydration assessment and monitoring.

What providers need to know

To reduce the risk of harm to older people, aged care providers:

- must understand and be alert to dehydration risks for older people
- must understand the importance of effectively monitoring and managing people's fluid intake and loss
- need to identify and quickly escalate hydration concerns, in line with the older person's preferences

should talk to older people and their supporters about the importance of maintaining adequate fluid intake.

Risk factors for dehydration

Risk factors for dehydration in older people living in residential care homes include:

- ageing-related physiological changes such as reduced thirst, reduced body fluid reserves, and reduced ability of the kidneys to conserve fluids
- certain medical conditions – such as the use of diuretic medication (medicines that make the kidneys flush extra salt and water out of the body as urine)
- barriers to adequate fluid intake - such as access to fluids, reduced functional or cognitive capacity, acute illness, increased fluid losses, and polypharmacy (taking multiple medications regularly)
- environmental factors such as increased temperatures or exposure to sun
- cognitive changes where the older person may not recognise thirst.

Proactive identification, monitoring and management

This coronial case highlights the fact that the clinical signs of dehydration are neither reliable nor adequately sensitive to detect dehydration early enough in older people.

We expect providers to proactively identify risk, monitor and manage fluid intake, in line with the older person's preferences and goals of care.

For each older person in their care, providers should:

- discuss and agree on the strategies they will use to monitor and manage fluid intake
- document the strategies in the person's care plan
- regularly review and maintain the care plan and strategies.

Providers must have policies and processes in place to identify older people at higher risk of dehydration on admission to their services and reassess whenever there is a change in clinical status or dehydration is suspected.

Providers must also have policies and processes in place to effectively monitor and manage fluid intake across their services.

When in keeping with the older person's preferences and goals of care, there should be processes to prevent dehydration and escalate concerns when dehydration is suspected. This includes assessment and monitoring to identify older people at higher risk of dehydration, because of changes in behaviour, cognition, function, food and fluid intake, fluid outputs and overall clinical circumstance.

What workers need to know

Aged care workers providing direct care need to:

- know the individual fluid needs of the older people they care for, including when changes in needs occur, and any medical requirements for daily fluid restriction or additional fluid intake. In the absence of a specific medical instruction or individual fluid intake preference, most older people would be recommended to aim to drink at least 1500mls of fluid each day
- make sure fluids are always made available and are always within easy reach across the day. This includes providing support as required by older people to receive and consume fluids, and consulting with relevant health professionals such as occupational therapists to provide assistive equipment when needed
- make sure all food and fluids offered meet an older person's individualised requirements and preferences for texture modified foods, thickened fluids, and fluid restriction. The food and fluids offered should be in line with the older person's right to make informed decisions and exercise choice about where, when and what they eat and drink
- monitor those at an increased risk of dehydration and make an early referral for a medical assessment when increased

fluid losses may impact fluid reserves - such as during episodes of acute illness, increased urination, vomiting and diarrhoea, or hot weather

- know the typical volume of fluid held in standard glassware, mugs and bowls, and high fluid content foods to assist accurate recording. This can help you accurately record how much fluid people have had
- develop and regularly review the care plan for an older person that outlines their fluid needs and includes any individualised strategies recommended to prevent and monitor for dehydration.

Responding to dehydration

Late signs of dehydration can include confusion, dizziness, fatigue, falls, low urine output and other signs of deterioration.

Dehydration is a serious clinical concern. If dehydration is strongly suspected or diagnosed in an older person, providers should act immediately to make sure:

- a comprehensive assessment is undertaken in line with the older person's wishes, including consultation with medical practitioners and other relevant health professionals to:
    - support the diagnosis
    - identify contributing factors (what has caused it)
    - discuss treatment options and make plans for early review
- the older person is encouraged to increase their fluid intake, in line with the older person's:
    - food and fluid preferences
    - care needs
    - individual requirements such as texture-modified foods and thickened fluids
- they monitor, document and review the older person's ongoing fluid intake and output to make sure their fluid status improves

- they evaluate the systems and processes within their services to identify, monitor and manage dehydration and make improvements as needed.

Providers should also review factors that contribute to dehydration risk and harm and improve their systems and processes where harm or repeated concerns are identified. This includes:

- using open disclosure - an open and honest discussion with an older person when something's gone wrong that's caused, or could have caused, harm to the older person
- immediately investigating and understanding any contributing systemic factors across all aspects of care
- educating and supporting staff to understand and recognise:
    - the risks, signs and symptoms of dehydration
    - when and how to escalate their concerns for further assessment and intervention
- having effective clinical governance that makes sure policies and processes are aligned with the latest evidence-based practice to support sustained effective prevention and management of dehydration.

Please share this alert with relevant managers and staff at your services.

Dr. Mandy Callary
Chief Clinical Advisor

More information

- Dehydration standardised care process | Victorian Department of Health
- Keep your fluids up! | Aged Care Quality and Safety Commission
- Why meals matter | Aged Care Quality and Safety Commission
- Summer clinical alert 2025-26 – Preventing heat stress in older people | Aged Care Quality and Safety Commission

Was this page useful?

Yes No

Share this page

Acknowledgement of Country

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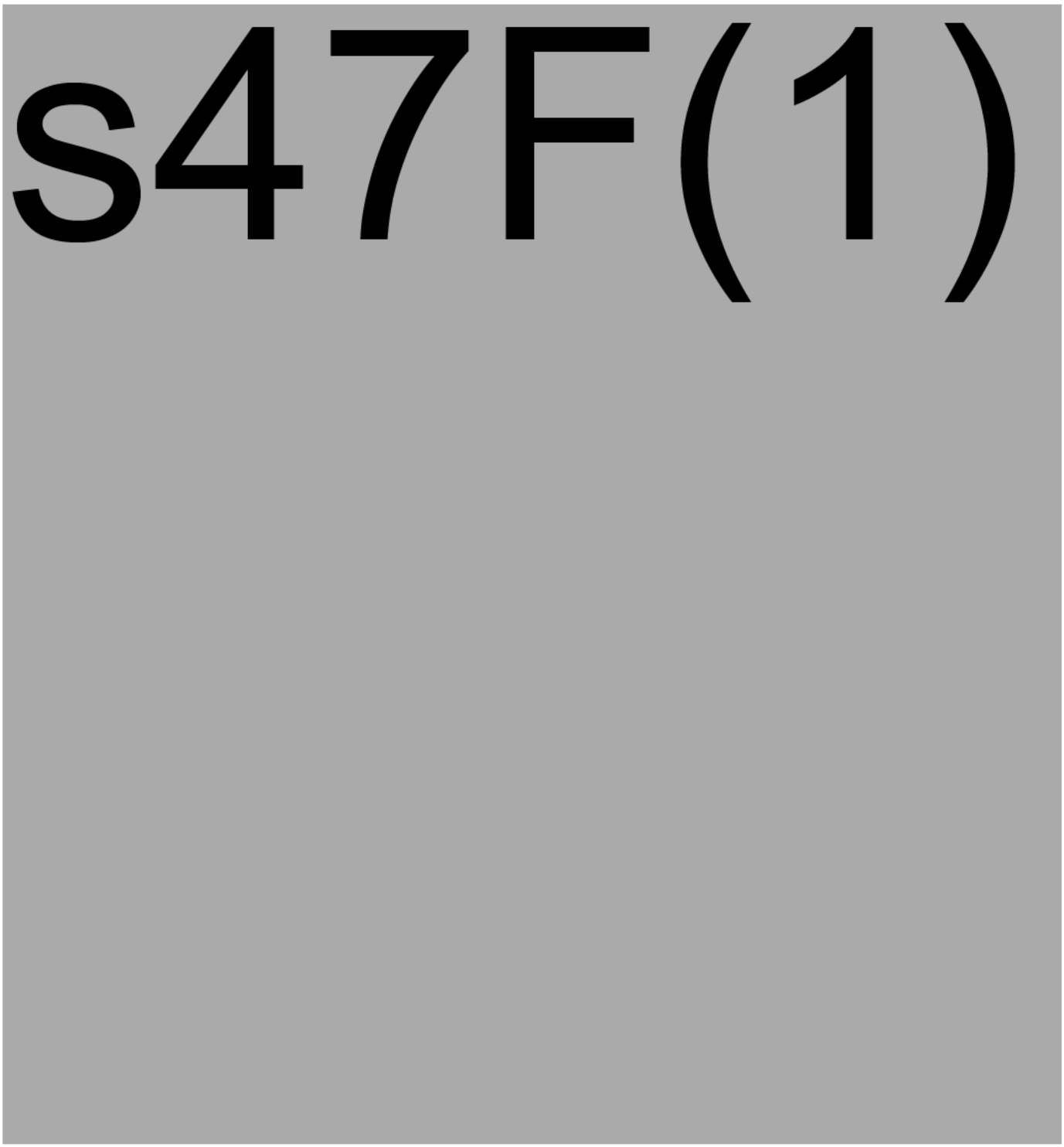
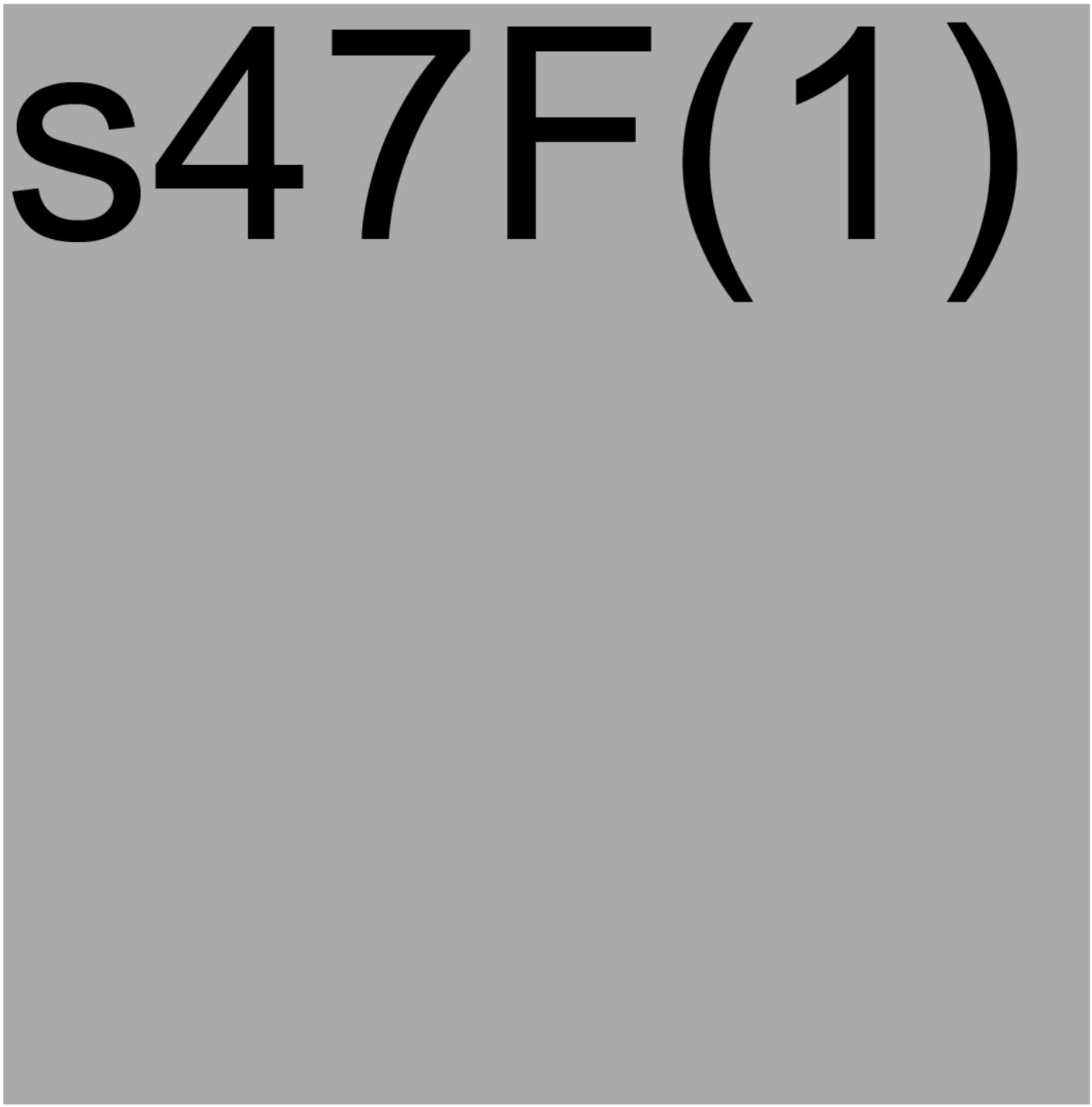
Aboriginal and Torres Strait Islander readers are advised that content on this website may contain images of deceased persons.

Teams Chat Record: discussion between s 22 (1)(a)(ii) and s 22 (1)(a)(ii) regarding Hydration and Dehydration poster




s47F(1)