Provider guidance: Outcome 5.5 (updated guidance by OP&S based on the coroner's recommendation)

Proposed updates	Feedback/suggestions
○ *measuring, using a tool validated in aged care such as a fluid balance chart, the daily fluid intake of older people assessed as being at risk of, or experiencing, dehydration. This includes all older people living with dementia (Outcome 5.6) and older people being administered diuretic medication/s. Use the information to recognise and respond to inadequate fluid intake.*	• Monitor and document the fluid intake and output of individuals assessed as being at risk of or experiencing dehydration. The factors that put an older person at a higher risk of dehydration include but are not limited to, advanced cognitive impairment, for example, living with dementia (Outcome 5.6), medications (such as diuretics, laxatives), limited oral intake and acute illness. • Use the information gathered to recognise and respond to inadequate fluid intake and dehydration risk in a timely manner. Make sure individualised approaches are implemented when monitoring hydration status that considers the needs and preferences of older people.
• *measuring, using a tool validated in aged care, the daily food intake of older people assessed as being at risk of, or experiencing, malnutrition. This includes all older people living with dementia (Outcome 5.6).*	• Monitor the hydration status of individuals who are identified to be at risk of or experiencing malnutrition. Use the information gathered to recognise and respond to inadequate intake and malnutrition risk in a timely manner. Make sure individualised approaches are implemented when monitoring nutrition status that considers the needs and preferences of older people.

Preventing urinary tract infections: recognise dehydration poster

This is a resource that appears to have been created as part of the CPU program – To Dip of Not to Dip

Current	Feedback/suggestions
Signs of dehydration include Headache • **Dry mouth or lips** • **Feeling of thirst** • **Dark/ smelly urine** • **Urinating less than 4 x a day** • **Sunken eyes** • **Tiredness** • **Cold hands**	**Additional signs of dehydration could be added. E.g.:** • change in mental status (confusion, disorientation, altered consciousness) and drowsiness • constipation • increased breathing and heart rate
Prevent dehydration section states 'Encourage residents to drink 1 – 2 litres of fluids every day (unless advised not to by GP).'	You may consider updating the amount of recommended fluid intake by including the information on the 'Why meals matter' page to ensure consistency. • **'Dehydration amongst aged care residents is a common and dangerous problem.** Meeting the hydration needs of older adults within residential aged care can be challenging. • Recommendations for fluid intakes are approximately 1.5L daily, yet achieving this target can be compromised by a range of factors [12].' • It is always best to liaise with the GP and relevant health practitioner/s to determine fluid needs and any key consideration for fluid intake.

	• '[Older people receiving aged care] can be more prone to dehydration due to diminished sense of thirst, poor oral intake, swallowing disorders, refusal of fluids, inadequate staffing assistance, medication, illness, fear of [aspirating or choking], fluids offered are not to the individual preferences, poor access to fluids (being able to see and reach), inability to manage a cup or glass and dislike of thickened fluids. • Some residents may also intentionally limit their fluid intake to minimise incontinence or the need to go to the toilet [11].'
Coroner recommendations regarding the following: 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.	• We recommend that Dr Mandy Callary be engaged regarding this recommendation. • Consider adding 'If signs or potential signs of dehydration are assessed, act promptly, monitor the clinical changes and fluid intake and consult with a medical professional for further guidance.' • **Providers should have processes in place to identify and monitor for dehydration, escalating concerns early to ensure appropriate management.**

Keep your fluids up page: **Keep your fluids up!** | Food for thought article

This article can be taken down if required.

Current	**Feedback/suggestions**
Residents living in aged care homes can be more at risk of dehydration if they: • have advanced cognitive impairment • are receiving medication that increases fluid loss • have impaired mobility or dexterity.	**It is worthwhile stating that the factors that put an older person more at risk of dehydration can include but is not limited to:** • having advanced cognitive impairment • receiving medication that increases fluid loss • having impaired mobility or dexterity. **Additional risk factors can include:** • Inadequate intake of fluids due to reduced thirst sensation, dysphagia, food and fluid preferences not being met, reluctance to drink to manage frequency of urination and/or incontinence • acute illness and fluid loss through diarrhoea, vomiting, fever, sweating, heat and humidity • health status that affects cognitive functioning, such as sedation, delirium, depression **Would benefit from a review section and having a care plan with hydration strategies and monitoring outlined**
Ways to help people stay hydrated: • Use fluid balance charts for residents at risk of dehydration. Know the typical volume of fluid held in standard glassware,	**In this section, the following could be added:** • Monitor fluid status by regularly reviewing fluid balance charts to monitor the fluid intake and output.

crockery and high fluid content foods to help make your records accurate.	
The coroner recommended that educational resources be provided to aged care providers regarding the prevalence of dehydration in older people.	• Link through the clinical alert. • Consider linking 'Why meals matter' page to the '**Keep your fluids up'** page

From: s 22 (1)(a)(ii)
To: s 22 (1)(a)(ii)
Cc: s 22 (1)(a)(ii)
Subject: RE: Request to update changes to SQS guidance on website - Rec 4 of SA Coroner"s Court Inquest [SEC=OFFICIAL]
Date: Monday, 20 July 2026 9:11:36 AM
Attachments: image003.png
image004.png
image005.png
image789365.png

OFFICIAL

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

Hope you had a great weekend.

Reviewed the major and minor changes on the website – looks perfect!

Thank you so much for that

s 22 (1)(a)(ii) (She/Her)
Senior Policy Officer
Operational Policy and Support
Knowledge Management and Operational Policy

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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.

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From: s 22 (1)(a)(ii) @agedcarequality.gov.au>
Sent: Friday, 17 July 2026 11:56 AM
To: s 22 (1)(a)(ii) @agedcarequality.gov.au>
Subject: Re: Request to update changes to SQS guidance on website - Rec 4 of SA Coroner's Court Inquest [SEC=OFFICIAL]

OFFICIAL

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

Happy Friday
Digi Comms has made those changes. Could you go in and review when you have a chance? Let me know if you see any issues and I'll action them.

Cheers - s 22 (1)(a)(ii)

s 22 (1)(a)(ii) (She/Her)
Assistant Director - Communications
Engagement, Education and Communications

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From: s 22 (1)(a)(ii) @agedcarequality.gov.au>
Sent: Thursday, 16 July 2026 3:11 PM
To: s 22 (1)(a)(ii) @agedcarequality.gov.au>
Cc: s 22 (1)(a)(ii) .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>; s 22 (1)(a)(ii) @health.gov.au s 22 (1)(a)(ii) @health.gov.au>; s 22 (1)(a)(ii) @health.gov.au <s 22 (1)(a)(ii) @health.gov.au>
Subject: Request to update changes to SQS guidance on website - Rec 4 of SA Coroner's Court Inquest [SEC=OFFICIAL]

OFFICIAL

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

s 22 (1)(a)(ii) , By way of introduction, my name is s 22 (1)(a)(ii) I am a Policy Officer in s 22 (1)(a)(ii) OP&S team, along with s 22 (1)(a)(ii) Just cc'ing you in relation to progressing the SA Coroner Court's recommendation.

Hope you are all well!

@s 22 (1)(a)(ii) We have made some changes to the SQS guidance. Would you be able to progress them for publication on the website via digicomms?

Background

- Following an Inquest, the Coroner Court of SA made a recommendation to amend the strengthened Quality Standards around maintaining an older person's hydration.
- DoHDA advised they will not make changes to the SQS, and instead requested that we review the guidance.
- After consultation with the FNDU and broader Clinical Division, we have Assistant Commissioner approval to update the SQS guidance. The changes include:
    - major changes to Outcome 5.5, Action 5.5.5 provider guidance, and
    - minor changes to other guidance Actions to strengthen hydration content more broadly.

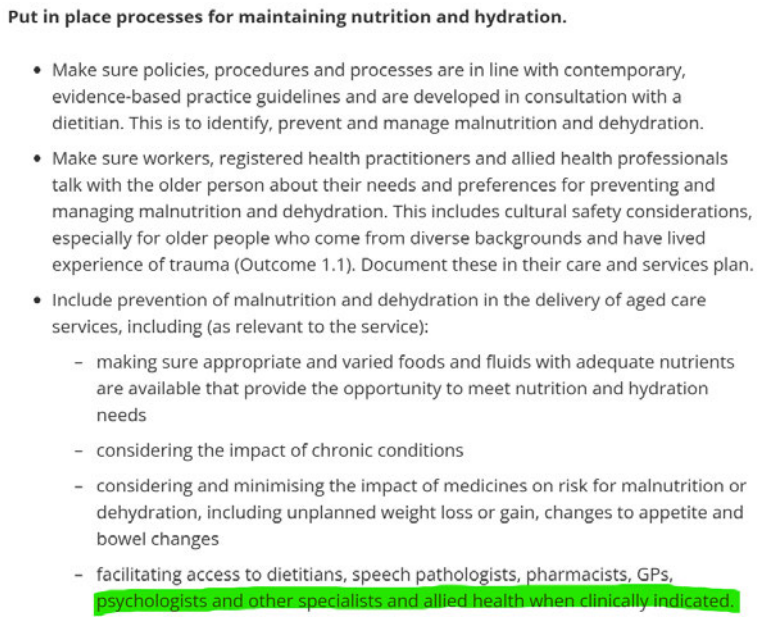
The attached documents have the required major and minor changes with more context.

Major changes to SQS guidance: Overview

Outcome 5.5, Action 5.5.5 provider guidance
Nutrition and hydration

1. Changes under *"Put in place processes for maintaining nutrition and hydration"*

   Under the **third bullet point** (*Include prevention of malnutrition…"*), the wording of the **fourth sub-bullet point** (in green) will be updated.



Put in place processes for maintaining nutrition and hydration.

- Make sure policies, procedures and processes are in line with contemporary, evidence-based practice guidelines and are developed in consultation with a dietitian. This is to identify, prevent and manage malnutrition and dehydration.
- Make sure workers, registered health practitioners and allied health professionals talk with the older person about their needs and preferences for preventing and managing malnutrition and dehydration. This includes cultural safety considerations, especially for older people who come from diverse backgrounds and have lived experience of trauma (Outcome 1.1). Document these in their care and services plan.
- Include prevention of malnutrition and dehydration in the delivery of aged care services, including (as relevant to the service):
  - making sure appropriate and varied foods and fluids with adequate nutrients are available that provide the opportunity to meet nutrition and hydration needs
  - considering the impact of chronic conditions
  - considering and minimising the impact of medicines on risk for malnutrition or dehydration, including unplanned weight loss or gain, changes to appetite and bowel changes
  - facilitating access to dietitians, speech pathologists, pharmacists, GPs, psychologists and other specialists and allied health when clinically indicated.

Revised wording:
'- facilitating access to dietitians, speech pathologists, pharmacists, GPs, occupational therapists, other allied health and specialists when clinically indicated.'

Outcome 5.5, Action 5.5.5 provider guidance
Nutrition and hydration

2. Changes under *"Put in place processes for maintaining nutrition and hydration"*

Under the **fifth bullet point** (*"Put in place processes to identify dehydration…"*), **three new sub-bullet points** will be inserted between the existing first and second sub-bullet points (in pink).

The existing content under the fifth bullet point is:

- Put in place processes to identify dehydration and malnutrition early. Then, assess and manage these conditions. This includes:
  - screening, using a tool validated in aged care, to regularly assess nutrition and hydration and document findings. This includes rescreening in line with contemporary, evidence-based practice.
  - clinically assessing, reviewing and managing concerns regularly and as clinically indicated in line with contemporary, evidenced based practice. This needs to be done by a multidisciplinary team of qualified registered health practitioners and allied health professionals, including a dietitian.
  - referring for specialist clinical assessment and advice where needed
  - involving registered health practitioners and allied health professionals to decide if a nutrition or hydration intervention is effective
  - put in place recommended management strategies from registered health practitioners and allied health professionals' assessments, and documenting these in the care and services plan. Strategies may include therapeutic diets (such as high energy, high protein diet), texture-modified foods and thickened fluids. These must be in line with the older person's preferences.
  - Consider how the care, mealtime environment and access to assistive devices (as recommended by a qualified registered health practitioner or allied health professional) can optimise the older person's independence, function and quality of life.

The following content is to be added between the first and second sub-bullet points:

- 'Monitor and document the fluid intake and output of older people assessed as being at risk of or experiencing dehydration. The factors that put an older person at a higher risk of dehydration can include advanced cognitive impairment, for example, living with dementia (Outcome 5.6), medications (such as diuretics, laxatives), limited oral intake and acute illness. Use the information you gather to recognise and respond to inadequate fluid intake and dehydration risk in a timely manner.
- Monitor and document the hydration and nutrition status of older people who are identified to be at risk of or experiencing malnutrition. Use the information you gather to recognise and respond to inadequate intake and malnutrition risk in a timely manner.
- Think about and include the older person's needs and preferences when monitoring their hydration and nutrition.'

I hope that makes sense. More than happy to chat through the required changes if that's easier!

Kind regards,

s 22 (1)(a)(ii) (She/Her)
Senior Policy Officer
Operational Policy and Support
Knowledge Management and Operational Policy

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For context:

Recommendation 4 of the Coroner Court of SA Inquest

> *Four* 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*

5.5.5

Nutrition and hydration

Preventing and responding to malnutrition and dehydration in a timely way is important as these conditions carry high risk of rapid clinical deterioration.

Put in place processes for maintaining nutrition and hydration.

- Make sure policies, procedures and processes are in line with contemporary, evidence-based practice guidelines and are developed in consultation with a dietitian. This is to identify, prevent and manage malnutrition and dehydration.
- Make sure workers, registered health practitioners and allied health professionals talk with the older person about their needs and preferences for preventing and managing malnutrition and dehydration. This includes cultural safety considerations, especially for older people who come from diverse backgrounds and have lived experience of trauma (Outcome 1.1). Document these in their care and services plan.
- Include prevention of malnutrition and dehydration in the delivery of aged care services, including (as relevant to the service):
    - making sure appropriate and varied foods and fluids with adequate nutrients are available that provide the opportunity to meet nutrition and hydration needs
    - considering the impact of chronic conditions
    - considering and minimising the impact of medicines on risk for malnutrition or dehydration, including unplanned weight loss or gain, changes to appetite and bowel changes
    - facilitating access to dietitians, speech pathologists, pharmacists, GPs, occupational therapists, other allied health and specialists when clinically indicated.
    -

- Define workers' roles and responsibilities to prevent malnutrition and dehydration and escalate concerns early. Identify tools and document processes for workers to monitor nutrition and hydration. These workers must be qualified and working within their scope of practice or role description.
- Put in place processes to identify dehydration and malnutrition early. Then, assess and manage these conditions. This includes:
    - screening, using a tool validated in aged care, to regularly assess nutrition and hydration and document findings. This includes rescreening in line with contemporary, evidence-based practice.
    - Monitor and document the fluid intake and output of older people assessed as being at risk of or experiencing dehydration. The factors that put an older person at a higher risk of dehydration can include advanced cognitive impairment, for example, living with dementia (Outcome 5.6), medications (such as diuretics, laxatives), limited oral intake and acute illness. Use the information you gather to recognise and respond to inadequate fluid intake and dehydration risk in a timely manner.
    - Monitor and document the hydration and nutrition status of older people who are identified to be at risk of or experiencing malnutrition. Use the information you gather to recognise and respond to inadequate intake and malnutrition risk in a timely manner.
    - Think about and include the older person's needs and preferences when monitoring their hydration and nutrition.
    - clinically assessing, reviewing and managing concerns regularly and as clinically indicated in line with contemporary, evidenced based practice. This needs to be done by a multidisciplinary team of qualified registered health practitioners and allied health professionals, including a dietitian.
    - referring for specialist clinical assessment and advice where needed
    - involving registered health practitioners and allied health professionals to decide if a nutrition or hydration intervention is effective
    - put in place recommended management strategies from registered health practitioners and allied health professionals' assessments, and documenting these in the care and services plan. Strategies may include therapeutic diets (such as high energy, high protein diet), texture-modified foods and thickened fluids. These must be in line with the older person's preferences.
    - Consider how the care, mealtime environment and access to assistive devices (as recommended by a qualified registered health practitioner or allied health professional) can optimise the older person's independence, function and quality of life.

Monitor, review and improve processes for nutrition and hydration.

- Make sure the older person is satisfied with the strategies to manage risk. You can find this out by involving the older person in decision making and incorporating feedback.
- Have a dietitian review the documented outcomes of care (including weight and malnutrition screening) and reported incidents. Use these to support continuous improvement plans, including ongoing staff education.
- Monitor older people with chronic conditions or recent changes to medicines that may increase the risk of malnutrition or dehydration.
- Consider referral or access to registered health practitioners and allied health professionals, in line with the older person's preferences, when chronic health conditions or lifestyle choices affect or are affected by nutrition and hydration.
- Analyse data collected and use these findings to improve care. This can include data on:
    - incidents
    - unplanned changes in weight
    - use of relevant registered health practitioners and allied health professionals
    - hospital transfers.

Outcome service context

Under key tasks to monitor, review and improve processes as outlined in Action 5.5.5, the requirement for reporting is different for aged care services delivered in residential care homes, home or community settings.

Providers delivering aged care services in a residential care home

Residential service providers report on unplanned weight loss trends, as a requirement of the National Aged Care Mandatory Quality Indicator Program.

Providers delivering aged care services in a home or community setting

Providers delivering aged care services in a home or community setting put in place systems to identify, manage and escalate risks of malnutrition and dehydration that is proportionate to the services they provide (Outcome 2.4).

In home settings, the roles and responsibilities for an older person's nutrition and hydration will depend on the level and type of service.

Providers work with the older person and others to understand arrangements for care provided by others. There should be standard processes to make sure workers know where to document and how to escalate any concerns about changes deterioration or risks. This includes what to do if an older person or carer reports a concern to them.

Providers delivering aged care services in a home or community setting should still use data to monitor outcomes and improve care.

This could include:

- feedback from older people and workers
- incidents
- outcomes of complaints
- hospital admissions.

Identified risk of malnutrition or dehydration should be monitored and addressed to reduce impact on the older person. There should be processes to escalate concerns about nutrition and hydration.

Nursing services should monitor nutrition and hydration including using evidence-based tools to monitor for known signs of dehydration and malnutrition.

Outcomes of assessment should be documented and recommendations from registered health practitioners and allied health professionals should be supported if appropriate to the service.