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Supplementary Material

Identification and nutritional management of malnutrition and frailty in the community: the process used to develop an Australian and New Zealand guide

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Supplementary Material 1: Dietitians' perspectives on the concept, content and delivery of the guide

Expressing enthusiasm towards development of a specific nutritional guide for the community
All participants stated they would use the guide granted it was applicable to their setting. For clinical dietitians this meant having a 'transitions of care' section and ensuring the guide was adaptable to the different disease states they encounter. For those working in aged care, this meant factoring in adults who live in facilities. Most community dietitians were enthusiastic about the development of the guide as most evidence-based tools focus on the acute/inpatient setting. Having a single document outlining up-to-date information on malnutrition and frailty in the community was viewed as an important step towards standardising care. Several dietitians acknowledged the importance of having key stakeholders involved in its design, stating that more than just dietitians would need to be involved as nutrition care is a shared responsibility in the community. "*I think it's positive. I really like the idea of it [the guide] because.... there's clearly a gap there... I don't know why it hasn't been done before. So it's a great idea, I love it…I will probably use it in an inpatient setting because obviously they are going to transition to the community, so you want to know what guidelines are in place.*" (Clinical Dietitian) "*I think it's a great idea because so many things focus on an acute setting…and ignore the fact that majority of aged people live in the community. So having guidance that actually focuses on where the vast majority of these people live, is critical… [and] it's like, well we're all actually working towards this one set of guidelines*." (Community Dietitian)
Anticipating that the guide could be used in a range of circumstances and settings
All participants acknowledged that the guide would be useful in the community to manage and coordinate client care. Two participants thought it would be particularly useful in smaller services where a dietitian may not be employed, while four participants spoke of its potential use among GPs who are in a "prime position" to identify clients yet may be unfamiliar with appropriate screening tools. Three dietitians spoke about the guide's utility in private practice where practitioners largely work alone and have limited access to resources. Three clinical and four community dietitians believed the guide would be applicable across community, clinical, aged care and private practice settings. Several community and clinical dietitians said the guide would be useful to inform their own and others' practice around screening, referring, discharge planning and follow-up. Approximately half of participants spoke about using the guide as either a tool to educate others around the role of community dietitians, or to leverage for more community services/dietitians. *"I think [it needs to be developed for use] across all settings from primary care to tertiary care, because ultimately, you want something that works across both… I think it will work well across settings where maybe there isn't currently a guide and*

things happening, it will just hopefully be able to inform change if that's needed.” (Community Dietitian)

“I think it would be really useful to have in private practice, because otherwise, you're developing your own [guidance]… you haven't got a team of people… it's you by yourself and maybe a couple of others. Yeah, it will be really useful to have something that's well researched and up to date, and has been established using a wide range of health professionals.” (Aged Care Dietitian)

Suggesting guidance around screening tools, nutrition interventions, and factoring in clients’ unique circumstances and cultural needs

A range of ‘topics’ were suggested for inclusion in the guide. Both clinical and community dietitians emphasised the need for a clear list of screening and assessment tools, including a summary of their validity in the community. The steps following screening and assessment (i.e. referral to community dietitians and/or an outline of community services available) was also important to include, particularly for clinical dietitians. A summary of various nutrition interventions and their evidence in the community was an important topic raised. Several dietitians also suggested outlining strategies that can be undertaken by non-dietetic HCPs to support dietitians in nutrition care. Dietitians emphasised the importance of accounting for clients’ specific cultural needs or environmental circumstances. Finally, half the participants outlined practical aspects to consider, such as using flow charts or relevant client resources (e.g. shopping lists and picture guides), clarifying HCP roles in regards to nutrition care in the community, and being explicit in the differences and similarities between malnutrition and frailty.

“*Having a really clear pathway [would be beneficial]….[if] it's kind of a one page thing, nice and clear, - you know, I've done the first step, where do we go from here? Also, along with, what training tools you would recommend for what settings and how you would recommend sort of the non-dietitian management of malnutrition. What would be suitable information to provide at that level. And then… sort of that dietitian side of things as well - what would be best practice from our perspective*.” (Community Dietitian)

“*I'm not sure that people's cultural needs are met, so an Australasian guideline, even just a very general reference to people's cultural needs and the treatment of malnutrition would be really good to reinforce. And I don't think you would need to go into specific cultures; just have that prompt for people*.” (Community Dietitian)

Providing insights around dissemination and implementation of the guide in practice

Potential barriers and enablers that dietitians perceived may impact guide uptake largely fell into two categories: dissemination and implementation. Interestingly, community dietitians focused on barriers/enablers for both categories, while clinical and residential aged care dietitians solely focused on the latter. For dissemination, community dietitians emphasised that the guide needed to be ‘user friendly’. Many suggested this could be achieved by keeping the guide itself short, and using clear pathways and simple formatting. Community dietitians also indicated the importance of it being freely accessible. For implementation, community,

clinical and residential aged care dietitians raised several potential barriers/enablers. Several dietitians acknowledged that changing practice is difficult and brainstormed ideas to improve implementation within their setting. These included embedding the guide into existing care models, having the guide endorsed by dietetic bodies, and improving awareness of the guide through national marketing/promotional strategies and gaining buy-in from key stakeholders to educate HCPs within their service (however two dietitians raised that cost may be a barrier with the latter strategy).

> *"The more clout from the top it has, the more likely it is to be up-taken… the more places it can get endorsed through, it will give it more leverage."* (Aged Care Dietitian)
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> "*From a dietitian perspective, I think it's generally around the ease of the guideline and tool… It has to be well illustrated and be a simple thing that's not over complicated with too much data. It has [to have] clear pathways*." (Community Dietitian)