ENCOURAGING BEST PRACTICE IN RESIDENTIAL AGED CARE: NUTRITION & HYDRATION

Tool Kit

Introductory Materials

Tool Kit Contents:

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Developed by the Priority Research Centre for Gender, Health and Ageing, University of Newcastle in collaboration with UnitingCare Ageing and Baptist Community Services.

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INTRODUCTION

This tool kit was developed by a multi-disciplinary university-based group of clinician-academic staff with the help of residential aged care staff for use in aged care facilities. The tool kit is designed to complement the *Best Practice Food and Nutrition Manual for Aged Care Facilities*[1] (the guidelines) which were developed by Central Coast Health and endorsed by the *Aged Care Association of Australia* - NSW. The guidelines themselves are a valuable nutritional resource and should be referred to in relation to best practice nutrition and hydration for residential aged care.

This tool kit is specifically targeted for use in residential aged care facilities. It is intended to guide practice and assist facilities to develop and implement strategies to prevent malnutrition and related effects, to enhance the pleasure of eating and hence promote resident quality of life. Simultaneously, promotion of 'best practice' in nutrition and hydration offers facility staff opportunities for personal and professional practice development, and enhanced job satisfaction.

This tool kit along with the guidelines will assist residential aged care facilities to meet one of the expected outcomes of accreditation[2] , ie:

> **2.10 Nutrition and hydration**
>
> *Residents receive adequate nourishment and hydration.*[1]

1. Bartl R, Bunney C. *Best Practice Food and Nutrition Manual for Aged Care Facilities.* Gosford: Australian Nursing Home and Extended Care Association 2004.

2. Aged Care Standards and Accreditation Agency. *Accreditation Standards.* In. Parramatta: Aged Care Standards and Accreditation Agency; 2005.

The tool kit covers the range of topics that would need to be considered by someone considering making 'best practice' changes in their local nutrition and hydration care practices.

Firstly, these materials should be used with a person-centred care approach in mind. Person-centred care means putting the resident at the centre of their care[3]. Using this approach means valuing older people and those living with dementia and those who care for them; treating people as individuals and looking at the world from their perspective. It entails creating a positive social environment in which residents can experience relative wellbeing[4]. It means having respect for the resident and involving the resident, their family, and health professionals in the decision-making process. Food is personally important to everyone, and it is important to retain an individual and person-centred approach to diet and nutrition.

"...these materials contain a wealth of information covering all aspects of food and hydration in aged care facilities..."

The tool kit was developed as part of a project that used Participatory Action Research (PAR)[5] as the approach to work with staff and residents in residential aged care facilities to **make best practice changes**[6]. PAR was chosen as it focuses on working collaboratively to study, learn and make changes in practice: in this instance, in nutritional and hydration-related care. Within the framework of PAR and supported by the 'best practice' guidelines[1], a wide range and variety of processes were involved in making changes at these facilities, and these materials contain a step-by-step guide to help others wishing to change their local practice.

3. Department of Human Services Victoria. *Improving care for older people: a policy for health services*. Melbourne: DHS. Melbourne: DHS; 2003

4. Brooker D. What is person-centred care in dementia? *Reviews in Clinical Gerontology* 2004 13; 215–222

5. Wadsworth, Y. *What is Participatory Action Research?* Action Research International, Paper 2. 1998. At:

6. Research Centre for Gender, Health and Ageing, The University of Newcastle Australia *Implementing best practice nutrition and hydration support in residential aged care.* Final report to the Australian Government Department of Health and Ageing, November 2009.

With the focus on 'best practice' in nutritional and hydration-related aspects of care, these materials contain a wealth of information covering all aspects of **food and hydration in aged care facilities**. The tool kit takes the reader through screening residents for nutritional problems, assessing dietary intake, to approaches to support resident preference and choice, encourage eating and supplement dietary intake, and enhance quality of life. It covers team-working, and referral processes for allied health practitioners such as dietitians. Maximising sensory pleasures of food and the dining experience are considered. Nutritional aspects of behaviours of concern are discussed, and ways to prevent or minimise occurrence. Food services are considered, including issues of reheating and food safety.

These information sheets are intended to cover essential aspects of each topic, written in user-friendly style for a wide audience. Each contains reference to sources with more detailed information about each topic. Altogether, it is intended that these educational materials are used in conjunction with the *Best Practice Food and Nutrition Manual for Aged Care Facilities*[1] to enable those working in aged care facilities to review and make changes in line with best practice in their workplace.

IMPLEMENTING 'BEST PRACTICE' CHANGES'

There may be many approaches to achieving best practice to improve nutrition and hydration within your facility. One approach is the Plan Do Study Act (PDSA) cycle which you may be familiar with (see Figure 1).

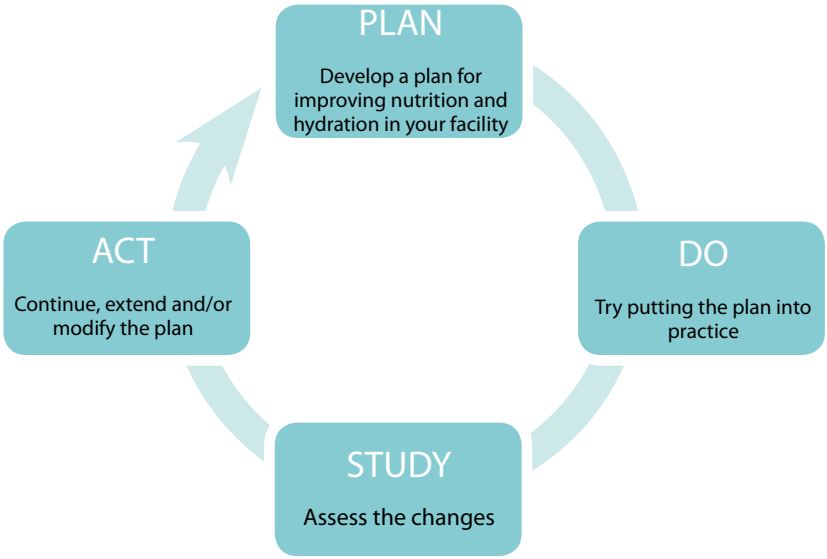

Figure 1: The Plan, Do, Study, Act cycle[1].

A brief description of how this approach can be applied to implementing best practice changes is provided below.

1. Clinical Excellence Commission. *Enhancing Project Spread and Sustainability.* CEC, Sydney. NSW Health 2002. Easy Guide to Clinical Practice Improvement. A Guide For Health Care Professionals. At http://www.health.nsw.gov.au/quality/pdf/cpi_easyguide.pdf. 2008.

Step 1. Plan – Develop a plan for improving nutrition and hydration in your facility

What topic are you going to address?

Be clear about what you want to target – or have a plan for how this will be decided. You may identify many opportunities for improvement in your facility, however not all of these changes can be made all at once. You may need to identify some priority actions for your facility and residents. Consider what each change may entail and whether and how you will be able to achieve this. Several small changes may be doable, one large one may not be. This next section provides a guide to choosing priorities and making changes for best practice.

Many topics arise directly from staff's everyday work as problems they recognise or things for which they don't have a ready answer. Residents, families and friends are also good at flagging issues. Compliments are lovely but complaints are a great way of understanding how things can look from other points of view – and pointing up opportunities for improvement.

Changing practice, the habit patterns of the way you and those around you work, requires energy, motivation and support from others, sustained over a period of time. Careful selection of topic is therefore important. There are several key considerations.

- Resident benefit is of first importance. However, it is sometimes not enough that there is evidence of this; staff have to be persuaded that benefits are real and will be worth the time and trouble that changing working practices entails.

- Changes need to be congruent with the mission, vision and values of the organisation, and accepted as current priorities that justify use of resources. Look for the 'hot topics' for the organisation – what staff, leaders and managers regard as important to achieve.

- Think ahead, and focus on making changes in such a way that they become self-sustaining. If new practices depend on specific people for continuance, at some point they will fall over.

- The whole process may not be easy and will make demands on the

person or people driving or responsible for getting changes into place. It has to matter enough to this person or people for them to really want to see it through.

So, engagement and motivation to pursue the topic are prerequisites when identifying what you want to do. If there isn't someone appropriate who is willing and able to take a lead role, it's unlikely to be successful.

Is it 'best practice'?

Even apparently good quality evidence should not be accepted unquestioningly, as the quality, local relevance, feasibility and acceptability should always be considered. There are up-to-date guidelines available for many areas of practice, and it may be reasonably easy to adapt these for your local use. However, in some areas evidence is limited and expert opinion is 'best available evidence'.

SUMMARY 1:

- Opt for topics that address local priorities and concerns, to maximise local support.
- Involve/reflect resident and families' views; ensure this is relevant to their needs and preferences.
- Consider the attitudes and experiences of staff.
- Ensure there is someone appropriate who can and will take the lead: their motivation and energy are crucial.
- Bear in mind the available evidence on the subject; rigorously developed guidelines or high quality evidence can make it easier to make a strong case.
- Even good quality evidence will require discussion, negotiation and refinement to ensure it is relevant, feasible and applicable locally.

Consider your facility

The current context and culture of the organisation is a key influence on progress of change. Important considerations include:

- The presence of strong leaders,
- Good relations with managers within and across the organisation,
- Attitudes and resources that support trying new things,

- Good communication,
- Information being made available about where you are now, and to keep people abreast of progress.

Organisational stability is also important; it's hard to make changes in the way you work if other things are changing at the same time, including the people around you. Staff can feel 'change overloaded'. Think about how what you want to do might fit with or within the way things work at present: the better the 'fit' between the old and new, the less time and effort required to introduce it and perhaps greater likelihood of success.

Identify key people

Next, identify the key people for the topic, including residents and families. Everyone who may be affected by proposed changes should be represented and involved from the start, not forgetting people like volunteers, kitchen or maintenance staff. Everyone needs to feel they've had a say, and been listened to. Pay attention to those with negative views – what would it take to get them involved?

Identify key factors that might affect the change process

Time and workload are always issues. Identify the anticipated impact of changes on resourcing and workload patterns. It may be possible to identify a 'trade-off'.

Strategies need to be planned to match local culture and expectations. How are changes usually introduced? Are staff accustomed to being told what to do or are they used to being asked what they think? Information on previous experiences of change locally will be helpful. How have previous changes been handled? How was this viewed by staff – what worked well and what problems are reported? This will help you identify possible levers, supports and supporters, potential hindrances or barriers to change.

SUMMARY 2:

Be clear about:

- The current context and culture of the organisation and the local area where change is planned.
- Organisational priorities, practices and plans into which changes might fit.
- Who are the key players and opinion-leaders; their attitudes, experiences and priorities in relation to the change.
- Resident and families' experiences and views: involve them directly where feasible.
- Usual management approaches and previous change experiences.

Study the current situation

Before planning changes you need to know where you are now and where you want to get to. It is useful to have some kind of baseline evaluation, to assess how things are working in your facility now, and to allow for later comparison. This baseline information may be routinely available, for example, from quality work or accreditation data. Increasingly, computerised record systems are able to produce reports from routinely collected data.

Baseline data will help you identify and prioritise changes, and will also help you evaluate the effects of changes if you can repeat the data collection exercise later. This is essential if you and the organisation are to learn what has been gained from this process. Consequences of a change in practice may not only occur in intended and predicted areas, there may also be unintentional and unpredictable outcomes ('knock-on' effects) that you may need to know about. Repeat evaluation may also be a useful 'selling' point for the changes.

SUMMARY 3:

- Identify sources of baseline data; audits or reports of current practice and outcomes
- Review data to prioritise changes and set objectives
- Consider repeating data collection for later evaluation

Establish Objectives and Strategies

Now that you have set your priorities you need to create a clear set of objectives and strategies. The objectives should include a clear statement of what you want to achieve and why this is important within your facility. The guidelines may help you select and define objectives. Then you need to consider how you will achieve these objectives (your strategies). The materials in this kit have been designed to support objectives linked with the guidelines.

SUMMARY 4:

Identifying objectives and achievable outcomes entails:

- Being clear about what you want to achieve (your objectives)
- Being clear about what you want to do and why you want to do it (your strategy).
- Being clear about how you will achieve your objectives
- Knowing how you will test whether you have achieved your objectives

Step 2. Do – Try putting the plan into practice

It's a good idea to try out your plan in a small way to see how well it works and what modifications might be needed. Here are some other considerations that you will need to take account of when trying out your plan.

How will people know what's happening?

First, you need to think about how people are going to know about what you're planning and what is happening. Every situation is unique; no two projects work the same way, and there are no 'off-the-peg' sure-fire strategies. Things often don't go quite as planned; you, as well as everyone you work with, need to stay in touch with what is happening so you can all respond to what works well or less well as things progress. If proposed changes are small and local this may be easy, but it is always wise to think things through from all angles before launching into change, to make sure all potential implications for other areas have been considered.

If changes are to be introduced across a large area, a rolling program (perhaps one area at a time) may be easier. It can be helpful to have one area function as a 'demonstration' or 'pilot', and review how things go there before moving on to other areas. If success is achieved and advertised, this can be encouraging. However, there are time implications; incremental changes may take longer and may not be feasible within time available.

General approaches to making changes

A range of approaches can be taken when making changes and usually a combination of strategies are needed. Research shows that using a combination of different approaches generally works better than relying on one single way. Options include:

- ***Educational approaches***: professional development linked with educational input, ranging from lectures and teaching sessions to workshops, small group discussions and distance learning.
- ***Evidence-based approaches***, eg in the form of guidelines, stressing the scientific merits of new practices. Validity, reliability, credibility and presentation of the evidence is key.

- ***Marketing new ways of working***: whether this includes products, information or strategies that will be useful for staff; both how things are presented and the channels of information will be important.
- ***Behavioural strategies*** may also be used. These are underpinned by classical theories of conditioning of behaviour, meaning that we rely on specific triggers or stimuli before or after desired actions. For example, if people know they will be audited or their performance reviewed, this may prompt them to do certain things. It may also be possible to incorporate reminders, for example from residents, tagged to progress notes or built into software used for routine record-keeping.
- ***Social interactionism:*** this builds on people's essentially social natures, and recognises the influence of colleagues and co-workers, residents and families. Opinion leaders, champions, role models, resident and family pressure, peer support and group norms all influence behaviour, and response to change.
- ***Organisational approaches:*** quality care is seen as dependent on a cascade of interrelated actions which can be supported or hindered by the structures of the organisation itself. Policies, practices and procedures can be used, either as they are or incorporating the changes. Structural factors can also be used.

Specific points to bear in mind when making changes

Check that:

- Realistic goals and time frames have been set.
- Resources are sufficient.
- Opportunities have been taken to trial or pilot changes where possible, and to modify the plan where necessary.
- A time plan has been set. Interim review points provide opportunities to alter the plan, if necessary, in light of progress. Progress check points and final review dates are set.
- The person leading the change is ready to start, and has everything set up.

Stay in touch with progress: don't assume things will necessarily go as planned, and be prepared to be flexible. Expect the unexpected!

SUMMARY 5:

Implementing changes:

- Trial your plan in a small way to start with.
- Let people know what is happening.
- A range of approaches and a variety of strategies have been shown to be effective.
- Approaches and strategies need to be planned to achieve their objectives within the context of the individual organisation.
- No one approach will be adequate alone; mix and match to meet local needs and circumstances.
- Ensure that resourcing and management issues have been addressed; goals and time frames are realistic, interim and final review dates set.
- Stay in touch with progress and be flexible: changes to the plan may be needed.

3. Study – Assess the changes

Monitor progress

Having trialled your plan you need to consider how well it is working. Maintain close contact with progress. Note the problems you encounter and how you can overcome these. Be prepared to make changes if things don't work as expected.

Reassess your situation.

Have you made the changes you expected?

Have you achieved your objectives?

What have you learned?

SUMMARY 6:

- Monitor your progress. Don't take your eye off the ball, or assume that things will necessarily run to plan. Be prepared to be flexible if Plan A doesn't work.
- Check your progress against your objectives.
- Look for what was learned as well as what everyone gained. Make sure everyone knows about this.

4. Act – Continue, extend and/or modify the plan

Make the changes part of everyday practice

Maintain the focus on sustainability of the changes you have made. Project activities should shift from being seen as something different and special to being part of everyday practice, 'business as usual'. It may take time to fully incorporate new ways of working within normal daily practice; it may be necessary to plan for an interim stage focused on continuing establishment of changes as self-sustaining. It should not be assumed that this will occur naturally and some modifications to your original plan may be required.

Celebrate your successes.

Once formal evaluation of the changes has occurred, ensure that everyone involved hears about what this showed and what was learnt, by and for the staff, residents, the facility, the organisation. Give public recognition for the time, energy and commitment of those who made things happen. Consider wider publication of both what was done and what was achieved. What you learnt about the way you went about this - the process of change - may be as valuable to colleagues as the effects

SUMMARY 7:

- Keep in mind what you want to achieve, and that this has to be self-sustaining. The goal is that changes become 'business as usual', with no-one needing to think twice about what they need to do.
- Be prepared to make changes to your original plan as you roll it out across the facility.
- Celebrate what you have achieved! Give praise where praise due, and make it a feel-good experience for everyone!

PERSON-CENTRED CARE AND NUTRITION

What

Person-centred care (PCC) or a person-centred approach to care is variously defined in the literature. As an approach to care, PCC has been widely adopted by health and social care organisations and appears in government, professional and organisational policies. For example the Victorian Department of Human Services (2003) defines person-centred care as 'treatment and care provided by health services [that] places the person at the centre of their own care and considers the needs of the older person's carers'. Similarly, in residential aged care, PCC means there is mutual and respectful agreement between the resident who is receiving care and the care provider. This is especially important in the

provision of care to people who are living with dementia. A lot of work has been done in this area by Tom Kitwood and the Bradford Dementia Group. Kitwood's approach acknowledges the unique way in which the person with dementia experiences life and relationships. PCC focuses on

personhood, and on being yourself ('authentic') in the relationship and in all communication with residents. So while person-centred care can mean different things to different people, it is fundamentally about:

- Respecting and valuing the person as a full member of society;
- Providing places of care that are in tune with people's changing needs;
- Understanding the perspective of the person;
- Providing a supportive social psychology in order to help people live a life where they can experience relative well-being [1,2].

Why

Person-centred care, either as a value system or an approach to care management, is essentially focused on respect for persons, and creation of an environment in which care providers as well as care recipients are able to experience well-being. It's about seeing people as they are rather than as a collection of diseases. Most older people in a residential

1. Dawn Brooker. What is person-centred care in dementia? *Reviews in Clinical Gerontology* 2004 13; 215–222

2. Bellchambers H, Penning CA. Person-centered approach to care (PCA): A philosophy of care and management for carers. *Contemporary Nurse* 2007. 26: 196–197

care facility have been making decisions about their diet and food preferences for a very long time; so even if a resident has limited verbal communication, you can still 'know' their likes and dislikes from their biography (life story) and from the person's non-verbal messages ….if you develop a close and trusting relationship. Where there is a culture of PCC, residents are included in decisions about mealtimes, menus, and dining locations. Allowing residents to participate in diet-related decisions can provide nutrient needs, allow alterations (subject to medical conditions), and simultaneously increase the desire to eat and enjoyment of food, thus decreasing the risks of weight loss, under nutrition, and other potential negative effects of poor nutrition and hydration[3]. Other studies have shown that PCC delivered by frontline staff has led to led to culture change, a restraint-free environment, and less use of 'prn' sedative-hypnotic medication[4].

When

The main things that help in person-centred care are:

- having skilled, knowledgeable and enthusiastic staff, especially with good communication skills
- opportunities for involving the service user, their carers, family and community (for example, volunteers) in care delivery
- providing the opportunity for staff to reflect on their own values and beliefs and express their concerns
- opportunities for staff training and education, including feedback from service users
- organisational support for this approach to practice
- working in an environment of mutual respect and trust
- physically and emotionally enriched care environments
- being in the person's (resident's) home.

3. Anonymous. Position Of The American Dietetic Association: Liberalization Of The Diet Prescription Improves Quality Of Life For Older Adults In Long-Term Care. *Journal of the American Dietetic Association*. 2005. 105 :1955

4. Barton SA, Johnson MR, Price LV. Achieving restraint-free on an inpatient behavioral health unit. *Journal of Psychosocial Nursing & Mental Health Services* 2009. 47: 34-40

Some of the main barriers to person-centred care are:

- time…various studies state that person-centred approaches to care take more time
- dissolution of professional power; that is, staff experience loss of professional status and decision making power….decision-making rests with the care recipient
- staff lacking the autonomy (personal power) to practice in this way
- lack of clarity about what constitutes 'person-centred care'….this makes it more difficult to practice and to explain to people
- people with communication difficulties
- the constraining nature of institutions, including physically or spiritually impoverished environments of care[5].

Who

PCC was developed originally as a way of working in counselling, then in relation to care of people living with dementia. The approach has been widely applied across health and social care, especially in areas focused on care of older people [2, 6].

5. Briony Dow, Betty Haralambous, Fiona Bremner, Marcia Fearn. 2006. *What is person-centred health care? A literature review*. A report for the Department of Human Services as part of the Best Practice in Person-Centred Health Care for Older Victorians Project. 2004—2007, National Ageing Research Institute (NARI).

6. McCormack B. A conceptual framework for person-centred practice with older people. *International Journal of Nursing Practice* 2003, 202–209

A TEAM APPROACH TO IMPROVING NUTRITION AND HYDRATION IN RAC

The successful implementation of best practice in nutrition and hydration depends on staff, carers, family and residents working together. The contributions of all parties are critical to optimising resident outcomes.

Providing best practice nutrition touches the entire residential care community. Offering best nutrition may improve resident's health status and quality of life. Carers and family may enjoy seeing residents get pleasure from their meals and catering staff can get great job satisfaction in knowing that residents enjoy and look forward to their meals.

Some things to consider when building a nutrition team are:

1. **Residents** - residents and their families are integral members of the nutrition team. Their experiences and preferences should be valued and included in decision making (see information sheet on food surveys)

2. **Collaboration** - Key staff members from all areas should be represented in the team. This includes catering, clinical staff, management, and volunteers.

3. **Leaders** - motivated team member(s) can be chosen to lead the team in the process of improving nutrition and hydration at the facility.

4. **Regular meetings** - will keep the group motivated; ensuring that nutrition and hydration goals are met and all parties are involved throughout the process.

5. **Integration and Representation** - Teams should not "stand alone" but be included as part of existing systems of care. For example, implementation of evidence- based nutrition and hydration practices may be enhanced through team representation on the Clinical Care Committee. This integration enables nutritional issues concerning residents to be presented and discussed.