Encouraging best practice nutrition and hydration in residential aged care

Project overview
The purpose of this project was to enable best practice nutrition and hydration approaches described in the Best Practice Food and Nutrition Manual for Aged Care Facilities to be implemented in nine residential aged care facilities throughout NSW. Facility staff were encouraged to be alert for factors that place residents at risk of poor nutrition and hydration and to apply best practice approaches. The ultimate goal was to improve nutrition and hydration and quality of life for the residents.

What was done?
The project used Participatory Action Research as a means to support development of practice within the facilities in line with the Best Practice Food and Nutrition Manual for Aged Care Facilities. The Promoting Action on Research Implementation in Health Services (PARIHS) framework was used to guide practice development strategies. Champions were identified in each facility – people who were enthusiastic and credible advocates for nutrition change, generally being senior nursing staff.

The project included a number of key activities, including:
- Interviews with key staff and focus groups and surveys for residents to identify opportunities for change.
  - Staff were asked to identify nutrition and hydration problems they believed could be the focus of their intervention.
  - Residents were asked to discuss the positive and negative aspects of meals and meal times at the facility, with an emphasis on the positive.
  - An anonymous food services survey was also offered to all residents.
- Nutrition meetings to discuss results of staff interviews and resident focus groups, relevant literature and identify and prioritise opportunities for change within the facility.
- Plate waste studies were conducted, with Nutrition Assessors recording the amount of food left on each resident’s plate after they had finished eating their meal. Breakfast, lunch, dinner, morning and afternoon tea and supper were observed over a 24 hour period.
- Comprehensive nutrition assessments were conducted three times during the project which included measures of demographics, malnutrition screening, global assessment, anthropometric measures, lean body mass and quality of life. Feedback from the nutrition assessment identified residents at risk.

What was achieved?

What was the impact for residents?
- A favourable change or maintenance of good nutrition was observed for 30-65% of residents in eight of the nine facilities, where prior to the project, data suggested that 20-60% of residents might be considered mildly malnourished, with a further 15% of residents considered to be severely malnourished.
- Plate waste was reduced in many of the facilities. The lowest plate waste items were for cereal, hot breakfasts, fruit, juice, cold lunch options and dessert, indicating that servings of these food items could be increased.
- Residents reported that creating an atmosphere (i.e. addition of music) improved meal times, with most residents looking forward to their meals, viewing it as an essential part of their daily routine.
What was the impact for staff?

- Improved knowledge and skills in nutrition as well as increased willingness, confidence and capability to trial new approaches.
- Increased attention to nutritional practices as staff became more aware of nutritional issues in their residents, and why they mattered.
- Dramatic changes in the attitude of catering staff in terms of trialling new approaches.
- Overall staff were positive and enthusiastic about the changes that occurred.

What could be adopted in other services?

Examples of small changes that facilities could make to have a positive impact on residents’ nutrition and hydration include:

- Monitor residents’ weights to identify and respond to the needs of residents who are higher risk
- Review plate wastage to assess food preferences and resident intakes
- Review menus, consider resident preferences and try to include fresh-cooked items, consider the use of bread-makers and soup tureens to allow ‘cooked on site’ options
- Conduct an analysis of food handling
- Change preparation of pureed meals i.e. the use of puree moulds to improve the look and texture of pureed meals
- Use coloured plates to help visually impaired residents with their meals and square plates to help identify those residents whose food intake requires close attention
- Use insulated mugs and bowls to help regulate food temperatures
- Use nutritional supplements
- Hold a food taste-testing session to evaluate residents’ preferences
- Purchase bread makers and include bread making in the recreation activity program
- Roster staff to optimise catering skills and support residents at meal times
- Consider how the dining room could be made more relaxed and friendly, to encourage residents’ attendance and make meal times more congenial and interactive

What resources are available?

The project produced the Implementing Best Practice Nutrition and Hydration Support in Residential Aged Care Tool Kit which contains:

- Introductory materials
- Screening and Assessing Nutrition Needs information sheets, tools and charts
- Accurate Measurement information sheets and DVDs
- Medicare Allied Health information sheets and tools
- Food Options and Preferences information sheets and chart
- Plate Waste information sheet, charts and examples
- Food Quality information sheets and DVD
- Broadening the Sensory Experience information sheets
- Additional Resources including posters, a tape measure, badge and ‘The Practice Food and Nutrition Manual for Aged Care Facilities’

A revised version of the Best Practice Food and Nutrition Manual for Aged Care Facilities will be available from the Department of Health and Ageing in 2011. This will be followed by the public release of the Implementing Best Practice Nutrition and Hydration Support in Residential Aged Care Tool Kit.

Where can I get more information?

For further information regarding this and other Round 1 EBPAC projects see the Department of Health and Ageing website at www.health.gov.au/ebpac

1. Central Coast Health in association with the Australian Nursing Home Extended Care Association NSW 2004, Best Practice Food and Nutrition Manual for Age Care Facilities.