

## Section 1: Well for life — Guide to action

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## Guide to action

### Purpose



The *Guide to action* will assist primary health and community service organisations to promote nutrition and physical activity opportunities for older people at home and their carers.

It provides a process for leading a group through discussion to identify and assess current practice and plan improvements.

The discussion can be facilitated by a member of staff nominated as a change leader within an individual agency, a therapist, or someone external to the agency. The group may be staff of an organisation, such as a community health centre or local government, or may be representatives of organisations that work together, for example, partners working collaboratively on projects (see principles for integrated health promotion, which includes working in collaboration, in *Integrated health promotion resource kit*, section 1 (Department of Human Services, 2003)).

The *Guide to action* also provides a self-assessment and continuous improvement process that enables staff and managers to:

- better understand the benefits of physical activity and nutrition
- capture ideas and action to improve opportunities within organisations for physical activity and nutrition
- gain experience in applying self-assessment and improvement tools
- recognise the benefits of engaging in discussions with colleagues to identify strategies for promoting nutrition and physical activity opportunities.

### Contents

The *Guide to action* includes:

- **Facilitator's guide** to use in leading discussion.
- Two **case studies** to illustrate the practical application of the facilitators guide.
- A **good practice checklist for physical activity and nutrition** (referred to as Good Practice Checklist) for self-assessment and planning to achieve high quality in initial needs identification, assessment and care planning.
- **Action Plan Template** for recording agreed actions.

## Using the Guide to action

The *Guide to action* describes a series of steps that facilitators or nominated change leaders can use to organise and conduct productive group discussions. The steps are:

1. Convene a meeting of agency staff
2. Explain your role and the aims of the discussion
3. Discuss a range of issues or areas of interest to the group
4. Self-assess against the Good Practice Checklist and other relevant program standards
5. Define an area for further investigation
6. Generate solutions
7. Agree on actions to be taken
8. Conclude the discussion.

The help sheets in this Resource Kit and the complementary resources listed can be used to inform and stimulate discussion and support improvement plans.

The Good Practice Checklist provides a useful means of assessing current practice.

Groups should also refer to relevant organisational and program standards to assess current and proposed practice.

## Roles and responsibilities

### Agencies and service providers

To effectively implement and sustain increased opportunities for nutrition and physical activity for older people at home and their carers, agencies and service providers must be committed to delivering best practice and continuous improvement.

### Facilitators or nominated change leaders

Facilitators or nominated change leaders need to ensure:

- the process and tools for assessing the organisation's practices in promoting physical activity and nutrition are related to existing organisational systems for improving quality of services
- clear explanations are provided to staff of how the Good Practice Checklist and help sheets should be used
- opportunities for active interaction with the material and opportunities for consistent reinforcement are provided.

### Participants

Participants in discussions on physical activity and nutrition may involve practitioners in direct care, assessment or program coordination roles, providing in home and/or centre-based services and activities. Participants may range from very experienced to inexperienced and/or from highly qualified to having minimal formal education.

## Facilitator's guide

### Facilitator's role



Your role is to:

- ensure that group members know each other and their roles before commencing the discussion
- facilitate, rather than direct, the discussion
- encourage participants to find the answers to their own questions and issues
- encourage the group to use the Good Practice Checklist and help sheets to assist them to work through issues
- ensure that the group has an achievable plan for continuing to broaden their knowledge on their selected topic or issue. This does not have to be formal; it can be an agreement to continue the discussion at another meeting. Alternatively, you can use the Action Plan Template included in the Guide to action.

### Getting started

Before initiating group discussions, make sure that:

- management supports the discussion/meeting – consider having invitations endorsed by management to encourage participation
- participants are able to take time off from their regular duties
- management will be interested and supportive of ideas generated by participants
- a room that is comfortable and free of interruptions is available for the meeting
- seating can be arranged around a table or in a circle to encourage interaction
- there is adequate advance notice and promotion of the meeting
- the resources and equipment needed for the discussion are readily available
- refreshments have been arranged for group participants.

### Engaging management support



The *Integrated health promotion resource kit*, section 5.3.1 (Department of Human Services, 2003), provides examples of strategies that reflect management support and commitment to integrated health promotion. This provides a useful framework for considering ways you can engage management support for group discussions and, potentially, ideas generated by participants. A couple of suggestions include:

- incorporating specific health promotion tasks into your performance agreement
- seeking opportunities to promote and showcase achievements to management and boards.

## Resources and equipment

Resources in this Resource Kit, as well as in other sources, can be useful to support and inform discussion. Familiarise yourself with the following resources:

From this Resource Kit:

- Good Practice Checklist for Physical Activity and Nutrition (Section 1 Guide to action)
- Help sheets (Section 2 Help sheets)
- Education supplements (Sections 3 and 4) including:
  - Promoting physical activity
  - Promoting better nutrition

Complementary resources:

- *Identifying and planning assistance for home-based adults who are nutritionally at risk: resource manual* (Department of Human Services, 2001) (referred to in this Resource Kit as 'Nutrition resource manual').
- *Identifying and planning assistance for home-based adults who are nutritionally at risk: training manual* (Department of Human Services, 2001).
- *Good food and health advice for older people who want to help themselves* (an information booklet for older people) (Department of Human Services, 2001).
- *Well for Life – Physical activity advice for older people and their carers* (Department of Human Services, 2005).

Make enough copies of help sheets and other resources that you will use during or following the discussion.

To document the outcomes of the discussion and proposed actions, take notes on a whiteboard or butchers paper. This will be useful for later reference to review progress and outcomes.

## Facilitating the discussion process



### 1. Convene a meeting of agency staff

The discussion will most likely occur over a series of meetings. This allows time for participants to reflect, review their own way of working, and develop enhanced problem solving skills.

The discussion may occur at regular staff meetings or at meetings convened for the purpose of facilitated discussions. Allow two hours for this process (if possible).

### 2. Explain your role and the aims of the discussion

- Explain your role to the group, that is, you are not there to just talk; your role is to help them work through issues by asking questions and ensuring they have access to information and resources that will help them deal with the issues they identify.

- Introduce participants to the areas of nutrition and physical activity.
- Explain the aims of the discussion and the outcomes that will be achieved, that is, to identify improvements to current organisational practice.

### 3. Discuss a range of issues or areas of interest to the group

- After setting the scene, begin a free-ranging discussion of aspects of current practice relating to nutrition and physical activity of older people that may be improved (within the scope of the aims).
- Ask the group to think about incidents that have occurred at work, discussions they have had with colleagues that have highlighted a problem, or something they would like to do better. The following examples could be useful prompts:
  - older person losing weight
  - person has reduced appetite or reduced fluid intake
  - relatives or direct care workers relay to service providers that the older person does not eat the delivered meals
  - person consistently refuses food or fluids
  - person chokes on food and fluids
  - person comments on lack of variety in foods served in delivered meals
  - increase in number, or difficulty in healing, of person's wounds
  - person complains of feeling bloated
  - person complains of having difficulty in performing regular activities (because of, for example, weakness in the legs)
  - relatives express concern about the older person's low levels of physical activity
  - changes in older person's physical activity routines (for example, person is having increasing trouble with daily activities in the home or is walking holding onto the furniture)
  - person is starting to use a walking aid or changes the type of walking aid which has been used
  - person has experienced a fall or near falls.
- Alternatively, ask the group if any issues raised in current literature/industry journals throw light on how physical activity and nutritional needs of older people are met in your agency? Have you found yourself asking any of these questions:
  - Is that something we should be doing?
  - I wonder if that's a solution to a problem we've been discussing at work?
  - The literature doesn't say much about...could we look at that problem in our agency and come up with some answers?

### 4. Self-assess against Good Practice Checklist

- Assess the agency's strengths and opportunities for improvement, using:
  - the Good Practice Checklist in this Guide to action
  - other relevant program standards applicable to your agency.



### 5. Define an area for further investigation

- Based on this assessment of current practice, try to define an area of practice for further discussion and investigation. In selecting this area, consider the following issues:
  - Has a broad range of issues been raised?
  - Did the group reach consensus on the primary area for further discussion and investigation?
  - Is the issue relevant for the needs of the group and the agency?
  - Is the identified area of practice improvement achievable?

### 6. Generate solutions



- Ask questions to assist the group to identify strategies to address any gaps in knowledge or areas of their practice that could be changed. Use the group to generate some questions. Some examples of how questions could be phrased are:
  - How often is this an issue?
  - How many older people and their carers and/or staff are affected?
  - What would you need to help resolve the issue or bring about quality improvement?
  - Could you use help sheets in this process?
  - Would an education session help your agency?
  - Who are likely to be those people in the agency and/or in other agencies who can help in addressing the issue?
  - What other nutrition and physical activity initiatives are targeted to older people and their carers in the local community that you could build on or make links with?
  - Is the strategy or action achievable and realistic?

The *Integrated health promotion resource kit*, section 5 (Department of Human Services, 2003), describes in detail the broad range of health promotion interventions that will assist in identifying actions that encompass a balance of both individual and population-wide interventions.

- Ensure that for each question posed, the group is able to agree on an appropriate course of action, if the question is applicable for their situation.
- Help participants generate the solution that will work for them.
- Use the help sheets, where appropriate, to explore possible actions in more detail.
- Look at the example of how you could manage this part of the discussion – see case studies in this Guide to action: Case study 1 'Weight loss in older people attending a group setting' and Case study 2 'Improving older people's physical activity levels'.

## 7. Agree on action to be taken

Staff who have participated in the discussion need to know that some action will be taken as a result of their meeting.

Therefore, it is important for the group to agree on what may need to happen next. This could simply be to arrange another meeting, circulate help sheets to all staff, invite a guest speaker, trial a new practice, or develop an organisational policy. Participants should be able to contribute ideas about the actions to be taken.

Actions arising from the agency's self-assessment of their practice using the Good Practice Checklist can be formally recorded using the Action Plan Template included in the *Guide to action* (see page 19). The template has space for you to record the action you intend to take, when this will occur and who is responsible. This template has been adapted from the Western Metropolitan Region *Service coordination and best practice manual* (Warren, 2002), which is likely to be a familiar format for some primary health and community service organisations.

## 8. Conclude the discussion

As facilitator, you will have guided the discussion through a series of stages:

- discussion of general issues related to nutrition and/or physical activity
- deciding on a particular area of concern or issue on which to focus
- working through a series of questions on the topic designed to highlight gaps in knowledge or areas where changes in practice may be required, using individual help sheets where possible
- agreeing on what may need to happen next.

End the discussion at a point that is agreed by the group, ensuring that you have taken the group through these discussion stages.

## Case study 1: Weight loss in older people attending a group setting

An outer suburban Planned Activity Group (PAG) was reviewing the aim and objectives of their Monday group, which consisted of 12 older people. The clients were physically frail but had no significant dementia. Most were referred to the group because of social isolation and it was also felt that the group could provide some monitoring function for the older people.

The group ran well, the people enjoyed the activity and the meal. The meal came from the local delivered food service and was usually a hot main course with dessert. The people received tea or coffee and biscuits on arrival.

It was noticed that more members of the group were absent due to illness and some had been hospitalised. Attendance figures were down and the group needed to find some extra referrals.

One of the staff observed that the clients were getting frailer and the work load was increasing. Some people felt that this was just a normal part of ageing but one worker who had recently attended a training session on nutritional risk suggested that maybe some of the clients were losing weight because they were having difficulty eating adequately. She reminded them of the following people:

- Mrs Smith, who was having trouble making herself understood because her dentures did not fit properly
- Mr Varios, who seemed much thinner, was now tying up his trousers with a piece of twine to stop them falling down
- Mrs Schwartz, who hadn't been her bright self since her cat died, would now only eat a sandwich.

### 1. Convene a meeting of agency staff

The coordinator suggested they should allow time to discuss these concerns and set a meeting date, allowing an hour for the first discussion. Prior to the meeting she read the *Well for life* resource kit for ideas.

### 2. Explain your role and the aims of the discussion

In the first meeting the coordinator identified her role as facilitator of the group discussion and refreshed participants on the purpose of the meeting. She proposed that this may be the first step in a process of identifying and evaluating actions to address the concerns for older people attending the PAG. She nominated a member of the team to keep a written record of the meetings.

### 3. Discuss a range of issues or areas of interest to the group

In the first session, the group discussed food and nutrition issues for older people.

The facilitator had located some relevant help sheets from *Identifying and planning assistance for home-based adults who are nutritionally at risk: a resource manual* (Department of Human Services, 2001) (see help sheets in Section 3, 3.1–3.10). The facilitator used information from the help sheets to prompt discussion on nutrition and health issues.

#### 4. Self-assess against the Good Practice Checklist

The group used the Good Practice Checklist as a prompt to critically examine the way they address aspects of nutrition care for older people attending the PAG. The nominated area for further investigation was weight loss amongst the participants in the PAG.

The facilitator undertook to locate and distribute to participants relevant help sheets from the *Well for life resource kit* and the manual, *Identifying and planning assistance for home-based adults who are nutritionally at risk: a resource manual* (Department of Human Services, 2001).

#### 5. Define an area for further investigation

At the second meeting, the group explored the following questions in regard to weight loss in older people:

Why is it a problem?

- increases the risk of infection and illness
- decreases strength for activities of daily living
- decreases ability to take part in physical activities
- decreases quality of life.

Reasons for weight loss?

- Have we spoken to the older person or someone who knows them well?
- Some reasons for weight loss can include:
  - poor appetite, which could be related to low levels of physical activity
  - infections and wounds
  - social isolation
  - fear of eating due to dementia
  - physical reasons for weight loss including swallowing problems, poor dentition, constipation
  - unable to buy groceries due to inability to get to the shops.

How many older people and their carers in our program are affected?

- How big is the problem?
- Is it an ongoing problem?
- What have you tried in the past?

#### 6. Generate solutions

The participants agreed the issue affected a number of older people attending the PAG and some strategies were needed to address the problem. The group referred to relevant help sheets to explore possible actions (see Help sheets 1, 2, 3, 4, 5, 6, and 7 in this Resource Kit). Some ideas included:



- arranging an education session for staff on nutritional risk
- screening and assessing older people attending the PAG for nutritional risk using the nutritional risk screening tool included in the Service Coordination Tool Templates
- monitoring weight monthly of those assessed at risk
- increasing opportunities for physical activity to improve people's appetite.



The group also considered who could assist them in addressing these issues, as well as other nutrition and physical activity initiatives targeted to older people and their carers in the local community. Other health professionals and service providers who could assist them included:

- general practitioners (GPs) and practice nurses
- community nutritionists or dietitians
- speech pathologists
- dentists
- pharmacists.

## 7. Agree on action to be taken

The group considered the strategies that would be the most achievable and realistic for their organisation and reached consensus on a range of actions, encompassing individual, agency and community actions, to be implemented. These included:

- exploring strategies for monitoring weight of older people identified as nutritionally at risk with a referral to the dietitian if clients were consistently losing weight or underweight when referred to the PAG
- arranging an education session for staff on nutritional risk
- some changes to the provision of food at the PAGs to encourage greater food variety, quantity eating and interest. In place of the usual plain sweet biscuit for morning teas, providing a choice of cut fruit and a rotation of buttered fruit bread, cheese and biscuits or cheese scones, pikelets, fruit bun or muffin
- scheduling a regular nutrition message activity each month, planned with the community dietitian
- in summer, constantly reinforcing the message about drinking plenty of fluids and what varieties of fluids they could drink
- talking to older people attending the PAG about their leisure and physical activity interests to see how the organisation could address these.

Individual members took responsibility to implement tasks, such as:

- contacting the dietitian at the community health service for information on arranging an education session for staff on nutritional risk and to seek other advice on strategies for monitoring weight and scheduling regular nutrition messages
- following up staff discussions with people attending the PAG about their leisure and physical activity interests so that suggestions could be discussed at the next meeting.

The group agreed on target dates for each action and set a date for the next meeting.

## 8. Conclude the discussion

The facilitator undertook to record the agreed actions, target dates and allocated responsibilities on the Action Plan Template included in the Resource Kit for further discussion at the next meeting (see Action Plan Template completed for case study 1 in this Guide to action, page 18).

## Case study 2: Improving older people's physical activity levels

At one council, HACC assessment officers raised with the coordinator for aged and disability services the difficulties being experienced by older people who were becoming increasingly frail and relying more on home care services.

### 1. Convene a meeting of agency staff

The coordinator suggested to staff that they should allow time to discuss these issues and set a meeting date, allowing an hour for the first discussion.

### 2. Explain your role and the aims of the discussion

In the first meeting the coordinator identified her role as facilitator of the group discussion and refreshed participants on the purpose of the meeting. She proposed that this may be the first step in a process of identifying and evaluating actions to address their concerns for older people and their carers, who appeared to be losing their previous level of independence. She nominated a member of the team to keep a written record of the meetings.

### 3. Discuss a range of issues or areas of interest to the group

In the first session the group shared examples of older people who were becoming less independent and less physically active. One example was detailed as follows:

*Mrs T is a 78 year old lady who lives alone. She presents with a medical history of knee and hand pain secondary to osteoarthritis, mild hearing loss (corrected with hearing aids) and a history of depression. Over time she has reduced her activity levels and is experiencing increased dependence with the heavy household chores, preparing meals and gardening. Her daughter is beginning to help her with these tasks. She complains of needing more time to get on and off chairs and increased difficulty on the seven steps to her front door. She walks without an aid and can just walk the 300 m to her local milk bar, which she does occasionally.*

*She has a daughter who is supportive but works full time. To do her shopping once a week, Mrs T catches public transport but is experiencing increasing difficulty with this. At the shops she holds on tight to the trolley to 'help her get around'. She feels steady on her feet but reports her legs don't seem to support her the way they used to.*

*A year prior to this assessment, Mrs T reports she was an 'active and social lady'; her activities included catching the bus to the local RSL 'for bowls and a drink'. Since the trouble with her legs she has stopped bowling and going to the RSL.*

The staff began to consider some of the main points about the case study, including the person's medical history, her current mobility and her cognition. Using a case study approach, they decided to focus on exploring possible preventive options that could assist older people. The coordinator remembered she had recently received a copy of the *Well for life* Resource Kit, which

focused on nutrition and physical activity for older people. She undertook to look through the contents of this Resource Kit to see what resources it contained that would help their discussions at a further meeting and to distribute to participants any relevant information prior to their next meeting.

#### **4. Self-assess against the Good Practice Checklist**

Prior to the second meeting, participants had received some materials from the coordinator, including the Good Practice Checklist (in this Guide to action) and some help sheets, including one on screening and assessing an individual's physical activity levels (refer Help sheet 12 in this Resource Kit). They used the Good Practice Checklist and help sheet as a prompt to critically examine how they currently consider an older person's mobility and ability to perform daily activities.

#### **5. Define an area for further investigation**

The coordinator, who continued facilitating the group, had also read the physical activity education supplement contained in section 3 of the Well for life resource kit. She used the case study questions and identified help sheets to explore with participants how they could encourage older people to become more active. Again they decided to use a case study approach to toss around ideas. Using the case study above they considered the following questions and relevant help sheets to determine health promotion interventions.

- What problems is this person experiencing? (Refer to Help sheet 12 in this Resource Kit)
- Is this person performing sufficient physical activity for a health benefit?
- What are some possible options for improving this person's activity level?
- Is there a need to involve others (health professions, GPs, family/friends)? (Refer to Help sheet 14 in this Resource Kit)
- What are some of the potential barriers to these options and how might they be dealt with? (Refer to Help sheet 11 in this Resource Kit)
- How can you support and motivate this person to increase her physical activity levels? (Refer to Help sheet 10 in this Resource Kit)
- Consider how your options to increase her physical activity levels would change if she also has diabetes and high blood pressure. (Refer to Help sheet 14 in this Resource Kit)
- Would an assessment of nutrition risk be of potential benefit for this person to help improve physical activity? (Refer Help sheet 1 in this Resource Kit, Help sheets 2.1 – 2.6 in Nutrition resource manual and Nutrition education supplement in this Resource Kit)
- What can you do at the organisational level to support older people increase their physical activity levels and with whom do you need to work?

## 6. Generate solutions

In addressing the individual needs of the case, they considered:

- **What problems is this person experiencing?**

- A problem with her legs. This may be related to her arthritis, reduced strength due to lack of physical activity or a combination of both these problems.
- Possibly decreased balance if she is having trouble getting around the supermarket.
- Decreased independence in her domestic activities of daily living.
- Decreased levels of physical activity.
- Decreased social activity.

- **Is this person performing sufficient physical activity for a health benefit?**

The participants considered Mrs T to be moderately active. She is still walking around the shops and to the local milk bar but, considering her level of health and previous levels of activity, she may benefit from being more physically active, perhaps more often.

- **What are some of the possible options for improving the older person's activity?**

Depending on the severity of her osteoarthritis, the participants considered that after first talking to Mrs T about her recreation and physical activity interests, Mrs T may benefit from:

- seeing a physiotherapist for individual exercises she can do at home (if that is her preference)
- seeing a physiotherapist for an assessment and going onto a group-based exercise program, such as tai chi or resistance training
- joining a group exercise program run by a fitness instructor trained to take exercise classes for older people (the participants agreed that Mrs T should inform her general practitioner of this so he/she can monitor her arthritis and general health)
- encouraging her to walk more regularly and complete her functional tasks as much as she is safely able to (the participants agreed this may require a referral to an occupational therapist who could advise her on aids and methods to assist her with her functional tasks).

- **Is there a need to involve others (health professions, GPs, family/friends)?**

Participants agreed there may be a need for Mrs T to involve the GP, a physiotherapist and an occupational therapist. Involving her daughter or friends may also increase her confidence and motivation.

- **What are some of the potential barriers to options for increasing this person's physical activity level and how might they be dealt with?**

The facilitator referred participants to help sheets 10 and 11 in this Resource Kit to consider potential barriers.

- **How can you support and motivate Mrs T to increase her physical activity levels?**

Participants were referred to help sheet 10 in this Resource Kit.

- **Consider how your options to increase her physical activity levels would change if Mrs T also has diabetes and high blood pressure.**

The participants agreed that if Mrs T has either of these medical conditions, she should be advised to consult her GP prior to beginning an exercise program or alternatively be referred to a physiotherapist.

- **Would an assessment of nutrition risk be of potential benefit for this person to help improve physical activity?**

The participants were referred to Help sheet 1 in this Resource Kit, Help sheets 2.1–2.6 in Nutrition resource manual and the Nutrition education supplement in this Resource Kit.

The participants agreed the issue affected a number of older people being assessed for home care services, and health promotion interventions at the organisational and community level were needed to address the problem.

- **What can you do at the practice and organisational level to support older people increase their physical activity levels and with whom do you need to work?**

The participants referred to relevant help sheets to explore possible actions. Some ideas included:

- arranging an education session for staff on physical activity
- identifying an individual's physical activity status using the Service Coordination Tool Templates, including the Health Behaviours Profile, Health Conditions Profile and the Functional Screen
- recognising the importance of good nutrition for physical activity, they also agreed to assess for nutritional risk using the nutritional risk screening tool included in the Service Coordination Tool Templates
- increasing opportunities for physical activity through more flexible use of their own home care service as well as referral to other services that could offer individualised or group exercise programs for older people or suggest appropriate activity options for people with medical conditions.

The participants also considered who could assist them in addressing these issues, for example:

- GPs
- physiotherapists
- occupational therapists
- coordinators of planned activity groups
- local recreation centres and gymnasiums
- community nutritionists or dietitians.



## 7. Agree on action to be taken

The participants considered the strategies that would be the most achievable and realistic for their organisation and reached consensus on a range of actions to be implemented, such as:

- arranging an education session for staff on physical activity and nutritional risk screening
- identifying an older person's physical activity status when identifying initial needs and, if appropriate, talking to older people about their leisure and physical activity interests to see how these could be addressed
- assessing for nutritional risk using the nutritional risk screening tool included in the Service Coordination Tool Templates.

Individual members took responsibility to implement tasks, such as:

- contacting the physiotherapist and dietitian at the community health service for information on arranging an education session for staff on physical activity and nutritional risk screening.

The group agreed on target dates for each action and set a date for the next meeting.

## 8. Conclude the discussion

The facilitator undertook to record the agreed actions, target dates and allocated responsibilities on the Action Plan Template included in this Resource Kit for further discussion at the next meeting.

## Introduction to Good Practice Checklist for Physical Activity and Nutrition

This checklist was developed on the basis of current literature and expert opinion and draws on other examples of guidelines for improving service coordination practices, such as the Western Metropolitan Region *Service coordination practice standards* (2002) and the HACC National Standards Instrument.



The Good Practice Checklist for physical activity and nutrition is intended for use by primary health and community service organisations to identify:

- areas where they are achieving high quality in elements of service coordination practices, including initial needs identification, assessment and care planning
- processes to enhance opportunities for physical activity and nutrition for older people
- areas where they can make improvements (recorded on an Action Plan Template).

Organisations can rate their achievements using the **rating system** provided with the Good Practice Checklist (see step 4 in Case Studies 1 and 2).

The Good Practice Checklist refers to Help sheets from *Identifying and planning assistance for home-based adults who are nutritionally at risk: a resource manual*, (Department of Human Services, 2001), which was developed by members of the Dietitians Association of Australia (DAA), Victorian Branch, with Home and Community Care (HACC) Program funding from the Department of Human Services. Help sheets from this are referred to as Help sheet x (Nutrition resource manual).

### For more information

The WMR Service Coordination Practice Standards are detailed in Part 3 of the *Western Metropolitan Region Service coordination best practice manual* ([www.connectingcare.com/help/wmr bpm](http://www.connectingcare.com/help/wmr bpm)).

The *HACC National Service Standards Instrument* (the Instrument) can be accessed through the Department of Human Services website at:

[http://www.health.vic.gov.au/hacc/quality\\_frmwrk/nat\\_serv\\_stnds.htm](http://www.health.vic.gov.au/hacc/quality_frmwrk/nat_serv_stnds.htm)

## Good Practice Checklist for Physical Activity and Nutrition

### Rating system

Please tick the rating that best describes your agency:

**Rating 1:** Not met: Those areas you do not do

**Rating 2:** Partially met: Those you sometimes do well, but room for improvement.

**Rating 3:** Fully met: Those areas you do well.

Promoting physical activity and nutrition opportunities for older people and their carers: self-assessment tool for initial needs identification, assessment and care planning.	Rating		
	1 Not met	2 Partially met	3 Fully met
We are aware of and have been trained in <b>identifying nutritional risk issues</b> for older people in the community and how to address these through appropriate interventions and monitoring processes (see Help sheet 1, Nutrition resource manual).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are aware of the <b>standard recommendations for physical activity</b> and how these recommendations are tailored to suit older people of differing physical capabilities (see Help sheet 8 in the Resource Kit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We use the appropriate <b>Service Coordination Tool Templates</b> when older people have or may have issues and needs in relation to physical activity and nutrition. These include the Nutritional risk screening tool in the Health Behaviors Profile, and the Health Conditions Profile and Functional Screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We ensure that <b>each older person and their carer has the opportunity to participate</b> as an equal partner during the screening and assessment process and in making decisions about assessment outcomes (see WMR Practice standards for INI, Warren, 2002).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We provide older people with appropriate health and lifestyle information to reinforce key messages related to improving physical activity and nutrition (see references to booklets, <i>Good food and health advice for older people who want to help themselves: an information booklet for older people, families and carers</i> (Department of Human Services, 2001) and <i>Well for Life: Physical activity advice for older people and their carers</i> (Department of Human Services, 2005) (in section 5 in this Resource Kit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have <b>practices and processes in place for referral to other services</b> that enable early intervention and preventive initiatives to facilitate physical activity and nutrition opportunities for older people (see Help sheet 14 in this Resource Kit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We <b>assess and monitor nutritional risk</b> for older people (see Help sheet 2.1 Nutrition resource manual).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there are significant areas of nutritional risk identified for the older person, we clearly define and <b>implement appropriate interventions and monitoring processes</b> to address these risks (see Help sheet 1, including sections 3, 4 and 5 in the Nutrition resource manual).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We take into account the older person's interests, motivators and barriers to facilitate <b>appropriate opportunities for people to increase their incidental and leisure activity and physical activity</b> (see Help sheets 10 and 11 in this Resource Kit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there are significant areas of risk identified for older people considering a <b>change in physical activity</b> , we clearly identify how risks can be managed and how risks will be monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We continue to <b>reassess the older person's nutritional risk</b> and levels of physical activity and provide ongoing support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If establishing <b>group-based physical activity and nutrition programs</b> , we perform ongoing evaluation of the program (see Help sheet 18 in this Resource Kit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Level of attainment as at</b> _____ <b>&lt;insert date&gt;</b>			

### Action Plan for case study 1: Weight loss in older people attending a group session

Good Practice Checklist	Level of attainment			Proposed action to enhance the current approach*	Resources	Target date	Responsible person(s)
	1	2	3				
We use the appropriate Service Coordination Tool Templates when people have or may have issues and needs in relation to physical activity and nutrition.		✓		Arrange an education session for staff on nutritional risk.	<i>Identifying and planning assistance for home-based adults who are nutritionally at risk: a training manual</i> (Department of Human Services, 2001)		
We provide people with appropriate health and lifestyle information to reinforce key messages related to improving physical activity and nutrition.		✓		Schedule a regular nutrition message activity each month, planned with the community dietitian.  In Summer, constantly reinforce the message about drinking plenty of fluids and what varieties of fluids they could drink.	Check for relevant help sheets in <i>Identifying and planning assistance for home-based adults who are nutritionally at risk: a resource manual</i> (Department of Human Services, 2001)  See booklets: <i>Good food and health advice for older people who want to help themselves</i> (Department of Human Services, 2001) and <i>Well for Life: Physical activity advice for older people and their carers</i> (Department of Human Services, 2005).		
We take into account the person's interests, motivators and barriers to facilitate appropriate opportunities for people to increase their incidental and leisure activity and physical activity.		✓		Talk to people attending the group about their leisure and physical activity interests to see how the organisation could address these.	Help sheet 12		
If there are significant areas of nutritional risk identified for individuals, we clearly identify how these risks can be addressed and how risks can be monitored.	✓			Introduce a policy of monthly weights on older people identified as nutritionally at risk with a referral to the dietitian if clients were consistently losing weight or underweight when referred to the group.	Check for relevant help sheets in <i>Identifying and planning assistance for home-based adults who are nutritionally at risk: a resource manual</i> (Department of Human Services, 2001)		

Level of attainment as at \_\_\_\_\_ <insert date>

Not met = 1      Partially met = 2      Fully met = 3

\* **Prompts:** Arranging an education session for staff; arranging to talk to older people about their leisure and physical activity interests.

**Adapted from:** Warren, D. (2002). *WMR Service coordination best practice and continuous improvement manual*. Melbourne: Western Metropolitan Region Primary Care Partnerships.

### Action Plan Template: Assessing organisational practice in physical activity and nutrition

Good Practice Checklist	Level of attainment			Proposed action to enhance the current approach*	Resources	Target date	Responsible person(s)
	1	2	3				

Level of attainment as at \_\_\_\_\_ <insert date>

Not met = 1      Partially met = 2      Fully met = 3

\* **Prompts:** Arranging an education session for staff; arranging to talk to older people about their leisure and physical activity interests.

**Adapted from:** Warren, D. (2002). *WMR Service coordination best practice and continuous improvement manual*. Melbourne: Western Metropolitan Region Primary Care Partnerships.

## References

Department of Human Services (2001) *Good food and health advice for people who want to help themselves: an information booklet for older people, families and carers*. Melbourne.

Department of Human Services (2001) *Identifying and planning assistance for home-based adults who are nutritionally at risk: a resource manual*. Melbourne.

Department of Human Services (2003) *Integrated health promotion: a practice guide for service providers*. Melbourne

Warren, D (2002) *WMR Service coordination best practice and continuous improvement manual*. Melbourne: Western Metropolitan Region Primary Care Partnerships.