

About this framework

Aim

The overall aim of Well for Life is to improve nutrition and physical activity for residents of aged care facilities. This framework ensures that staff have the opportunities to discuss issues of concern and possible areas for improved practice, and have access to resources and information to be able to initiate practice change.

Background

The discussion framework has been developed to assist residential care facilities to encourage staff discussion about resident care in relation to nutrition and physical activity. A series of help sheets address some of the most important areas in relation to these broad topics, and the discussion framework introduces these help sheets and their uses to facility staff.

By providing staff with opportunities and resources, such as the help sheets, to engage in discussions, facilities will be encouraging a culture of sharing of ideas, skill development, cooperation and problem-solving.

This package describes how a facilitator can lead a group of staff through a discussion process. The facilitator could be a member of staff in a leadership or educational role, a therapist or someone external to the facility called in to assist with the process.

How to use the framework

This is a framework to help facilitators lead discussion with staff of residential facilities. The discussion framework describes a series of steps to be followed:

1. Convene a meeting of facility 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. Define an area or topic for further investigation.
5. Take the group through a series of questions on the area or topic under consideration.
6. Agree on action to be taken.
7. Conclude the discussion.

Participants

Participants in the discussion may range from very experienced to inexperienced and from highly qualified to having minimal formal education. Try to obtain information about the background of the group before the session. Participants could include:

- Division 1 and 2 nurses
- personal care attendants

- activities coordinators and assistants
- therapy staff
- kitchen staff
- administrative staff
- any staff member who works in a direct care role.

Learning objectives

At the end of the discussion, participants will be able to:

- identify the key topics and uses of the Well for Life help sheets
- recognise the benefits of engaging in a discussion with colleagues to identify and discuss issues relevant to improving resident care.

Preparing for the session

Prior to initiating the discussion, facilitators should ensure that:

- there is support from management to hold the discussion/meeting
- staff who will be attending are able to take time off from their regular duties
- management will be interested in, and supportive of, ideas generated by participants
- a room that is comfortable and will be free of interruptions (if possible) is available to hold the meeting
- seating can be arranged around a table or in a circle to encourage interaction.

Equipment/environmental requirements

As facilitator, you will need to have a complete set of the help sheets available during the discussion. Copies of individual help sheets may need to be made during or following the discussion in response to particular issues.

If prompts are required to get the discussion started, copies will need to be made for each participant prior to the discussion. Some examples of prompts are included in this package (see page 7).

Facilitators may choose to document the outcomes of the discussion. If so, it will be necessary to take notes either on a whiteboard or butchers paper.

Facilitator's guide

Your role as facilitator is to:

- ensure that the group members know each other and their roles prior to commencing the discussion
- facilitate, rather than direct, the discussion
- encourage staff to find the answers to their own questions and issues
- help staff identify when and where to find additional support (e.g. from accredited practising dietitians, GPs, physiotherapists)
- ensure that the group is aware of the range of help sheets and how they can be used
- encourage the group to use help sheets to assist them to work through issues of concern
- ensure that the group has an achievable plan for continuing to broaden their knowledge on their selected topic/issue. This does not have to be particularly formal. It can simply be an agreement to continue the discussion at another meeting.

1. Convene a meeting of facility staff

The discussion will most likely occur at one meeting, but may continue for more than one meeting depending on the needs of the group.

The discussion may occur at a regular staff meeting or at one convened for the purpose of a facilitated discussion on nutrition and/or physical activity.

Allow two hours for this process. Additional meetings may need to be held, depending on the actions decided by the group.

2. Explain your role and the aims of the discussion

Make sure that you explain your role to the group – to help them work through issues by asking questions and ensuring that they have access to information and resources that will help them deal with the issues that they identify.

Also, explain the aims of the discussion and the learning outcome that will be achieved.

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

After setting the scene, begin a free ranging discussion (within the scope of the aims). Some prompts may be necessary to begin the discussion (see page 7).

4. Define an area or topic for further investigation

Try to define an area or topic for further discussion and investigation. In selecting this topic, consider the following issues:

- Did the group reach consensus on the topic?
- Is the issue relevant for the needs of the group and the facility?

- Try to avoid selecting a topic because it is your area of expertise. Others can always be called upon to have input if necessary.
- Is the area/topic achievable (too much information, too quickly will produce poor learning outcomes)?

5. Take the group through a series of questions on the area or topic under consideration

The questions should be designed to assist the group to identify 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 residents and/or staff are affected?
- What would you need to help you resolve the issue or bring about a quality improvement?
- Who are likely to be those people in the organisation who can help in addressing the issue?
- Is the process achievable and realistic?

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.

It is important to help participants generate the solution that will work for them. Be careful not to provide the answer straight away.

Use the help sheets where appropriate to explore the considerations and possible interventions in more detail or as a checklist to see what has already been accomplished.

An example of how you could manage this part of the discussion is detailed below, using the example of loss or change in appetite.

Example:

Issue/topic	Questions/considerations	Possible interventions
Appetite (a loss of, or change in appetite or food intake)	<p>Medication</p> <ul style="list-style-type: none"> • Has the resident’s medication recently been changed? • Is the resident’s medication the type that is likely to affect appetite? • Is the resident’s medication the type that may affect bowel function? <p>Psychological state</p> <ul style="list-style-type: none"> • Is the resident showing signs of depression? • Has the resident exhibited changes in cognitive function? <p>Health/nutrition status</p> <ul style="list-style-type: none"> • Has there been a change in the resident’s health status? • Does the resident have swallowing difficulties? <p>Satisfaction with meals</p> <ul style="list-style-type: none"> • Does the resident have a choice at mealtimes? • Are the resident’s preferences considered? • Is the resident’s cultural background reflected in the menu? 	<p>Discuss with GP or request medical review if necessary.</p> <p>Consult with appropriate professionals. Consider staff training to ensure awareness of medication and nutrition issues.</p> <p>Review bowel management plan. Consider staff training to ensure awareness of medication and nutrition issues.</p> <p>Arrange medical review (discuss management plan with the doctor).</p> <p>Arrange medical review (discuss management plan with the doctor).</p> <p>Arrange medical review (discuss management plan with the doctor).</p> <p>Arrange a review by an accredited practising dietitian or speech pathologist.</p> <p>Develop and implement a strategy to obtain resident feedback about meals. Consult with the resident and his/her relatives or friends.</p> <p>Consult with the resident and his/her relatives or friends.</p> <p>Arrange a menu review by an accredited practising dietitian.</p>

6. Agree on action to be taken

It is important for staff who have participated in a discussion and raised issues and concerns 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, invite a guest speaker, trial a new practice, or circulate particular help sheets to all staff. It is important that participants are able to contribute ideas about the action/s to be taken.

7. 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/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.

You may wish to briefly revisit the learning outcomes to check that they have been achieved. These are that participants will be able to:

- identify the key topics and uses of the Well for Life help sheets
- recognise the benefits of engaging in a discussion with colleagues to identify and discuss issues relevant to improving resident care.

Discussion prompts

1. Standards and guidelines

The standards and guidelines applicable for each type of residential facility

As you read through the relevant sections of the standards and guidelines that apply to your facility, ask yourself to what extent does your facility meet the standard?

The standards and guidelines for residential aged care services (for aged care residential facilities - hostels and nursing homes)

Look at specific sections such as:

- 2.10 Nutrition and hydration
- 2.14 Mobility, dexterity and rehabilitation
- 4.8 Catering, cleaning and laundry services.

Consider nutrition issues in other standards: 2.9 Palliative care, 2.11 Skin care, 2.12 Continence management, 2.15 Oral and dental care, 2.16 Sensory loss.

Meeting the need. A care handbook for supported residential services (for SRS)

Look at specific sections such as:

- 7. Nutrition
- 8. Mobility and sensory function.

2. Discussion at work

Ask the group to think about incidents that have occurred at work or discussions that they have had with colleagues that have highlighted a problem or something that they would like to do better. The following examples could be useful prompts:

- Residents losing weight?
- Large amounts of food being left on plates at mealtimes?
- Relatives complaining that a resident does not eat the food served?
- A staff member commenting that food is always cold by the time it is served to residents?
- A resident choking on food and fluids?
- Comments from residents regarding lack of variety in foods served?
- Increase in number, or difficulty in healing, of pressure ulcers?
- An increase in the use of laxatives?
- Residents having difficulty in performing regular activities (because of, for example, increased shortness of breath)?
- Relatives of residents expressing concern about low levels of physical activity?

- Changes in activity routines (for example, residents wanting a wheelchair to go to the dining room instead of walking)?
- Increased episodes of falls or near falls?

3. Good practice checklist – physical activity

Date completed: _____ **Review date** _____

Tick the box for each good practice indicator met.

- There is choice and variety in physical activity (including the choice not to participate)
- We undertake individual assessment and review, leading to a physical activity program tailored to individual needs, desires and interests
- Different levels and type of input are available (e.g. from walking to the shops to organised activity to individual physiotherapy treatment)
- Residents are encouraged to undertake optimal levels of activity with due regard to safety and risk minimisation
- Incidental activity is maximised (e.g. everyone who is able to, walks to the dining room or bathroom)
- We link with other facilities, groups and organisations to make sure we have access to a range of resources
- We use a range of strategies to promote physical activity (e.g. competitions) that are age, culturally and socially appropriate
- We select options for activities that are meaningful and relevant to residents
- The environment of our facility promotes physical activity
- Activities are adapted to enable residents with different abilities to participate in different types of physical activity (e.g. use of a steadier for lawn bowls)
- Strategies are in place that aim to maintain function and prevent deterioration
- We offer a range of outdoor activities
- Physical activity options are routinely discussed as part of each resident's care plan
- All residents participate in some form of physical activity on a daily basis
- Residents are involved in developing the activity program
- Residents' family is involved in developing the activity program
- Residents are satisfied with physical activity options provided

Good practice checklist – nutrition

Date completed: _____ **Review date** _____

Tick the box for each good practice indicator met.

- | | | |
|--|--------------------------|--------------------------|
| • People generally looking well | <input type="checkbox"/> | <input type="checkbox"/> |
| • Each individual has nutrition risk assessment that has impact on procedures and practice (documented) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Low incidence of pressure ulcers and infections | <input type="checkbox"/> | <input type="checkbox"/> |
| • Underweight and unintentional weight loss identified and acted upon | <input type="checkbox"/> | <input type="checkbox"/> |
| • Minimal incidence of underweight | <input type="checkbox"/> | <input type="checkbox"/> |
| • Residents' opportunity to eat meals independently is maximised | <input type="checkbox"/> | <input type="checkbox"/> |
| • Continuous monitoring of nutritional status and nutritional risks (documented) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Resident satisfaction with food and drinks measured and documented | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ample opportunities for residents to meet their nutrition needs | <input type="checkbox"/> | <input type="checkbox"/> |
| • Where possible, residents are encouraged to be mobile to help maintain muscle mass and nutritional status | <input type="checkbox"/> | <input type="checkbox"/> |
| • There is a variety of food available that is culturally appropriate | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ample opportunities for residents to meet their hydration needs, e.g. offer range of fluids; free access to drinks for residents, jugs of liquid placed close to residents (refreshed regularly), water dispensers | <input type="checkbox"/> | <input type="checkbox"/> |
| • Daily choice of foods and fluids | <input type="checkbox"/> | <input type="checkbox"/> |
| • Residents have a choice when and where they eat | <input type="checkbox"/> | <input type="checkbox"/> |
| • Residents have access to refrigerators | <input type="checkbox"/> | <input type="checkbox"/> |
| • Provide maximum opportunities for food as part of a social occasion. Include access to alcohol, as appropriate | <input type="checkbox"/> | <input type="checkbox"/> |
| • Home-like environment | <input type="checkbox"/> | <input type="checkbox"/> |
| • Evidence of understanding by staff of nutritional impact of medication | <input type="checkbox"/> | <input type="checkbox"/> |
| • Accredited practising dietitian involved in an ongoing and regular way with facility | <input type="checkbox"/> | <input type="checkbox"/> |
| • Menus reviewed regularly by an accredited practising dietitian | <input type="checkbox"/> | <input type="checkbox"/> |
| • Strategies for appropriate nutrition training in place for all relevant staff | <input type="checkbox"/> | <input type="checkbox"/> |
| • Access to speech pathologist and dentist when required | <input type="checkbox"/> | <input type="checkbox"/> |
| • Maximise opportunities for residents to be outdoors (pleasant, safe environment and appropriate assistance) | <input type="checkbox"/> | <input type="checkbox"/> |

Comments or goals for improvement:

4. Literature/industry journals

Do any of the issues raised in the current literature/industry journals throw light on how physical activity and nutritional needs of older people are met in your facility?

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 facility and come up with some answers?

5. Action plan template

Activity	Who	Resources/assistance needed	To be completed by