The Stakeholder Inclusion in Practice Change Project—Improving person-centred care during mealtimes in LTC

Sienna Caspar, PhD, CTRS

Sienna.caspar@uleth.ca

Erin Davis, BA (Honours), LPN

Our Funder and our Supporters

- Enhancing Lives of People with Dementia Grant
  - Alberta Health Services: Seniors Health Strategic Clinical Network
- Steering Committee:
  - Alzheimer Society of Canada, Alzheimer Society of Alberta and Northwest Territories, Alberta Health Services.

Goals of the Study

- Improve residential care homes' capacity to consistently provide relational and person-centered care by identifying and engaging key stakeholders who have the potential to facilitate change within the system, including:
  - People directly affected by dementia
  - Care Staff Members
  - Administrators
  - Licencing Inspectors and Policy Makers

Stakeholder Engagement for Practice Change Project

- Method: Participatory Action Research
  - Individuals most impacted by the research should take the lead in framing the questions, methods, and determining what actions might be the most useful in affecting change
  - Model for Improvement (Associates in Process Improvement)
    - Process Improvement Team
    - Plan-Do-Study-Act (PDSA) cycles
- CHOICE+ education training
  - http://www.the-ria.ca/m3/

What is CHOICE+?

- CHOICE+ is a training program that was created by a research team led by Dr. Heather Keller at the Schlegel-UW Research Institute for Aging in collaboration with partners in long-term care.
- The program adopts a relationship-centred approach to mealtimes.
  - Essentially, this means mealtimes are a time for developing and sustaining relationships between residents and staff and among residents, family members and volunteers.
- Emotional and physical support is given and received by all at the meal, making the mealtime an enjoyable experience that has purpose and meaning.

Data Collection

- Staff Mealtime Satisfaction Survey*

- Mealtime Scan 2.0*
  - Physical environment
  - Social environment
  - Person-centred care practices

Baseline, every 3 weeks for 6 months

*Dr. Heather Keller and colleagues

- Qualitative Interviews

The Context

- Description of the Care Home
  - Residents
    - 101 residents in total
      - both LTC and Supportive Living
    - One “unit” on a floor that had four units in total
      - 12 residents
  - Staffing
    - Rotated between units every 3-4 shifts
  - Leadership
    - Floor manager
    - Facility Administrator

Baseline: Staff Mealtime Satisfaction

Positives:

- It is easy to move around in dining area
- Team comes together when challenges arise
- Feel confident in respecting residents at mealtimes

Negatives:

- Not enough time at mealtimes
- Lack ability to support residents to eat what they want
- Not the highlight of the workday
- Dining room doesn’t feel homelike
- Unable to encourage social talk with team mates

Baseline Physical Environment

- Lighting
  - 60% of the time there was adequate lighting
- Food Aroma
  - Some (faint) food aroma in the dining are
- Table settings
  - 20% of the time
- Condiments
  - No condiments on tables
- Music
  - 40% Music Available
  - 60% Television was on
- Noise Levels
  - Moderate: Interferes with some mealtime experiences
  - Mostly task focused discussion, dish cleaning noise, and medication and food carts.

Baseline Social Environment

Social Talk vs. Task Talk

- Resident to Resident Social Talk:
  - Absent to minimal; intermittent throughout the meal, between a 2-3 residents
- Resident Social Interactions with Staff or Family
  - Modest; intermittent throughout the meal, including approximately 50% of all residents
- Staff to Resident Task, Preference, and Food Talk
  - Modest; intermittent throughout the meal, including approximately 50% of all residents

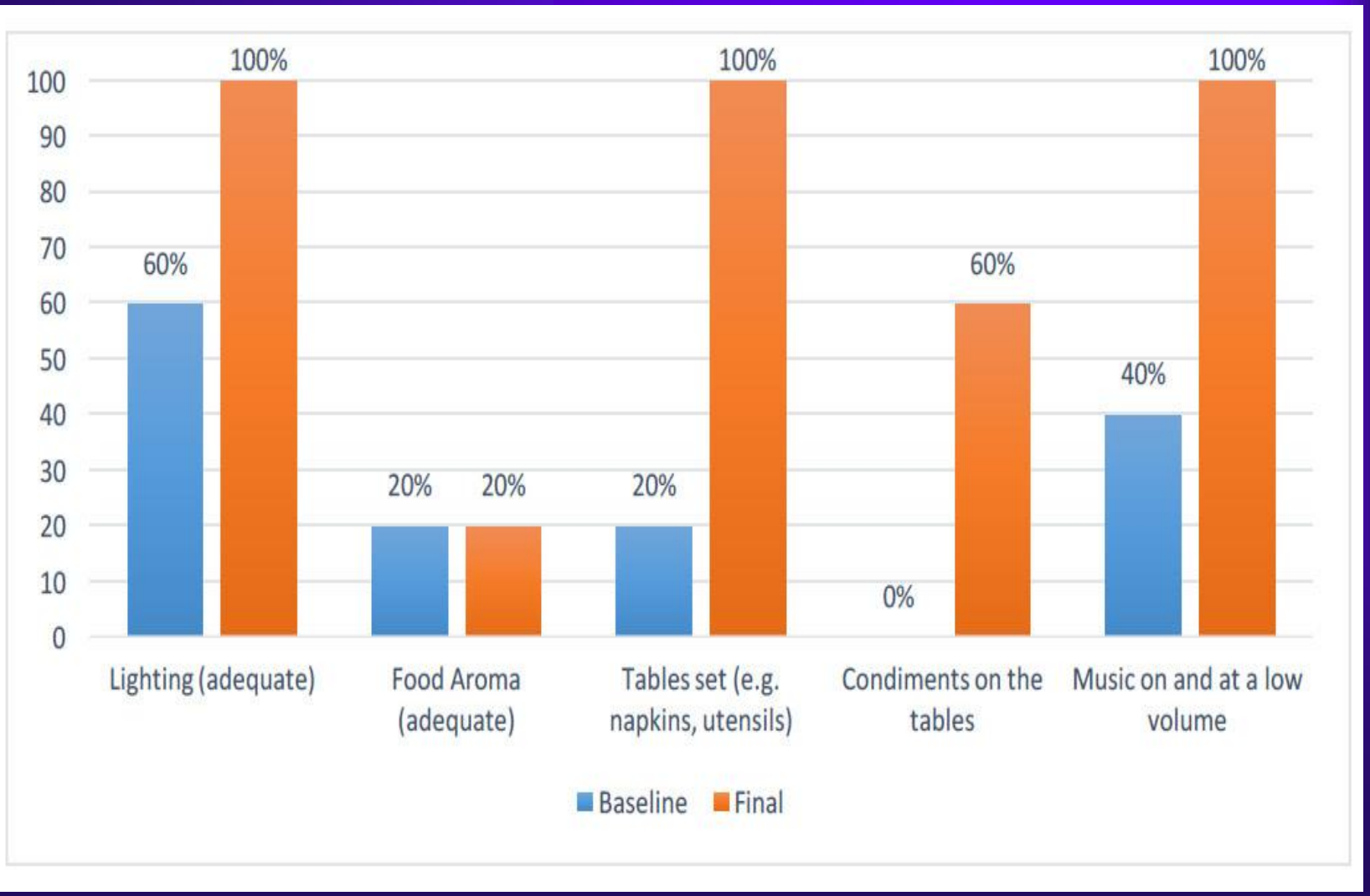
Baseline Person-Centred Care

- **100% of the time**
  - Residents were told where to sit
  - Clothing protectors were placed on residents without choice
  - Staff did not sit with residents during the meal (accept for those needing assistance with eating)
- **80% of the time**
  - Residents did not help with mealtime tasks
- **10% of the time**
  - Residents were asked about meal and beverage preferences
- **60% of the time**
  - Residents were excluded from staff conversations

Physical Environment

- Staff learned the importance of adequate lighting during mealtimes
- Re-arranged table configuration from four tables of four residents to two tables of six
- Removed cafeteria trays and started setting tables formally
- Set condiments on the tables as orientation cues
- Turned off the T.V during meals and played soft quiet music
- Medication cart was removed from the dining area and placed out of sight of residents and others in the dining room

Outcomes: Physical Environment



Physical Environment

Noise Levels

- Baseline distracting and interfering noises:
  - Scraping of dishes during clean-up
  - Staff talking across the dining area
  - Medication cart noises
  - Food cart noises

- Final
  - all noises became minimal to non-interfering during the mealtime

Social Environment

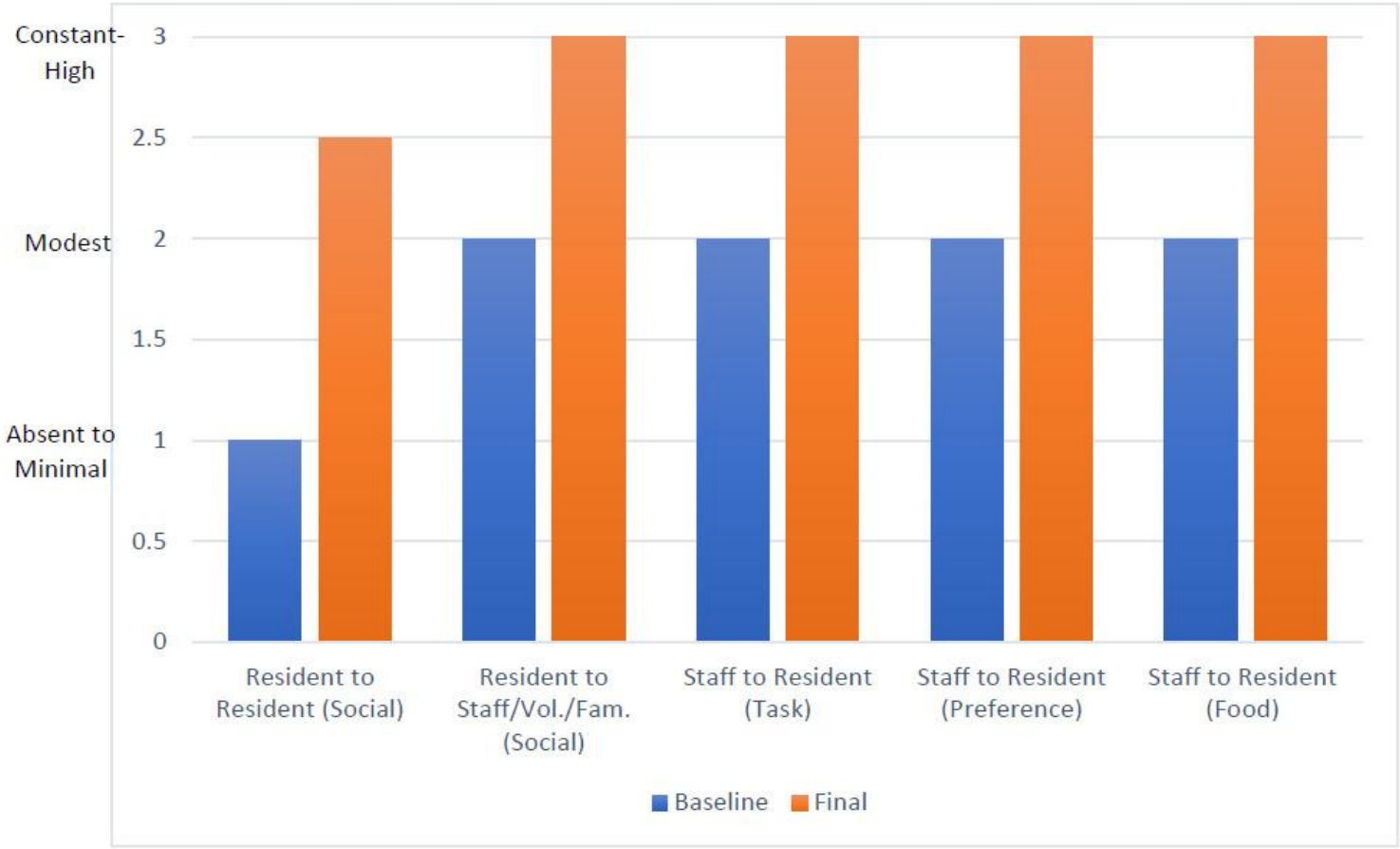
- Sitting with residents at the table to engage in socialization
- Leaving general clean up until the end of the meal to enable more time to sit with residents
- Rearranging tables so more residents were sitting at a table
- Learning to be less task focused and more focused on socialization
- Engaging residents in assisting with mealtime tasks

"I had no idea that one of the residents lived on a farm and once I did I found that we had so much to talk about"

"We have had trouble getting one of the residents to sit and eat at meal times, now that we are sitting with the residents he comes to meals, sits and even feeds himself"

Outcomes: Social Environment

Frequency and Types of Social interactions



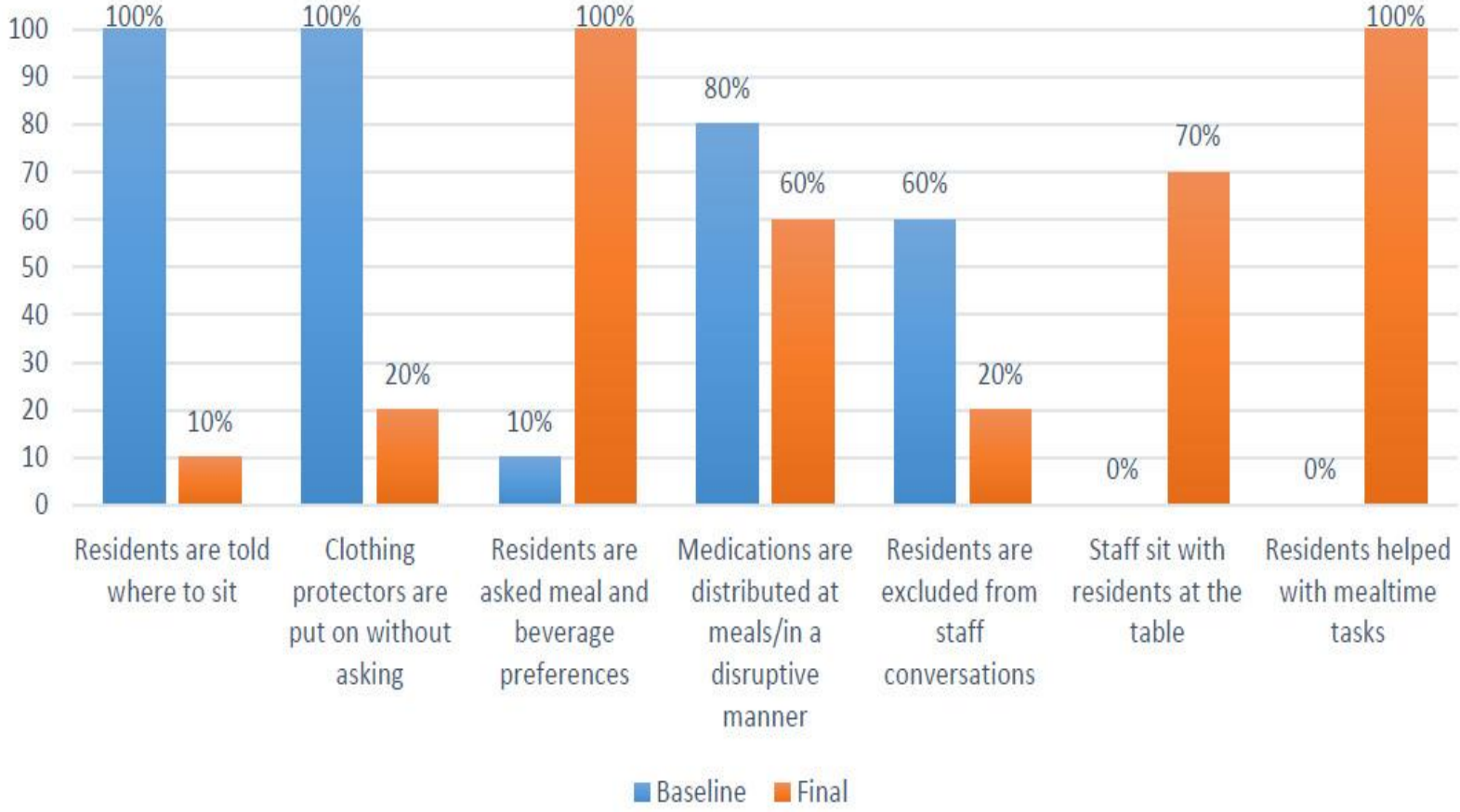
Person-Centred Care

- Enabling residents to decide where they sit
- Asking residents if they wanted to use clothing protectors and/or suggesting the use of them in fun and engaging ways
- Asking residents their beverage preferences at every meal

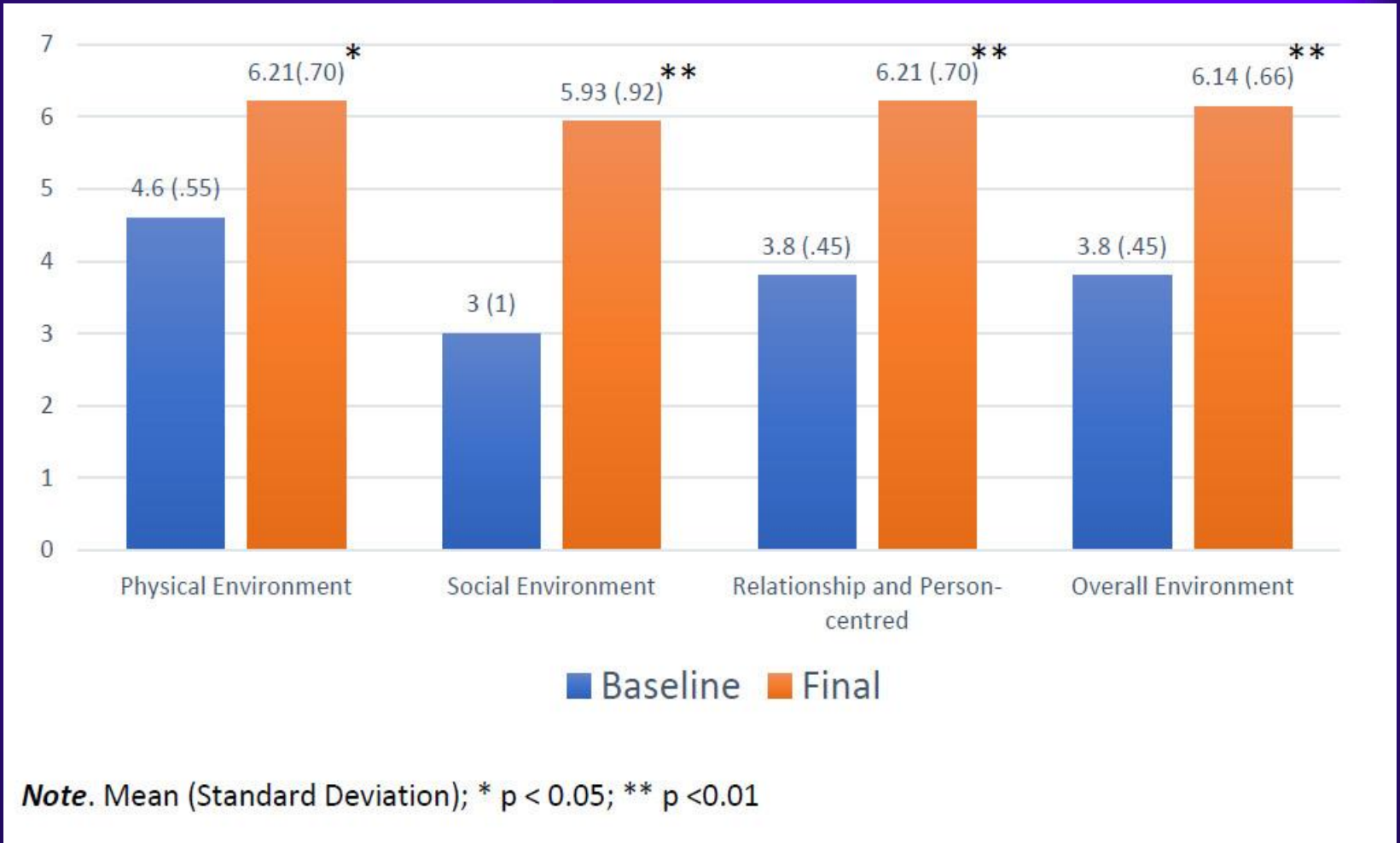
”The residents love choosing what they are going to drink for dinner and conversations increase as we give them choice”

- Discreetly handing out medications or waiting until after the meal to do so
- Staff sitting with residents at the table during meals and engaging in conversations about their history and personal preferences
- Informing residents needing assistance of what they are eating
- Handing out warm wash clothes for cleaning up after dinner

Outcomes: Person-Centred Care



Results: Observational Findings



Note. Mean (Standard Deviation); * $p < 0.05$; ** $p < 0.01$

So, how did we do that?

The foundation of evidence: Realist Review

- Systematic review of 87 intervention studies conducted to produce practice change in LTC.

- Focused on correlation between intervention factors and effectiveness of the intervention.

- **Caspar, S.,** Cooke H., Phinney, A. & Ratner, P. (2016). Practice Change Interventions in Long-Term Care Facilities: What Works, and Why? *Canadian Journal on Aging/La Revue canadienne du vieillissement*, *35*(3), 372-384.

Categorization of Intervention Factors

Green and Krueter (2005)

Predisposing factors:

- Creating a shared vision
- Disseminating information
  - lectures, written information, group work, didactic training, experiential learning, video presentations, role-playing, or computerized learning

Enabling factors:

- Conditions and resources developed to enable the implementation of new skills
  - modified work schedules, practice opportunities, changes to policy or treatment guidelines, development of new care plans, or access to appropriate resources

Reinforcing factors:

- Mechanisms that reinforce the implementation of new skills or practices
  - providing cues or reminders, improved peer support, timely and appropriate feedback, timely and consistent follow-up, and rewards and recognition

Results: Intervention Type

Educational interventions are largely ineffective in producing change in care practices in LTC settings.

- The majority (58%) of the studies (n = 51) did not include any enabling factors within their interventions.
  - New information is presented to staff members with no strategies in place to support the transfer of new knowledge into practice.

- Presence of reinforcing factors seems to be significantly related to the effectiveness of the intervention

Results: Intervention Type

- Unless effective, feasible, and sustainable enabling and reinforcing factors are part of any culture change initiative, the day-to-day care practices and routines (which places more emphasis on regulatory compliance than on individualized resident needs) will likely be in direct conflict with the successful implementation of the intervention.

Implications....

- Predisposing factors:
  - Where is the information stored and who has access to it?
  - How are you sharing and receiving the information about the changes to mealtime practices?
    - Group work, care team huddle meetings, experiential learning
- Enabling factors:
  - What conditions and resources are in place to enable the implementation of new care practices around mealtimes?
    - Easy access to the right supplies and resources, modified work schedules, changes in care routines, practice opportunities
- Reinforcing factors:
  - What mechanisms are in place that reinforce the implementation of new mealtime care practices?
    - Cues or reminders, improved peer support, timely and appropriate feedback, timely and consistent follow-up, and rewards and recognition

For successful change to occur (and be sustained), we must focus on all of these factors!

Step 1: Establish the Process Improvement Team (PIT)

- 4 Health Care Aids
- 2 Licensed Practical Nurses
- 1 Recreation Therapist
- 2 Family Members of Residents
- 3 Dietary Staff (Hospitality Manager, Dietary Manager, & Galley Aid)
- Facility Administrator

Step 2: Engage in Self-Evaluation

- This needs to be done in combination with objective evaluations as well.
  - Staff Mealtime Satisfaction Survey
  - Dinning Environment Audit
  - Mealtime Scan 2.0

Step 2: Provide Education and Training (Predisposing Factor)

One 4-hr Education Session

- Why Person-Centred Care?
- Leadership, Teamwork & Communication
- CHOICE+ education training
  - Developed by Dr. Heather Keller and her team: the Research Institute in Aging and the University of Waterloo

Step 3: Stakeholders Choosing Strategies

- Connecting
- Honoring Dignity
- Offering Support
- Identity
- Creating Opportunity
- Enjoyment

Ground Rules:

1. No group member could select a strategy for another group

CREATING OPPORTUNITIES

During mealtimes on my neighbourhood…

- We encourage residents to help out with mealtime activities (e.g., table setting).
- We don’t rush residents to finish eating, regardless of how long it may take them.
- We assist in planning theme nights or other fun activities to engage residents at mealtimes.

Step 4: Enabling and reinforcing the strategies we have chosen

- Change Factor Worksheets
- Ground Rules

1. Once a strategy was selected, all other group members determined what enabling and reinforcing factors they would implement to support the success of that strategy

CREATING OPPORTUNITIES

During mealtimes on my neighbourhood…

- We encourage residents to help out with mealtime activities (e.g., table setting).
- We assist in planning theme nights or other fun activities to engage residents at mealtimes.

CONNECTING

During mealtimes on my neighbourhood…

- We sit with residents at the table to visit or socialize.

Step 5: Implementation of Principles and Strategies through Plan-Do-Study-Act Cycles

- Weekly PIT Team Meetings to Follow up on Challenges and Successes
- Responsive leadership skills were used:
  - Open-ended questions
  - Follow-up to concerns
  - Celebration of successes
- Provide feedback using outcome measures

Learnings

- The PIT teams need to include all key stakeholders (e.g., health care aides, family members, LPNs, managers, interdisciplinary team members)
- Dose: Weekly, 20min team meeting with a responsive leader = galvanized and engaged team members
- Leadership training needs to be a part of any practice change initiative
- **All** staff need to be educated about the selected strategies as well as the agreed upon enabling and reinforcing factors
- FASCCI (Feasible and Sustainable Culture Change Initiatives) model for change

Questions?

THANK YOU!!