



THE EUROPEAN
SOCIETY FOR
CLINICAL
NUTRITION AND
METABOLISM

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Malnutrition in the elderly - in the community

How to implement nutritional intervention in the community?

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How to implement nutritional intervention in the community?

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Implementation is a process



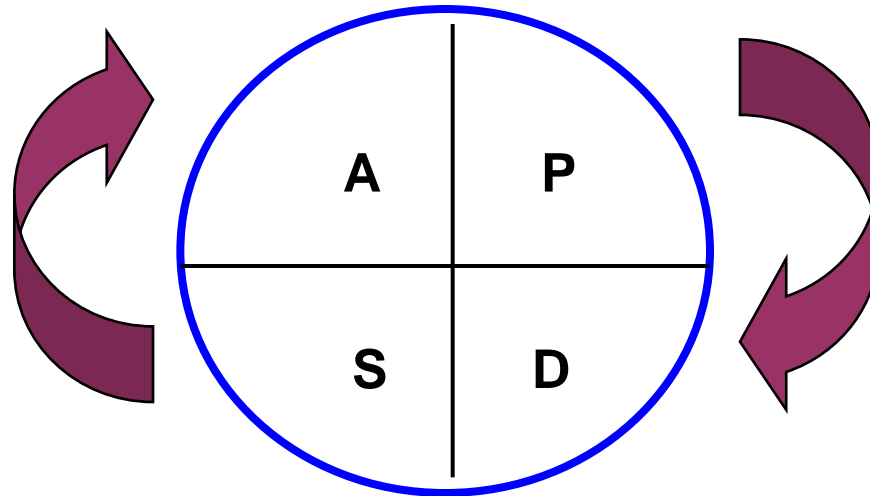
The plan-do-study-act cycle

Act

- Modify plan
- Or implement a successful plan

Study

- Verify the effects of the change
- Check results

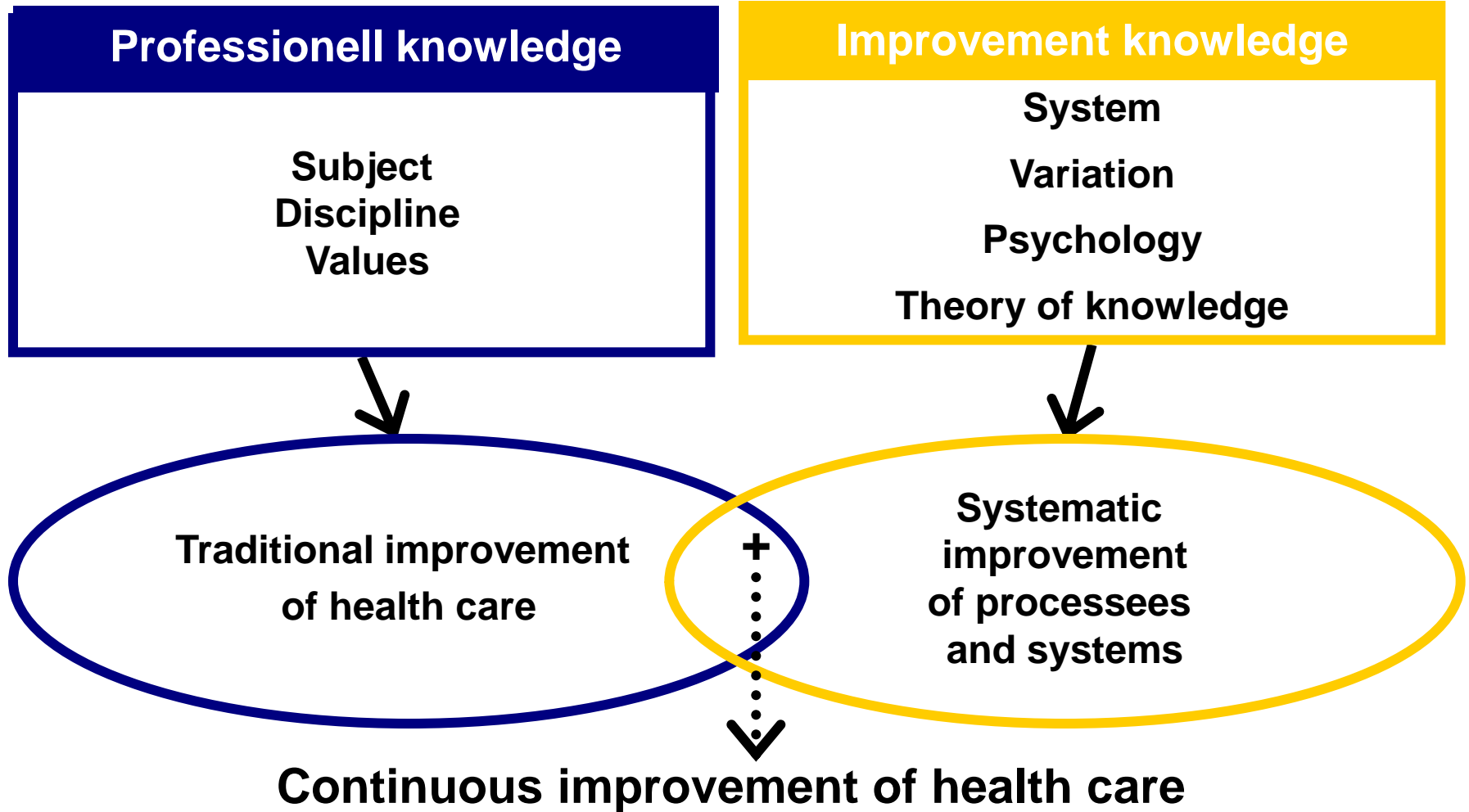


Plan

- Make a plan for the change
- Collect baseline data

Do

- Test the change
- Document the result of the change



Modified after Batalden & Stoltz, 1993

A Ödlund Olin ESPEN 2008

The PARIHS framework

Promoting Action on Research Implementation in Health Services

Rycroft-Malone J et al. Ingredients for change: revisiting a conceptual framework. *Quality and Safety in Health Care*, 2002;11, (2): 174-180

The PARISH-framework

Evidence

Research

Clinical experience

Patient experience

Local data/information

Context

Context

Culture

Leadership

Evaluation

Facilitation

Purpose

Role

Skills and attributes

Rycroft-Malone J et al, Qual Saf Health Care, 2002

Successful implementation (SI)

$$SI = f (E, C, F)$$

Function (f) Evidence (E) Context (C) Facilitation (F)

Kitson A et al, Implementation Science, 2008, 3: 1-12.

Implementing clinical guidelines – effects of different strategies

- Reminders (14%)
- Educational materials (8%)
- Audit and feed back (7%)
- Multifaceted intervention (6%)

Grimshaw J et al, The Journal of Continuing Education in Health Professions, 2004, 24, Suppl 1:31-37

Example – food intervention study in the community

Minimal effect on energy intake by additional evening meal for frail elderly service flat residents – a pilot study

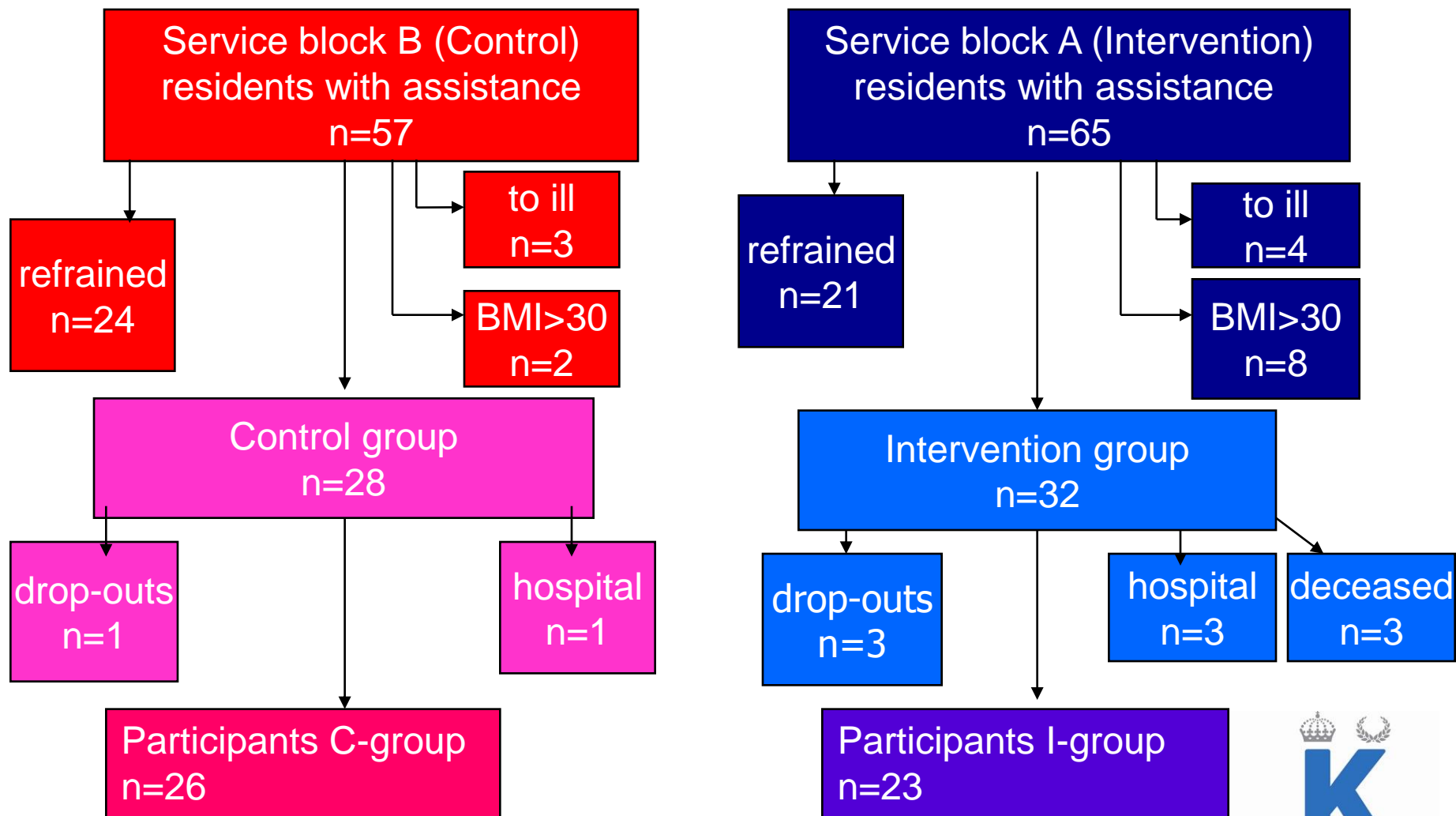
Ödlund Olin, Koochek A, Cederholm T, Ljungqvist O

The Journal of Nutrition, Health & Aging, 2008, 12 (5): 295-301

Aim

To evaluate if an additional evening meal could improve daily food intake, nutritional status and health related quality of life in frail elderly service flat residents

Residents in two blocks of service flats
n=194



Methods

- Mini Nutritional Assessment
- Health index
- Nottingham Health Profile
- Short Portable Mental Status
- Registration of food intake

Evening meal - 6 months

	<u>Kcal</u>	
Energy	530	
	<u>g</u>	<u>(energi %)</u>
Protein	20	(15)
Fat	21	(35)
Cabrohydrates	65	(50)

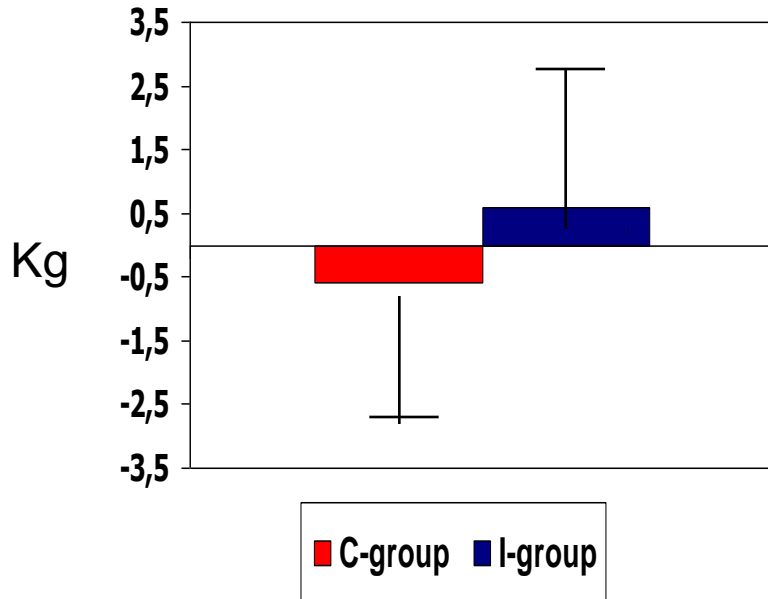


Participants

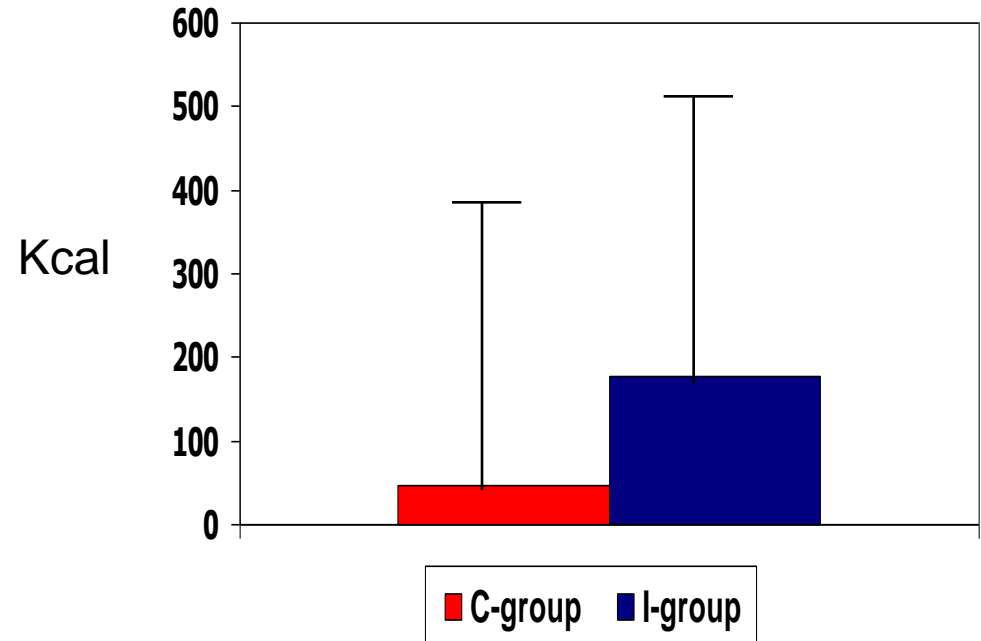
	C-group	I-group	p
	n=26	n=23	
Females/males	20/6	15/8	
Age	85.3±6.3	83.0±7.8	ns
BMI	23.6±3.5	22.6±3.4	ns
Kcal/kg	24 ± 9	29 ± 11	ns
MNA	20(18-22)	19(15-22)	ns

Results

Weight change



Change in energy intake



There was no significant difference in nutritional status, cognitive function or HRQOL between the groups.

Conclusion

Nine out of ten frail elderly service flat residents had nutritional problems.

Serving an additional evening meal increased the protein and carbohydrate intake, but the meal had no significant effect on energy intake, body weight or HRQOL.

The variation in outcome between each study group was large.

Problems and obstacles

- Difficulties in recruiting participants
- Acute disease – hospitalisation or death
- Socio-economic factors - a number of residents who received the evening meal used the free meal in exchange for or to reduce another meal during the day

Example – implementation of nutritional guidelines in the primary care

Prescribing of oral nutritional supplements in primary care: can guidelines supported by education improve prescribing practice?

Gall MJ, Harmer JE, Wanstall J

Clinical Nutrition, 2001, 20 (6): 511-515

Background

Patients at nutritional risk in primary care should be identified and receive the most appropriate form of nutritional treatment such as dietary advice, energy dense food or/and prescription of nutritional supplements.

Aim

- To determine the prescribing patterns of nutritional supplements in the community and study whether guidelines supported by education for the Primary care team could effect an improvement in prescribing practice

Study design

- Baseline audit
 - ✓ questionnaire to general practitioners and community nurses
 - ✓ interview and assessment of patients who received supplements
- Development of guidelines
- Education
 - ✓ nutritional screening, dietary advice, energy-dense food, supplements and monitoring
- Re-audit after 3 months

Results

Number of patients interviewed who were prescribed supplements inappropriately according to the criteria in the study

	Baseline audit	Re-audit	p
	(n=216)	(n=167)	
Inappropriate prescriptions	166 (76.9)	99 (59.3)	0.0003

Fischer's exact test

Conclusion

- Guidelines supported by education has proved to be an effective method of achieving more appropriate prescribing of supplements, suggesting the need for ongoing training of health professionals in primary care

Implement evidence – some advice

- Prepare well
- Involve the relevant people
- Develop a proposal for change that is evidence based, feasible and attractive
- Study the main difficulties in achieving the change

Grol and Grimshaw, Lancet, 2003, 362:1225-1230

Implement evidence – some advice

- Select a set of strategies and measures at different levels linked to that problem
- Define indicators for measurement of success continuously or at regular intervals

Grol and Grimshaw, Lancet, 2003, 362:1225-1230

”And finally, enjoy working on making patients` care more effective, efficient, safe and friendly”

Grol and Grimshaw, Lancet, 2003, 362:1225-1230

