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The Nutrition Initiative in the context of In Safe Hands

Malnutrition and unplanned weight loss are particularly prevalent among the elderly in nursing homes and in home care, and a deteriorating nutritional state can have a significant impact on the health status of the elderly.

Malnutrition often leads to increased morbidity and can increase the risk of falls and bone fractures. Malnutrition can also increase the need for assistance in performing ordinary everyday activities and it can reduce the quality of life.

A targeted nutrition initiative and treatment of elderly citizens at nursing homes and in home care has great potential to help citizens with malnutrition or the risk of this to maintain the ability to stay independent, remain healthy and provide quality of life.

Purpose and goal of the project

A project on nutrition from 2019-2020 has therefore aimed to limit unplanned weight loss and malnutrition in elderly citizens in municipal home care and at municipal healthcare facilities.

The project has taken place in four municipalities, which have participated in the improvement program In Safe Hands, and which are familiar with implementing improvement work in elderly care with an aim to disseminate the experiences to other municipalities. The four municipalities have experience in using the Improvement Model for testing, implementing, and maintaining specific patient safety packages. The four municipalities are: Frederiksberg, Greve, Sønderborg and Aarhus. The project is organised as a learning network.

In this project, the ambition was to accelerate the improvement work by letting it be built on already existing initiatives in the individual municipalities. This was done through the development and implementation of initiatives and reliable workflows that support this.

It was initially expected that the participating municipalities after one year would have:

- Limited unplanned weight loss and malnutrition
- Reduced preventable admissions related to unplanned weight loss and malnutrition
- Implemented safe workflows and methods that can be used in the municipality to limit unplanned weight loss and malnutrition
- Implemented existing knowledge in workflows that can limit and prevent unplanned weight loss and malnutrition
- Improved 3 existing initiatives - and developed 3 new initiatives that provide 5 concrete improvement ideas from each municipality that can be spread to - and used by other municipalities
- Built a system, an organisation, and a culture for improving quality and patient safety, which ensures citizens the right care and treatment – every time!

The purpose of the project was also to demonstrate that it is possible to develop and implement measures and reliable workflows within a year that can limit unplanned weight



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loss and malnutrition in elderly citizens at municipal healthcare facilities and in municipal home care.

Examples of what the four municipalities have achieved

Snack refrigerator at the nursing home

At the nursing home in Kastanjehaven (Frederiksberg Municipality), the staff did not have enough to offer as snacks to the residents. As a result, a “snack refrigerator” was introduced, which is available on all shifts throughout Kastanjehaven. The snack refrigerator is stocked with both snacks and food. This includes, for example, chocolate, protein drinks, biscuits, chips, desserts and frozen foods, soups, rice porridge etc. The selection can vary. The staff tried it out first and quickly realised that it needed to be introduced permanently. It allows for the possibility to supplement the other meals as well as offer meals at odd times. There are now fewer citizens with unintentional weight loss, but of course several other initiatives have also contributed to this.

Visible bathroom scales in home care

Frederiksberg Municipality's home care has bamboo bathroom scales that the employees bring with them to the citizens who do not have their own bathroom scales at home. These bathroom scales have not been visible, and one could tell that the bamboo bathroom scales were not being used. The bamboo bathroom scales were sometimes tucked away in a bookcase still in their original box. Some of the employees did not know where they were and when they finally found them, they had either run out of power or they were set up incorrectly. This resulted in the citizens who did not have their own bathroom scales at home were rarely being weighed.

In home care, they therefore chose to test whether the bathroom scales when hanging visibly in one's bags with a number on them would be brought to the citizen on the day of weighing? In this connection, the employees could see daily how many bathroom scales were in use and whether they were coming back. In the same process, a person was also appointed to be in charge of the bathroom scales, who once a month had 30 minutes to check whether the bathroom scales were working and whether they were set correctly. A list has been made of the citizens who do not have their own bathroom scales at home.

New porcelain ware has given way to greater appetite

In Aarhus Municipality, there were challenges with the porcelain ware that was available for serving meals, where, for example, only white medium-sized plates were available and not dinner plates. This meant that when a hot meal was served, the food filled the plate a lot, and this often seemed overwhelming for citizens who eat little. In connection with the purchase of new porcelain ware, blue porcelain was chosen, as the nursing home's occupational therapist had found a study which showed that the elderly increase their food intake if the food is served on coloured plates. Citizens are happy with the new porcelain ware, which consists of plates and bowls of different sizes. The servings now seem more inviting and manageable for the citizens. The change has contributed to 10 citizens who had suffered weight loss in November 2019 regaining their weight.



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Chart for proper weighing in the bathroom

In Sønderborg Municipality, an important element in the nutrition project has been to get a handle on how the citizens are weighed. It is one thing to remind citizens to weigh themselves, but the systematic and uniform approach needed to ensure valid data is something else. When is the citizen weighed, with/without clothes, where is the weight located, etc? Experience shows that if citizens are not weighed in the same way, then the results of show the weighing fluctuate a lot and are often not valid. As a result, a chart has been prepared, which is used at Tangshave Plejecenter.

The chart hangs in the bathroom of the individual resident. The chart helps to provide directions as to where the citizen should stand, what type of bathroom scales should be used, what type of clothing should be worn and time of day the resident is weighed. This has helped to ensure a uniform and systematic workflow in connection with weighing the residents.

Interdisciplinary initiative concerning food for the citizens

At a nursing home in Aarhus Municipality, in connection with the nutrition initiative, there has been great focus on the interdisciplinary collaboration around weighing, nutrition screening and implemented nutrition initiatives as well as the involvement of the citizens. Therefore, the nutrition assistant, who cooks for the citizens at the nursing home, is now involved in interdisciplinary meetings, where the nutrition assistant participates concerning citizens with unplanned weight loss. In addition, the nutrition assistant has set up a mailbox where citizens can voice their praise and complaints as well as suggestions for dishes they would like to eat. Likewise, the nutrition assistant has started to have short coffee sessions with the citizens, where he/she sits in the dining room with the citizens. There are discussions about the food. What are the citizens happy about? And what might they want to try? The ideas for change have meant that citizens are involved with regard to the food served at the nursing home, and that citizens with unplanned weight loss quickly get a nutrition initiative set in motion.

Coffee sessions provide useful insight

At a healthcare facility, the nutrition assistants have coffee sessions with the residents, and here the citizens get to voice their wishes which they can normally feel like they are “inconveniencing” the care staff with. Several teams mention that the social aspect is generally important, also when citizens have to eat their meal. This has led to greater involvement of citizens in the meals than before and with the result that more is eaten around the table.

The logical model

What it takes to prevent unintended weight loss and malnutrition in the elderly is well documented. It is not individual initiatives, but a multifaceted approach that is required. Today, all municipalities have activities and procedures that are intended to prevent unintentional weight loss and malnutrition, and which have been implemented to varying degrees. In the nutrition project, each municipality improved existing initiatives so that these are provided more reliably, while the municipalities tested new initiatives. So far, the municipalities have worked with patient safety packages in the context of ‘In Safe Hands’.



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To a lesser extent, these packages have been based on existing workflows. It was the intention to do this in the nutrition project, and therefore the project does not have a package with a number of elements but is instead built around the logical model. There is also a background paper with the evidence behind the individual activities.

The logical model is a tool to show the connection between resources, activities, output, and effect. It illustrates how the planned activities will lead to specific results. It can also be a help in defining the goal of the improvement work.

In practice, this will mean that if we carry out specific activities with specific resources for a specific output, then it will have a particular effect. This means that we will be able to achieve the project's goal of reducing preventable hospitalisation related to unplanned weight loss and malnutrition.

The logical model has been prepared by the expert panel associated with the project based on their professional and practical knowledge. The model can be expanded as needed.

In addition to the logical model, other tools from the improvement work are also used, e.g. the model for improvement (MFI), driver diagrams, affinity diagram, and workflow analysis. These tools are also used in the project In Safe Hands.



The Logical Model for the Nutrition Initiative in the context of In Safe Hands

Resources	Activities	Output	Effect – short term	Effect – medium term	Effect – long term	
Project teams with improvement competencies	Systematic detection of unintended weight loss. Testing and implementation of concrete tools, e.g. Early detection, Braden, and Nutrition Assessment Form	Citizens at risk are identified	Implemented reliable workflows and methods in the municipality units to limit unplanned weight loss and malnutrition	Reduction of unplanned weight loss and malnutrition in citizens in the target group	Reduction of Preventable hospitalisation related to unplanned weight loss and malnutrition	
Project managers with improvement competencies						
Ownership of the project among local managers		Possibility of timely intervention				Improved nutritional status of citizens in the target group
Organisation of the project in the learning network		The citizen receives the right and timely intervention with regard to nutrition				
Educational meetings		Defined timed workflows in relation to treatment and follow-up on malnutrition.				
Knowledge and competencies among employees regarding nutrition and meals		Assessment of need for type of diet				
		Assessment of chewing and swallowing problems				The citizen consumes more if it has the right consistency



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	Assessment of need of assistance in connection with the meal	With the right help for meals, the citizen can eat more easily			
	Appetising and nutritious food	Increased appetite			
	Make the meal a social activity	Citizens like to come to meals			
	Data collection and evaluation of the activities	Knowledge of what works on the individual level and on the unit level			





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10 reasons for why there has been success in creating improvements

In Aarhus Municipality, they have concluded that they have succeeded in their improvement work because:

- ✓ There is management backing where the manager has taken the lead. The manager is familiar with the issues that must be solved, as well as how it is solved in relation to daily resources.
- ✓ An improvement team has been set up to facilitate the progress of the work tasks.
- ✓ There is competence development and knowledge concerning nutrition among the employees based on clear guidelines in the organisation within the area of nutrition both in terms of weighing, nutrition assessments and nutrition initiatives.
- ✓ We ensure that everyone gets the necessary knowledge and provide opportunities for reflection and learning.
- ✓ There is a clear structure around the interdisciplinary collaboration within nutrition.
- ✓ The initiatives, both existing and new that are developed and tested, are clearly described with regard to structure, content, and responsibility.
- ✓ Citizens and relatives are included in the initiatives that are launched.
- ✓ Throughout the nutrition initiative, data has been collected according to agreed result and process indicators, which have been followed over time.
- ✓ We have a good collaborative environment. We want to get to know each other, we help each other, we respect each other. We use the opportunity to involve other professionals, e.g. dementia coordinator, dietitians, and documentation managers.
- ✓ We are curious about our own practice and that of others' and seek inspiration and knowledge in the literature and within technical solutions.

