



IMPROVEMENT PROJECT FOR FOOD AND DRINKS

QUALITY IN CARE

Approximately one quarter of the residents of nursing or rest homes in the Netherlands suffer from malnutrition. An even larger number run the risk of becoming undernourished. This represents a serious threat to the quality of the life of these residents. In many nursing homes, the way in which meals are presented and delivered could also be radically improved. Meals should once again become an enjoyable high point in the day – something the residents look forward to.

Objectives

The *Improvement Project for Food and Drinks* is an element of *Quality in Care (Zorg voor Beter)*. The attachment contains a description of improvement projects.

The *Improvement Project for Food and Drinks* provides healthcare institutions with assistance to help enable them to improve their care with regard to food and drinks. The objectives of this improvement project are:

- Reducing malnutrition amongst the residents of the nursing homes by:
 - stimulating the appetite of the residents, among others, by creating an optimal ambiance;
 - ensuring that the eating habits, wishes and preferences of residents are taken into account;
 - improving the system for identifying and responding to (the threat of) malnutrition;
- Introducing and supervising the use of a new method that measurably improves the quality of healthcare.

Participants

In 2006 and 2007, 62 nursing homes - representing a total of 111 pilot departments - participated in the *Quality in Care Improvement Project for Food and Drinks*. The participants worked together in three groups or 'collaboratives' and during a period of one year they focused additional attention on improving the care related to food and drinks. They had the support of a core team (that was responsible for the content, organisation and implementation of the improvement project) and a group of experts (that were available upon request). If the results from the pilot departments are more widely distributed, the improvements will affect approximately 30,000 residents and employees.

Results

Amongst the participants, the *Improvement Project for Food and Drinks* has resulted in:

- structural involvement of client councils in the care about their food and drinks;
- more awareness amongst employees of the need to identify malnutrition at an early stage;
- more awareness amongst employees about the importance of food and drinks for the health and well-being of residents;
- improved cooperation and coordination between the healthcare departments and the general and technical services department/kitchen;
- improved consideration for the wishes and preferences of clients;
- an improved ambiance during meals;

- the drawing up of policy guidelines with regard to the identification of and response to malnutrition;
- regular weighing of residents as an instrument to gain insight into changes that occur in their weight;
- a more adequate response to indications of (the threat of) malnutrition;

Quality in Care works

The results of the annual measurements by The National Prevalence Measurement of Care problems 2007 (Landelijk Prevalentiemeting Zorgproblemen, LPZ) show that participants in the *Improvement Project for Food and Drinks* perform well:

- structural attention for the ambiance during the meals: 2007 = 90%
- structural screening for malnutrition: 2007 = 71% (3½ times more than in 2006)
- a fifty per cent drop in the number of residents with involuntary weight loss (more than 3 kg in 1 month or 6 kg in 6 months): 2007 = 3.5%
- a reduction by half in the number of residents that suffer from malnutrition, where no measures were taken: 2007 = 14%, of which 3% as a result of palliative policy.
- a significant reduction in the number of residents that suffer from malnutrition: 2007 = 23.8%, reduction of 4.2%, and a significant reduction in the number of residents with the risk of becoming undernourished: 2007 = 44,8%, a decrease by 4.2%.

Differences between different Nursing Homes

Those who participate in the *Improvement Project* perform significantly better than comparable institutions that do not participate in the improvement project. Their policy is better developed and they pay more attention to the ambiance during meals. The effect is also apparent in a significantly larger decrease in both the percentages of involuntary weight loss as well as in the percentage of residents with malnutrition. Nursing homes (verpleeghuizen) in particular, have made good progress with regard to malnutrition.

The malnutrition decreased by 6,5% compared to last year (to 20,6% in 2007) and the risk of malnutrition decreased by 8% (to 38,9% in 2007). These reductions are both significant. At nursing homes that do not participate in the improvement project, there is a reduction in the prevalence. However, this is not significant: the reduction in malnutrition is 1,5% and the risk of malnutrition was reduced by half a per cent.

At rest homes (verzorgingshuizen), the changes (in the risk of) malnutrition amongst both groups are not significant. The rest homes have a lower score with regard to malnutrition than the nursing homes. One out of four residents suffers from malnutrition and half fall in the category 'runs the risk of suffering malnutrition'.

Follow-up to the *Improvement Project for Food and Drinks*

The experiences and results of the first three collaboratives of the *Improvement Project for Food and Drinks* are available on www.zorgvoorbeter.nl. Institutions that have an interest in improving the healthcare situation related to eating and drinking, can use this information to get started on their own. They may possibly also participate in the *Quality in Care Improvement Project Plus*, which starts in the spring of 2008. More information about this can be found on www.zorgvoorbeter.nl.

In May 2007, a fourth collaborative of the *Improvement Project for Food and Drinks* began. It is called '*Exceptionally Tasty*' and is aimed specifically at the sector for people with a handicap. Here, the main focus is on developing a clear insight with regard to food and drinks, on the registration of the needs and preferences of residents with regard to eating and drinking in a care and support plan, on the identification of problems related to eating and drinking and on the discussion and registration of solutions.

More information

www.zorgvoorbeter.nl (> Subjects > Food and drinks)
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Attachment: The Method used in the Quality in Care *Improvement Project* (Source: www.zorgvoorbeter.nl)

Quality in Care (Zorg voor Beter)

Quality in Care stimulates organisations involved in prolonged care to work towards improving the quality and sustainability of healthcare. This is necessary to guarantee that everyone is provided with good healthcare – both now and in the future. *Quality in Care* offers a methodology, good examples and advice by experts. The focus is on learning from one another.

Quality in Care is an initiative of the Ministry of Health, Welfare and Sports. ZonMw directs this initiative. Vilans and TNO-Quality of Life implement the initiative. You can find more information on www.zorgvoorbeter.nl.

The method used in the improvement project

Intake and contract

Institutions interested in participation in an improvement project are invited for an intake interview with the project leadership of the project. During this interview, the mutual expectations, conditions and objectives are discussed. At the following people will attend on behalf of the institution: a member of the management or the upper management, the client council, the intended project leader and one or two healthcare employees. On the basis of this interview, a decision is taken about whether this institution wants to and can participate. This is confirmed in the form of an agreement.

Opening conference

The institutions that participate in the improvement project receive an invitation to the opening conference. During this meeting, all participating improvement teams (generally 10 to 15 teams) get to know one another, the experts and the method that will be used.

Working conferences

During the course of the improvement project, a number of working conferences take place. During these meetings, the improvement teams receive information, which helps them to implement the improvements they decided to realise. For example, they are assisted with the drawing up of an action and communication plan, the measurement and securing of changes and with dealing with resistance. During the working conferences, the teams learn from and with one another.

Closing conference

Every improvement project is concluded with a closing conference closing conference. During this meeting, the institutions present the results they have achieved and make plans for further implementation of the improvements in their own institutions

Improvement through Breakthrough and PDSA

The improvement projects use the so-called Breakthrough method and the PDSA improvement circle. According to this method, teams cooperate in a systematic attempt to produce measurable results. It is based on the PDSA-circle (Planning, Doing, Studying and Acting/Adapting), which aims to achieve small-scale, practically oriented change. Once the project has been completed, the teams are also able to apply this approach to other aspects within the institution. In this approach, the separate improvement projects also contribute to an integrated improvement culture. Evaluations show that institutions that use this method achieve improvements more rapidly. In addition, this approach to improvement increases the cooperation within and between these institutions.