

Quality collaboratives as a method to increase nutritional knowledge among caregivers for adults with intellectual disabilities in municipality healthcare in Norway.

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INTRODUCTION

In Norway, majority of adults with intellectual disabilities (ID) live in a community-based setting. Services provided are meant to be tailored to personal needs; but in practice determined by municipal economy, number of staff available, organization and education/competence of caregivers.

Research show that adults with ID gain weight and obtain an unhealthy diet leading to lifestyle challenges. These challenges are associated with increased morbidity or serious chronic conditions that can reduce quality of life or cause premature death.

Quality collaboratives is one tool that is used to improve quality in the health care services.



AIM

The aim was to establish a method to ensure sufficient nutrition knowledge among caregivers of adults with ID living in group homes.

METHOD

In total 28 participants from 9 different community-based resident homes participated in nutritional quality collaboratives during the fall of 2021.

The collaboratives were held by a clinical dietitian over two sessions, lasting approximately 1,5 hour each. Counselling was given between sessions, focusing on establishing routines, writing nutrition plans, learning methods and tools to better guide residents with ID in decision-making regarding nutrition.

The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

KEY FINDINGS

- The number of caregivers that were confident in performing nutritional risk assessments increased from 28% to 75%
- The share of participants who knew how to make a nutrition plan and calculate total energy expenditure increased from 11% to 38%
- Knowledge among the participants about energy content in food (on a scale from 1 to 5) improved from an average of 2.94 in the prequestionnaire, to 3.38 in a post questionnaire

CONCLUSION / IMPLICATION

Our preliminary results indicate an increase in the general nutritional competence among participants, but the increase had only a small effect on the number of documented plans for affected persons with ID. Given more time and emphasis this might have changed. Coherence between competence among caregivers and quality improvement for caretakers is also a topic that would require further research.

The quality collaborative is not yet completed, so preliminary results only include two points of measurement. Furthermore, the pandemic may have affected the results as no physical meetings took place, only digital platform was used. The caretakers had difficulties in implementing the work, due to more pressing work and/or challenges related to the pandemic. The results can still be useful, as the target group and method used both are under-studied at large.

“Preliminary results indicate an increase in the general nutritional competence among participants”

QUALITY IMPROVEMENT MODEL - PDSA CYCLE

WHAT needs change:

- 0. Problem**
What is the problem, and why is it a problem
- 1. AIM:**
What do we want to achieve
- 2. INDICATORS:**
How do we know change is improvement
- 3. MEASURES:**
What changes can be implemented to facilitate improvement

HOW do we change it:

- 4. ACT**
- Act based on study
 - Change plan, form new hypothesis
- 3. STUDY**
- Analyse data
- 1. PLAN**
- Form hypothesis
 - Plan change and data needed
- 2. DO**
- Apply plan
 - Collect data



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