Grampians Region Community Nursing Forum – 28th June 2017

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Today's Training

Session One	The role of nutrition in older people:
Session Two	Identifying nutritional risk
Session Three	Nutrition interventions
Session Four	Investigating Capacity to Access Nutrition
Session Five	Embedding a nutrition care pathway into practice

Eating for Independence

Implementing a nutrition care pathway for identifying & assisting older people living in the community

(Hume Region Home and Community Care Program 2016)

Session One

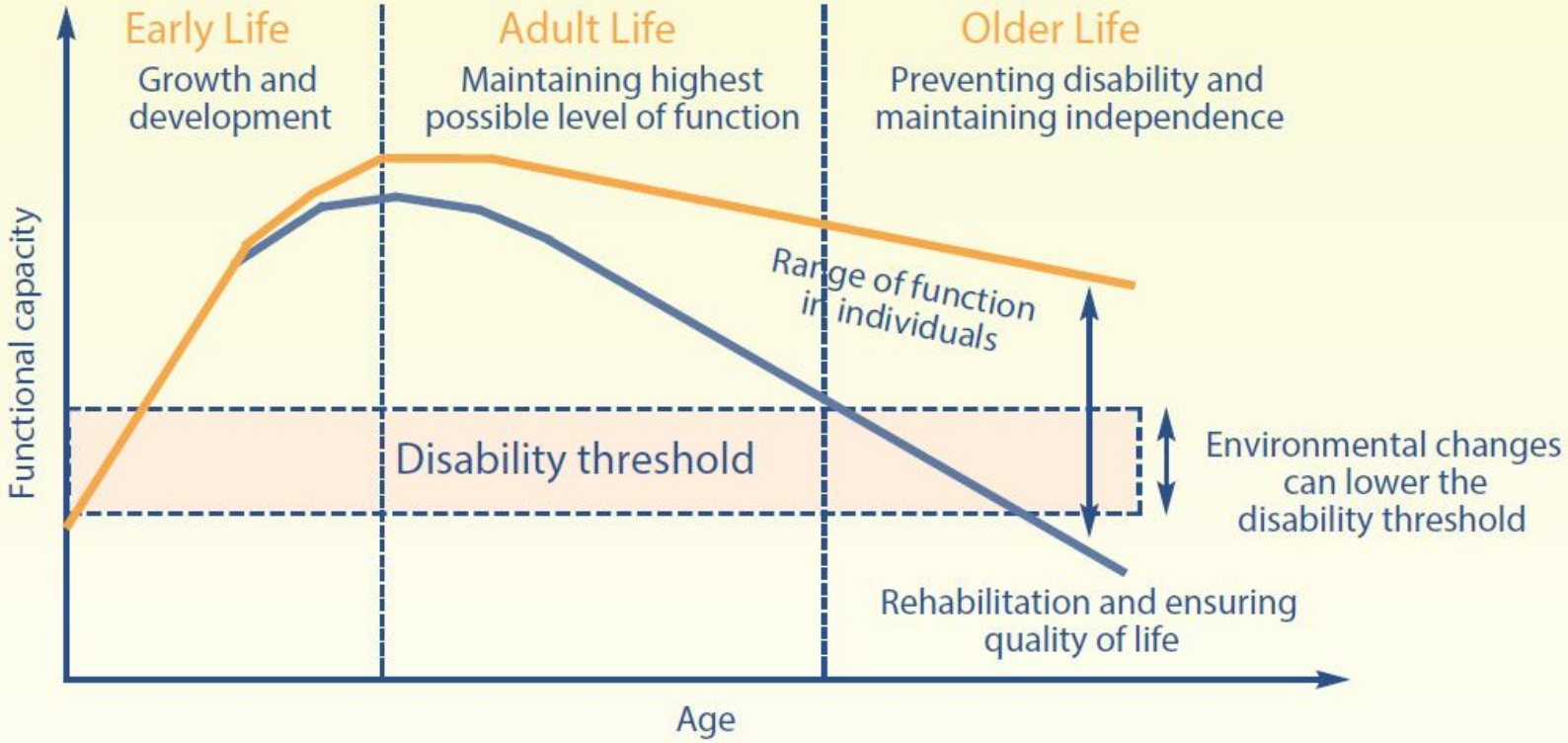
The role of nutrition in older people

Presented by: Amy Trotter

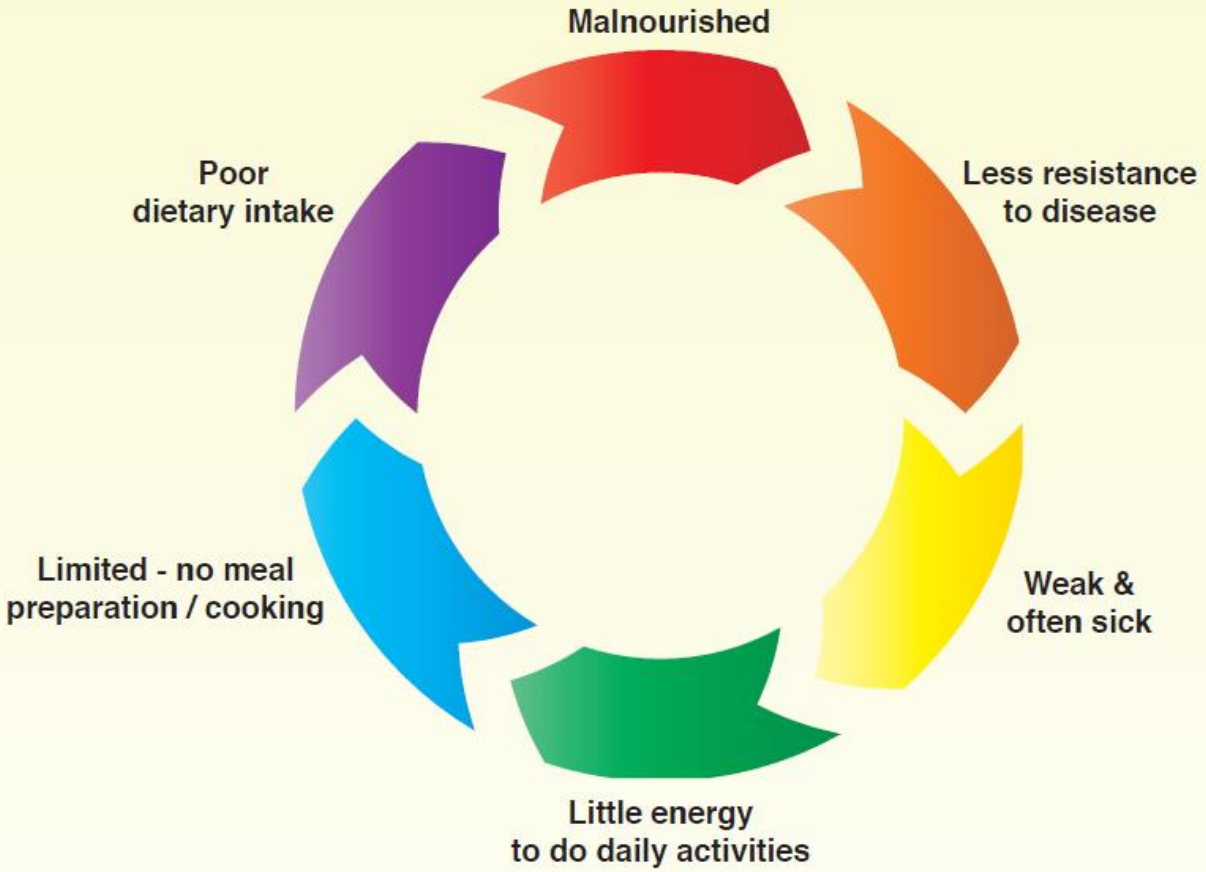
The role of nutrition in older people:

1. Discuss the impact of nutrition on health & wellbeing
2. Understand how the Australian Dietary Guidelines apply to older people
3. Describe the main energy and nutrition needs of older people

Poor nutrition can speed up the natural decline in functional capacity as we age

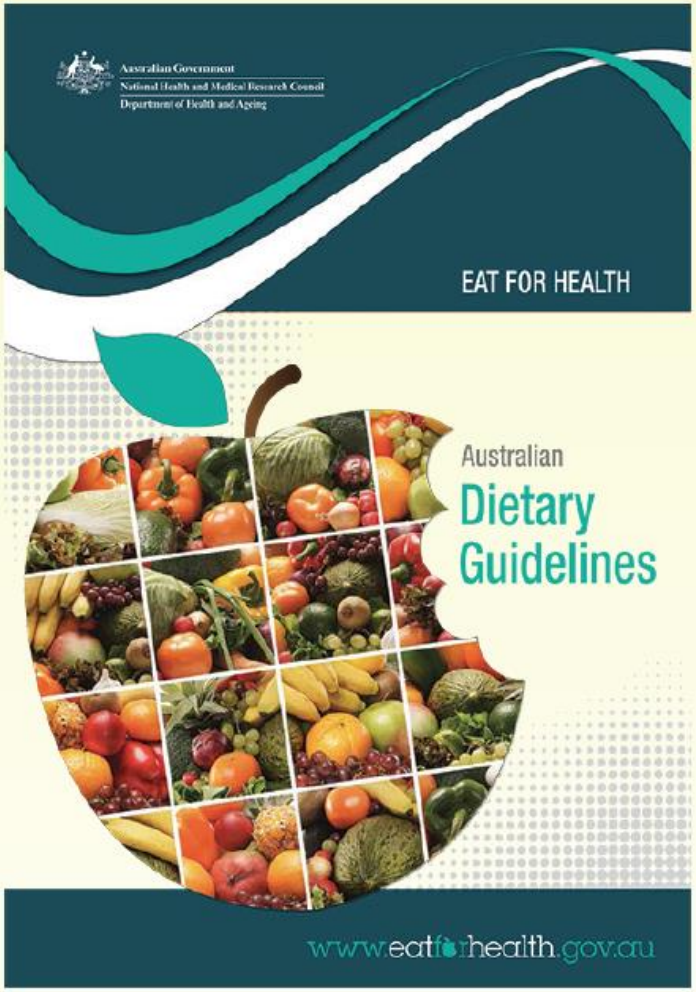


A Vicious Cycle



The Australian Dietary Guidelines

"Older people should eat...to help maintain muscle strength"



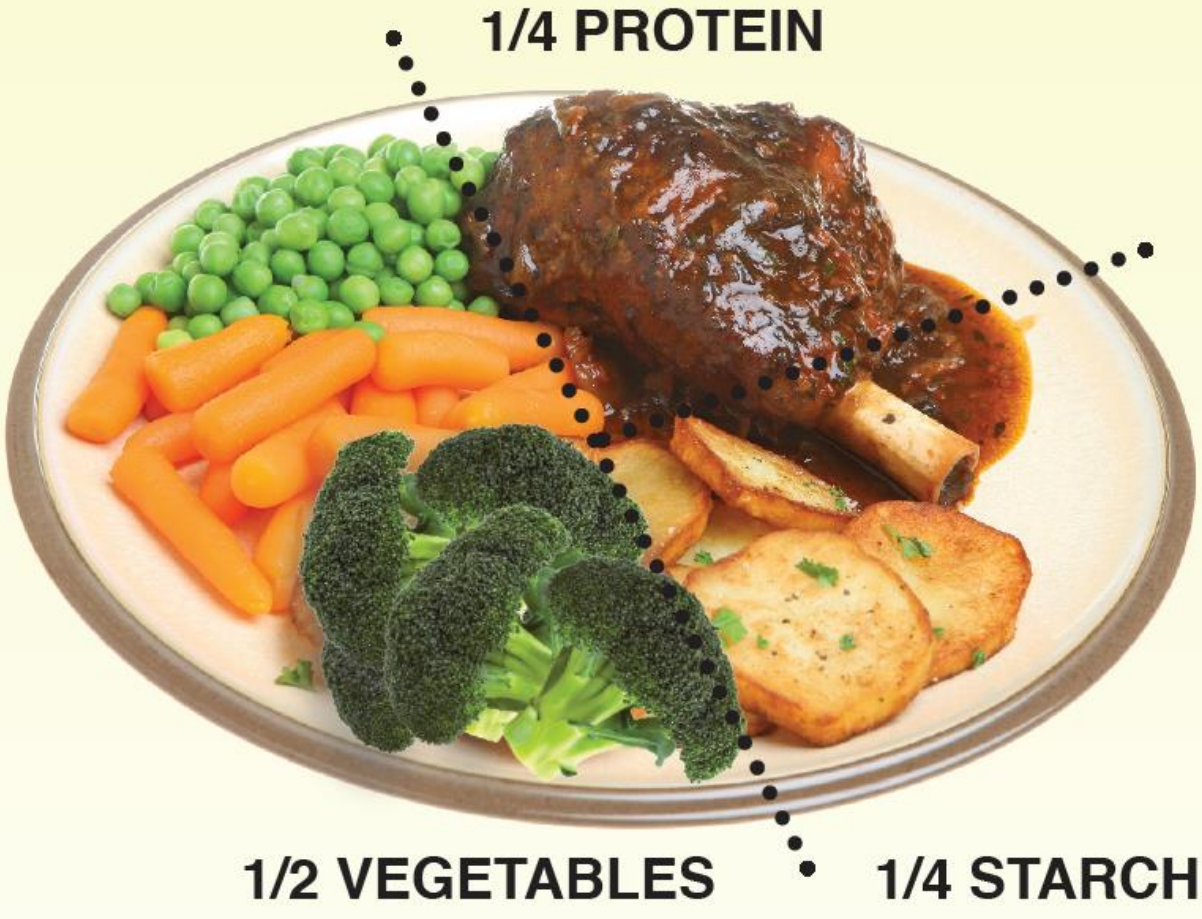
NHMRC 2013

“I don’t need to eat as much because I’m not as active as I used to be”

General guide to daily serves

NUMBER OF SERVES	FOOD GROUPS
5 - 6	Vegetables
2	Fruit
3 - 6	Grains
2 - 3	Meat and alternatives
2.5 - 4	Dairy and alternatives
8 - 10 cups	Fluids

NHMRC 2013


1/4 PROTEIN
1/2 VEGETABLES
1/4 STARCH

HIGH PRIORITY FOODS
High energy - high protein
Dairy products
Lean meats (red, white, fish)
Eggs
Nuts
Discretionary foods – cakes, pastries

Meat and Meat Alternatives

TAKE HOME MESSAGES
Nutrition impacts on health & wellbeing in many ways
Important to eat well and be active to maintain muscle strength
Remember the high priority foods
Nutrient requirements are not reduced even if doing less

References

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Learning Activity:

Is this person eating well?

Diet history		
Breakfast	Lunch	Tea
1/2 bowl cereal with low fat milk	Tomato soup (MOW)	Roast chicken, 2 thin slices (MOW)
1 grain toast with butter and jam	Apple or orange	Roast potato, 1 small piece
Coffee, dash of milk and 1 sugar	Glass of water	Roast pumpkin, 1 small piece
Water with medications		Peas, ½ cup
		Fruit salad and custard (MOW)
Morning Tea	Afternoon Tea	Supper
Black tea with 1 sugar	Black tea with 1 sugar	2 pieces dark chocolate
	Fruit cake	1 supplement (3 scoops) with low fat milk

Checklist		
Food Group	Recommended Number of Serves	Actual Number of Serves
Meat and alternatives	2½	
Fruit	2	
Vegetables	5	
Dairy and alternatives	3½	
Grains	4½	
Fluids	6 - 8	
High priority foods? red meat chicken fish eggs nuts milk yoghurt cheese ice-cream custard cakes, pastries Other: supplements, chocolate, jam, sugar, butter		

Session Two

Identifying nutritional risk

Presented by:

Natalie Sutton

WHY DO WE WANT TO KNOW IF SOMEONE IS AT NUTRITIONAL RISK?
Nutritional risk and malnutrition is associated with poor health, falls, loss of independence
Dietetic intervention has been shown to be effective in treating malnutrition
For every $1 spent on improving nutrition in older people, $5 is saved on health care costs

Leggo et al. (2008), Rist et al. (2012)

Identifying nutritional risk

WHAT IS A HEALTHY WEIGHT?

BMI is used as a measure of body size and is classified as:

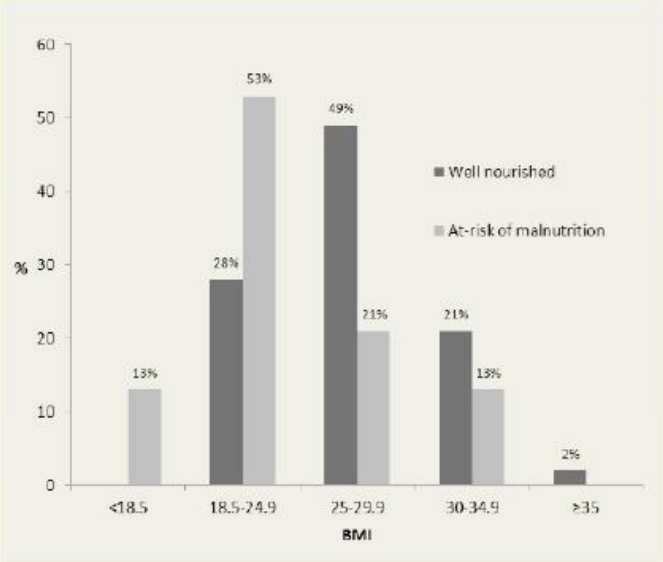
Less than 18.5kg/m^2	=	Underweight
18.5 - 24.9kg/m^2	**=**	**Healthy weight**
25 - 29.9kg/m^2	=	Overweight
Greater than 30kg/m^2	=	Obese

Upper range of BMI may be more appropriate for older people

Improving blood pressure and cholesterol may be more appropriate for overweight older people than reducing weight

NHMRC 2013

BMI in well nourished and at-risk people



Winter et al. 2013

- 1 in 6 at risk of malnutrition
- More than 1/2 those at risk had a BMI in the healthy range
- Almost 3/4 of those who were well nourished had a BMI in the overweight or obese range

WHAT IS MALNUTRITION?

Mal = bad or abnormal, nutrition

"Where a deficiency or excess of energy, protein, and other nutrients causes measurable adverse effects on tissue / body form (body shape, size & composition) and function and clinical outcome"

Watterson et al. 2009

Signs of Malnutrition	
Visual	**Non Visual**
Unintentional weight loss	Poor mental health/depression
Skin – dry, pale, scaly	Muscle Weakness
Hair – brittle, falling out	Fatigue, dizziness
Teeth – decayed	Frequent infections
Pressure areas	Chronic diarrhoea
Muscle wastage/protruding bones	Bone and joint pain
Poor wound healing	

Nutrition Screen

ICAN: Investigating **C**apacity to **A**ccess **N**utrition

WHAT is the degree of malnutrition risk?

Score the following questions:		Score
Has client lost weight without trying in the last 6 months?	No	0
	Unsure	2
	Yes 1-5kg	1
	Yes 6-10kg	2
	Yes 11-15kg	3
	Yes >15kg	4
Is client eating poorly due to reduced appetite (< 3/4 usual intake)?	Yes	1
	No	0

Add scores & circle the degree of risk:

1 = Low	2 = Moderate	3-5 = High

Malnutrition risk exists, proceed to Step 2. Investigate

0 = Unlikely

Screen for nutritional risk

WHAT is the potential for nutritional risk?

Score the following questions:		Score
Has client had any recent changes that have affected what they eat, how they prepare meals or how they shop?	Yes	2
	No	0
Do you have any concerns about client's ability to have an adequate diet?	Yes	1
	No	0

Add scores & circle the degree of risk:

1 = Possible	2—3 = Likely

Opportunity exists for improving nutrition. If client wishes to address this, proceed to Step 2. Investigate

0 = Not identified

No further action required at this point in time

Ferguson et al. (1999)

Pedro: 80 year old, recent widower
Doesn't know how to cook many dishes
Has been eating cereal and toast, as he knows how to prepare these
Not confident to do grocery shopping
Otherwise physically well and reports no weight changes
Use the ICAN screen to complete the following
1. Is this client at nutritional risk?
2. Determine the potential for nutritional risk

TAKE HOME MESSAGES
Malnutrition is difficult to identify by observation alone.
A person regardless of their weight, can be malnourished or at nutritional risk.
There is evidence that older people with a BMI in the overweight category on average live longer without disability than people with a BMI in the healthy weight range.
The use of a validated screening tool can identify the potential for malnutrition /nutrtitional risk.
Early identification of clients at risk = early interventions = better outcomes

Session Three

Nutrition Interventions

Presented by:

Alicia Shirley

Introduction to Allied Health:

Dietitian

Occupational Therapist (OT)

Physiotherapist (PT)

Speech Pathologist

Dietitians

- ☑ Offer health advice
- ☑ Support skill building
- ☑ Promote emotional wellbeing

DIETITIANS OFFER HEALTH ADVICE

Healthy eating /dietary guidelines

Acute /chronic conditions

- Those which can be managed with diet: e.g. diabetes, cardiovascular disease, food allergies and intolerances, constipation, diverticular disease
- Those which alter nutrition needs: e.g. wound healing, respiratory illness, neurological conditions, gastro-intestinal disorders, liver and kidney disease, cancer

Dietitians support skill building

- ☑ Meal planning
- ☑ Recipe ideas
- ☑ Cooking
- ☑ Food choices
- ☑ Food budgeting
- ☑ Grocery shopping
- ☑ Reading food labels

Dietitians promote emotional wellbeing

- ☑ Eating with others
- ☑ Food enjoyment
- ☑ Healthy eating behaviours
- ☑ Lifestyle changes

…via motivational interviewing and solution focused coaching

Zelma: 74 year old lady, lives alone
Admitted to hospital after accidently tripping over at home; no major injuries. Overnight stay then discharged home.
Referred to Dietitian for weight loss Weight 80kg, Height 1.6m, BMI 31kg (obese) High blood pressure (managed with medication) Osteoarthritis in knees (using painkiller daily)

REFERRALS

to a Dietitian

- ☑ Making a referral
- ☑ Reason for referral
- ☑ Waiting Lists

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Occupational Therapy & Nutrition

Enabling people to feel more confident in their activities and environment

WHAT IS OCCUPATIONAL THERAPY (OT)?

"The primary goal of Occupational Therapy is to enable people to participate in the activities of everyday life.'

Occupational Therapists achieve this by working with people to enhance their ability to engage in the activities they want to, need to, or are expected to do, or by modifying the activity or the environment to better support their independence and safety.

Therapy Choices 2015

OT INTERVENTION
Helping clients regain or enhance safety and independence with their daily lives
Prescription and education of clients and carers in the use of adaptive equipment
Home assessment and modification (access, moving around the home, doorways, lighting, steps, bathroom, falls hazards e.g. pets, cords, mats, clutter)
Individual and group programs and activities
Strategies for memory and cognition (organising & taking medications, appointments, managing your finances etc.)

Occupational Therapy Australia 2015

Client Story: Gloria
67yrs, lives alone, widowed 2006
Parkinson's Disease diagnosis 2004
Osteoporosis & Osteoarthritis
Poor mobility, numerous falls
Personal care for showering
MOW 4 days / week
Case Management

Gloria's goals
To enjoy food again
To make own meal choices
To enjoy cooking again

OT REVIEW
Numerous falls in kitchen
Dangerous use of oven & stove top
Difficulty moving items from one area to another due to "freezing"
Limited ability to chop /use knife

DIETETIC REVIEW
10kg loss of weight in 12 months
Lost interest in food as ability to cook declined
Forced to rely on MOW, convenience meals and takeaway foods
Apathy & depression
Reliance on services

CARE TEAM INTERVENTIONS
Equipment
Reorganisation of workspace
Recipes from Dietitian to use new cooking methods
Community care worker assistance with meal preparation
Case management and care coordination

REFERRALS

To an Occupational Therapist

- ☑ Making a referral
- ☑ Reason for referral
- ☑ Waiting Lists

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Nutrition Interventions

A Physiotherapy perspective

WHAT IS PHYSIOTHERAPY?

"Physiotherapy is a healthcare profession that assesses, diagnoses, treats, and works to prevent disease and disability through physical means.

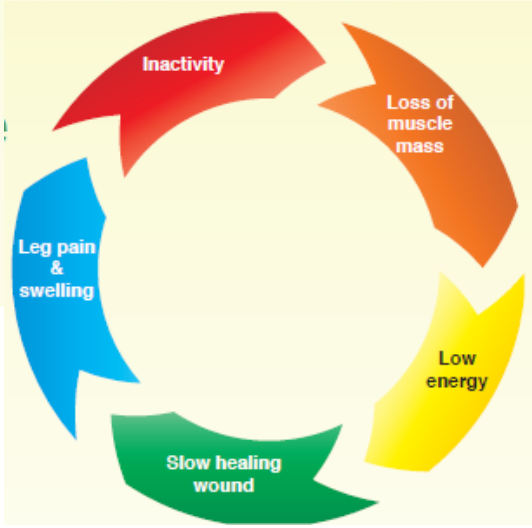
Physiotherapists are experts in movement and function who work in partnership with their clients, assisting them to overcome movement disorders, which may have been present from birth, acquired through accident or injury, or are the result of ageing or life-changing events."

Physiotherapy Intervention

Physiotherapy Intervention:
- Exercise programs to improve mobility and strengthen muscles
- Joint manipulation and mobilisation to reduce pain and stiffness
- Muscle re-education to improve control
- Airway clearance techniques and breathing exercises
- Soft tissue mobilisation (massage)
- Acupuncture
- Hydrotherapy
- Assistance with use of aids, splints, crutches, walking sticks & wheelchairs.

Physical issues

What are some of the challenges older people face in their homes?



REFERRALS

to a Physiotherapist

- ☑ **Making a referral**
- ☑ **Reason for referral**
- ☑ **Waiting Lists**

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Speech Pathology and Nutrition

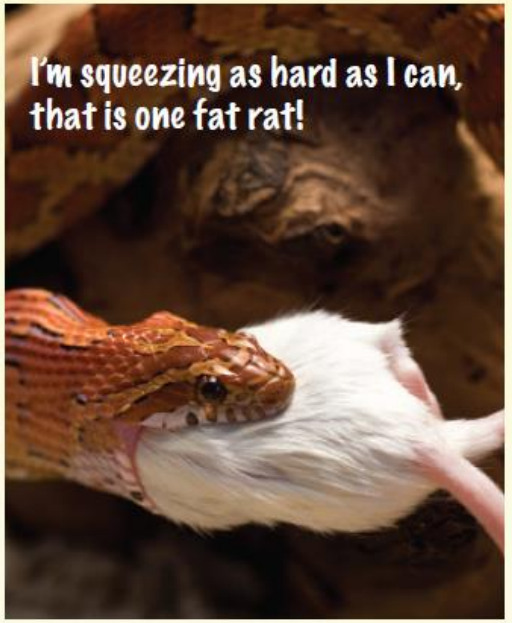
Supporting community participation and safe swallowing

WHAT DOES A SPEECH PATHOLOGIST DO?
Communication:
Understanding what people say
Putting words together to express needs and wants, to complex thoughts and ideas (cognition, attention, memory)
Moving muscles to articulate speech
Non-speech strategies to communicate
Swallowing:
Assess swallow safety, including structure and function of anatomy
Recommend specific management strategies to assist with a safe swallow or recommend non-oral options if necessary
Supporting meal planning and preparation - appropriate consistency /texture

Speech Pathology Australia 2015

COMMUNICATION PROBLEMS
Speech: involves saying the sounds in words so that people can understand what is being said. E.g. slurred speech, inaccurate speech
Language: understanding language, expressing needs
Voice: using the vocal cords or voice box to produce speech, e.g. low volume or rough voice quality
Fluency: e.g. stuttering
Social Communication: is how we communicate and involves interpreting the context of a conversation, understanding non-verbal information and the social rules of communication that are needed to develop a relationship with another person.
Cognitive communication: e.g. memory, planning, sequencing, organising

SIGNS OF SWALLOWING DIFFICULTIES
Person complains of food / fluid / tablet sticking in throat after swallow
Coughing, choking, throat clearing, gagging when eating & /or drinking
Gurgly /wet voice when eating or drinking
Difficulty /slow chewing
Holding food /fluids /tablet in mouth
Some food /fluid /tablet remains in mouth after swallow
Multiple swallows needed to clear mouth or throat
Report of chest infection(s)
Refusal to eat /drink



CONSEQUENCES OF SWALLOWING DIFFICULTIES	
Dehydration	Malnutrition
Choking	Aspiration / Pneumonia
Social isolation	Confidence
Decreased meal satisfaction	

SPEECH PATHOLOGY INTERVENTION
Strategies and exercises for safer swallowing
Recommendations for texture modified foods and fluids
Therapeutic exercises and strategies for speech and language, and cognitive communication including memory, sequencing and planning
Prescribe and educate on use of Augmentative and Alternative Communication (AAC)

CARE TEAM INTERVENTIONS
Safe swallowing exercises and techniques to minimise coughing at meal times
Soft diet texture to assist with safe and efficient swallow
Recipes and meal ideas from the Dietitian for new texture
Community access cards so that David can easily order when he eats out
Picture based shopping list so that David can participate in shopping more

REFERRALS

to a Speech Pathologist

- ☑ Making a referral
- ☑ Reason for referral
- ☑ Waiting Lists

References

1. Speech Pathology Australia (2013) 'What is a speech pathologist?' Available from: http://www.speechpathologyaustralia.org.au/library/2013Factsheets/Factsheet_What_is_a_SP_web.pdf, accessed 28 October 2015
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TAKE HOME MESSAGES
Look at the bigger picture when thinking about strategies to improve nutrition; don't stop with a quick fix solution
Improving access to nutrition can be achieved with a range of multidisciplinary strategies
Dependence vs Independence: consider varying levels of support to progress a person towards a restorative outcome

NUTRITION INTERVENTIONS

What new strategies have you learnt about that may assist clients at nutritional risk to increase their access to nutrition?

The Restorative Scale

Independence

Dependence

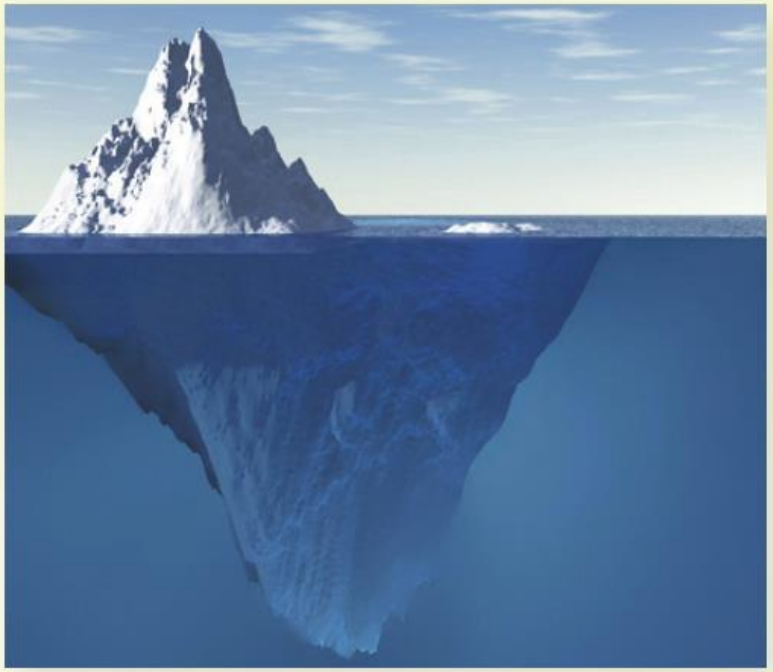
Session Four

Investigating Capacity to Access Nutrition

Presented by:

Ashley Webb

The ‘tip of an iceberg’ is only 10% of its mass



National Geographic website, 2015

Investigating Capacity to Access Nutrition

Learning Outcome

Use a nutrition care pathway to identify and adequately address nutritional risk in older people living in the community.

INVESTIGATING CAPACITY TO ACCESS NUTRITION
1. **Screen** for malnutrition /nutritional risk
WHAT is the degree of risk?
2. **Investigate** the potential cause(s)
WHY is the client at nutritional risk?
4. **Act** to address risk
HOW will the client be best supported?

Case Study: Pedro			
No weight loss or appetite = 0 Unlikely to be at malnutrition risk			
Recently lost partner = 2	Diet = 1	Score of 3	
Potential for nutritional risk is likely			

STEP 2. INVESTIGATE THE CAUSES OF RISK

Screening detected risk through:

weight loss, reduced food intake, changes to eating, cooking, shopping, and /or diet concerns

Are these factors due to:

1. Health Status?
2. Physical Access to food?
3. Knowledge /Skills deficit?

HEALTH STATUS

The main causes of Malnutrition are:

- Impaired food intake
- Impaired digestion or absorption
- Increased or changed metabolic demands
- Excess nutrient losses

NICE Clinical Guidelines 2006

PHYSICAL ACCESS TO FOOD

Anything that physically impedes a person being able shop for food, prepare meals or eat food could put them at nutritional risk

- Physical disability or impairment
- Mobility or transport difficulties
- Cognition or memory impairment
- Communication with others
- Dental issues

KNOWLEDGE /SKILLS

Not having up to date, or adequate knowledge or skills to shop, cook or make appropriate food choices can be a barrier to good nutrition

- Special diet to manage a health condition?
  - Up to date advice about this in last 12months?
- Recipes /meal repertoire, cooking skills?
- Food choices, portion control?

STEP 3. ACT TO ADDRESS RISK
HOW WILL THE CLIENT BE BEST SUPPORTED?
Will intervention be restorative? Is the client aiming for a functional gain or avoidance of apreventable injury? • Care plan needs to be goal directed, time limited and reviewed regularly
Will intervention be supporting maintenance? Is the client aiming to maintain the status quo? • Care plan remains static, intervention is ongoing and reviewed less frequently

SMALL GROUP ACTIVITY

Step 1: WHAT is the degree of malnutrition /nutritional risk?

Step 2: WHY is the client at risk in relation to their health status, physical access to food and knowledge /skills around food?

Step 3: HOW will the client be best supported, in order of priority? Will the care plan be reflective of restorative care or maintenance support?

TAKE HOME MESSAGES
The obvious signs of nutritional risk are only part of the problem. To address the risk adequately, you need to investigate the underlying causes
Explore health status, physical access & food knowledge /skills
Will care be restorative or support maintenence?

National Geographic webeite , 2015

References

1. National Geographic Society (1996-2015) 'Iceberg-encyclopidic entry' available from http://education.nationalgeographic.com.au/encyclopidia/iceberg/,accessed 2015
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4. Department of Social Services Department of Social Services (2015) 'Living well at home: CHSP Good Practice Guide' *Commonwealth of Australia*

Session Five

Embedding a nutrition care pathway into practice

Presented by:

Ashley Webb


FUTURE
PAST

Embedding a Nutrition Care Pathway into practice

Learning Outcome

Develop a plan for embedding a nutrition care pathway into practice.

Model for Improvement

VIC DHHS 2010

PERCEIVED BARRIERS
Referrals to Dietitians and other Allied Health
Clients motivation
Use of ICAN - Not enough time - Already ask about nutrition - Others not on board
Care plans and care coordination

How might you overcome barriers to using the ICAN in practice?

Plan for embedding ICAN into practice

What is one thing you will need to do to:

1. Adopt or improve nutrition risk screening in your practice?
2. Offer more restorative nutrition interventions to your clients?

TAKE HOME MESSAGES
Knowledge is of no value, unless you put it into practice. (Anton Chekhov)
Look for ways to overcome barriers to nutrition risk screening and restorative care
Plan Do Study Act – start with small changes
Skills Consolidation – practice, reinforce

References

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- Training participants