

# External Evaluation of Nutritional Care Quality in Rest Homes

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## Background

Quality of nutritional care is one of the significant criteria for evaluation of rest homes from the viewpoint of the clients and their family members. This service is by the staff often restricted only to cook tasty dishes in compliance with the client's satisfaction. This, however, meets only a very small part of requirements and needs in the care of nutritional condition of seniors.

The current legislation defines a duty to provide services according to individual client's needs and enable the improvement of his condition. In this context it is important to recognize that the client's nutritional status is a key of the general health condition and significantly affects the client's self-sufficiency, quality of his life and the costs of the care. Proper guidance of nutritional care is the key to ensure the quality and safety of care services and also brings considerable savings. This fact was detected by the directors of three rest homes in Prague and therefore in 2005 the standards of nutritional care were established with respect to the specifics of residential care of seniors and with possibility of subsequent external evaluation of quality and safety of nutritional care and services in these institutions.

## Material and Methods

### Project Timeline

The system of external evaluation of quality of care service in nursing homes was developed by Czech experts for clinical nutritional care and assessment of the quality of care services in health care and social care residential institutions. This system was tested in a pilot project in three rest homes. The effect was verified in six other institutions.

<b>2005</b> Start-up from the rest homes Building the professional team Conception of Standards of external evaluation of quality of care and services in rest homes Training of external auditors in the field of: 1) Knowledge and interpretation of accreditation standards and related legislation 2) External evaluation in practice according to the defined standards	<b>2005 - 2006</b> Pilot (3 nursing homes) <b>2006 - July</b> Pilot evaluation <b>2006 - September</b> Conference – Project presentation to other nursing homes <b>2006 - November</b> Choosing the rest homes for system implementation <b>2007 - 2008</b> System use in practice in other rest homes <b>2008 - September</b> Conference – Project presentation to other rest homes
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### Project staffing

<b>Professional team</b> Professional referee and head education methods specialist – Tamara Starnovska, vice-chairman of Czech Nurses Association Education methods specialists – 4 dietitians, 1 nurse Professional referee of external quality appraisal team – Frantisek Vlcek, deputy headmaster of Czech National Accreditation Committee	<b>Implementation team</b> Nursing homes teams Implementation team manager Institute director Dietitian	<b>Coordinator and sponsorship</b> Nutricia
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### Workflow

The referee compiled the nutritional standards of care service for the nursing homes including indicators of individual standards (see Table 1) which allow external evaluation of quality and safety of care services based on these standards. Standards are based on International Standards of Accreditation (JCI, Joint Commission International) and National Accreditation Standards (SAK CR, Spojena akreditacni komise, Czech National Accreditation Committee) and are in accordance with current legislation.

Table 1 - Nursing homes nutritional care standards

<b>CAS.9</b> (Care, Services and Support) Clients are regularly available to a diet that is appropriate for them and is a part of provided health care and services. <b>CAS.9.1</b> A specific diet is prescribed to the client including nutritional supplements based on client's actual nutritional condition and needs and including the prescription of „nil per os“, normal diet, therapeutic diets, parenteral or enteral nutrition. <b>CAS.9.2</b> Clients are able to choose individual diet from the offered dishes.	<b>Standard indicators CAS.9</b> 1. Institution provides regular and adequate diet for clients. 2. In clients cared at their own homes it is necessary to monitor their nutritional condition. <b>Standard indicators CAS.9.1</b> 1. There are notes about diet in client's documentation. 2. The diet corresponds with the client's nutritional condition and needs.	<b>Standard indicators CAS.9.2</b> 1. Clients are able to choose from served dishes according to their health condition and provided care and services. 2. Menu is processed one week ahead, at least. 3. Menu and the nutritional composition is regularly controlled and authorized by a qualified person. 4. If a client gets his diet from his family, the family members should be advised of client's diet.
<b>CAS.9.3</b> Clients are hydrated well. <b>Standard indicators CAS.9.3</b> 1. To clients unable to bring their drinks, the drinks are offered.		2. Clients are stimulated to drink often during eating, between main dishes and during all their activities.
<b>CAS.9.4</b> Food and nutritional supplements are prepared in acceptable form for clients. <b>Standards indicators CAS.9.4</b> 1. Food is prepared appropriately. 2. Food is tasty.		3. The temperature of warm and cold dishes during outgoing is appropriate. 4. Warm dishes are held on adequate temperature during serving.
<b>CAS.9.5</b> Preparation, storage and outgoing of the dishes are safe and go with agreement with national legislation, regulations and recommended workflow. <b>Standard indicators CAS.9.5</b> 1. Food is prepared safely with low risk of contamination or degradation. 2. Food is stored in the way that reduces the risk of contamination or degradation.		3. Food is served at fixed time. The institution meets special client's needs, if necessary. 4. Workflows are in consistent with national legislation, regulations and recommended workflow.
<b>CAS.9.6</b> Staff helps with feeding clients who need help. <b>Standard indicators CAS.9.6</b> 1. Staff helps the client to go to the dining room, if the help is needed.		2. Staff helps client with feeding, if the help is needed. 3. The compensation felicities are available for clients, if needed.
<b>CAS.10</b> The correct nutritional care about clients with eating disorder is ensured. <b>CAS.10.1</b> Nutritional care is provided as multidisciplinary problem. <b>CAS.10.2</b> Effectiveness of nutritional care for client is written down in client's documentation.	<b>Standard indicator CAS.10</b> 1. Adequate nutritional care is provided to clients in risk of malnutrition. <b>Standard indicator CAS.10.1</b> 1. Planning, providing and controlling of effectiveness of nutritional care is provided in multidisciplinary way.	<b>Standards indicators CAS.10.2</b> 1. The effectiveness of nutritional care is continuously controlled. 2. The effectiveness of nutritional care is written down in client documentation.

Nursing homes educated and informed about external evaluation standards and provided with consultation and maintenance with implementation of recommended principles. The external evaluation should assess and verify that the institution's care is in accordance with recommended standards. The evaluation was realized by three-members commission consisted of the project professional referee, professional quality referee and project manager.

Evaluated nursing homes received a "Certificate of Standardized Nutritional Care Service" as a confirmation that the nursing home provides a highly qualified nutritional care service in accordance with current legislation. In case of detected imperfection or defects the rest home was entitled to ask for one more reparative evaluation.

The validity of the Certificate is 1 year. The validity can be extended just in case of positive results during a new evaluation process otherwise the nursing home can apply for a new reparative evaluation.

## Results

### Pilot

Nutritional care standards were implemented into practice in three nursing homes. Care service in 2 nursing homes (67 %) was in accordance with recommended standards. Many defects and fails in quality and safety of provided nutritional care service were detected in one nursing home (33 %) during the first evaluation process and also during the reparative evaluation process.

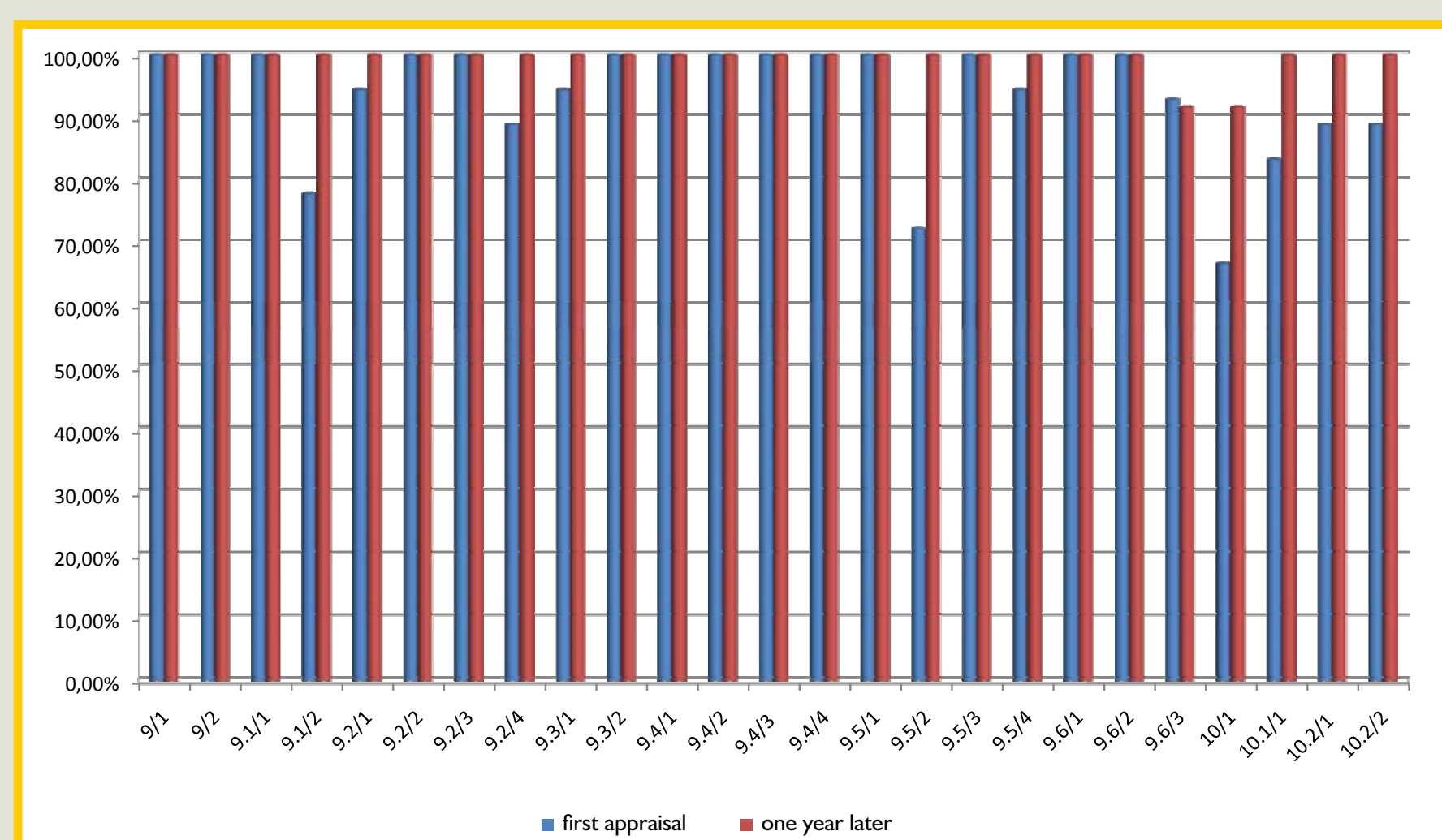
### Practical use of the project of external quality evaluation in other nursing homes

Nutritional care standards were implemented into practice in other 6 nursing homes. The nutritional care responded with the recommendation standard in all 6 institutions:  
 - In 4 institutions in first external evaluation (67 %)  
 - In 6 institutions in corrective evaluation (33 %)

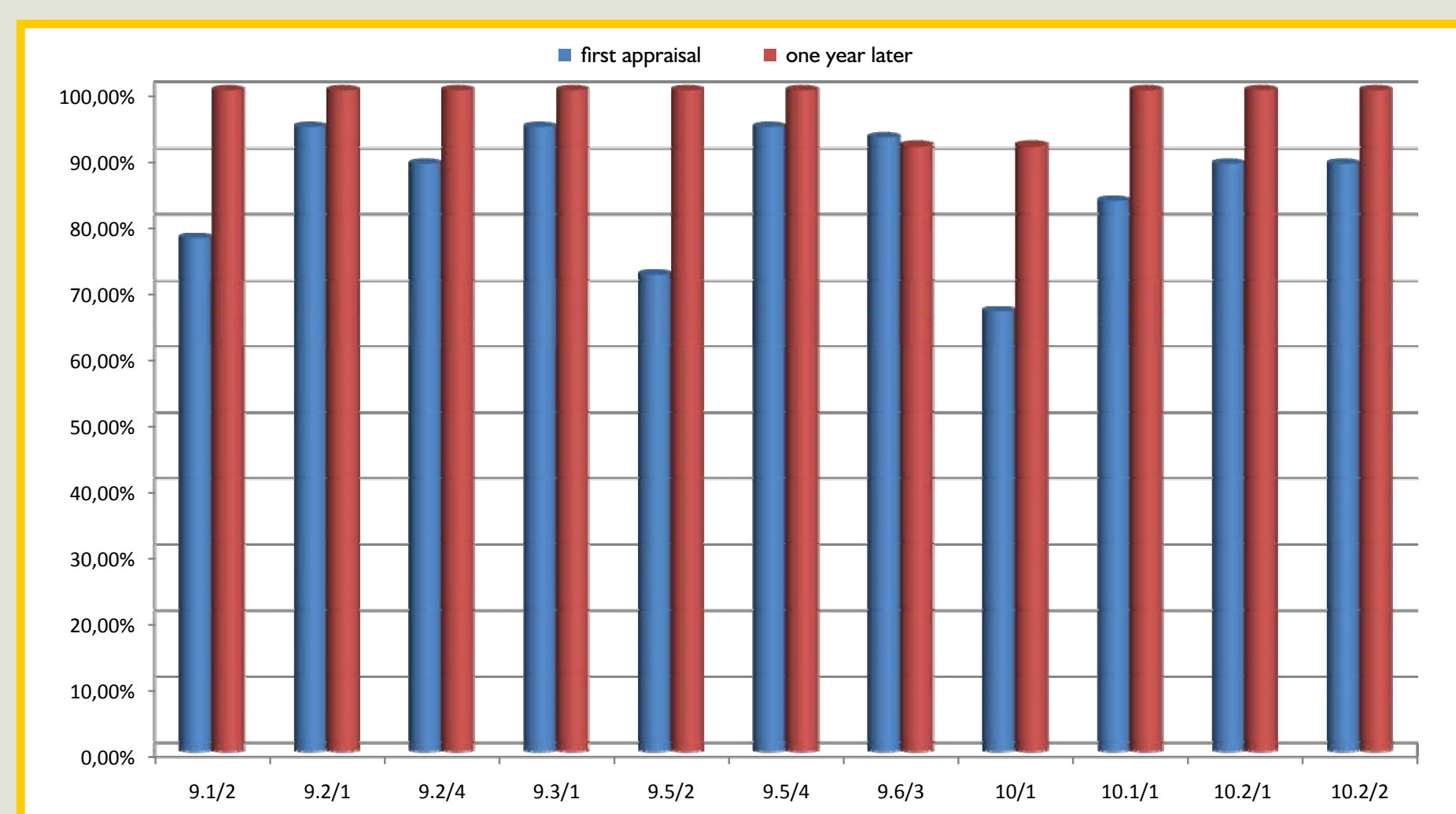
### Corrective appraisals

For trends of nutritional care quality and services in each Rest Home see the graphs 1, 2 and 3.

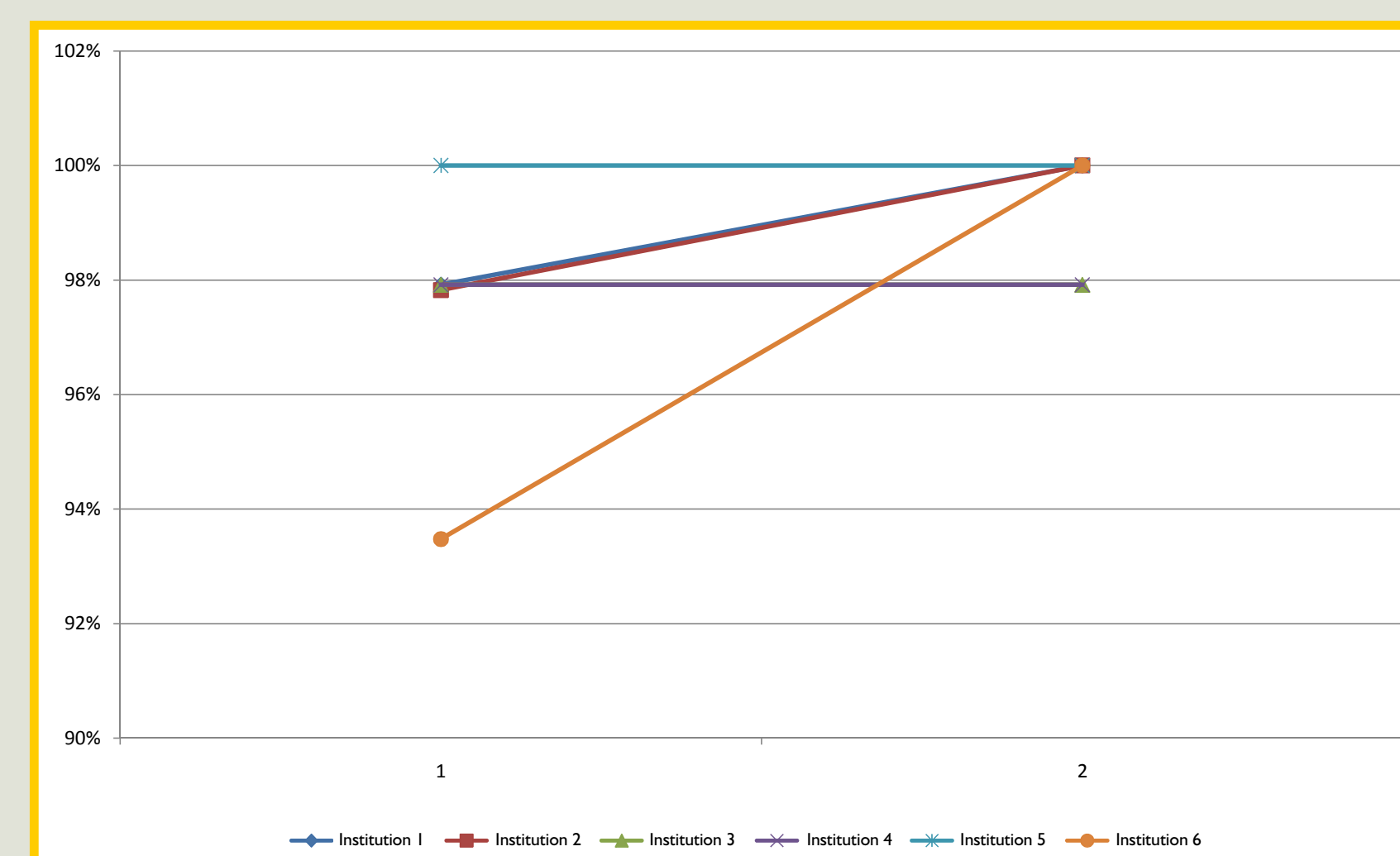
Graph 1. Mean evaluation of each nutritional care standard indicator after first appraisal and one year later (all indicators)



Graph 2. Mean evaluation of each nutritional care standard indicator after first appraisal and one year later (only indicators with total score less than 100 %)



Graph 3. Trend of mean evaluation score in each rest homes in first appraisal and one year later



## Conclusion

Nutritional care standards defined in accordance of rest homes' specifics are highly effective and useful tool for external quality and safety evaluation of provided nutritional care services in rest homes.