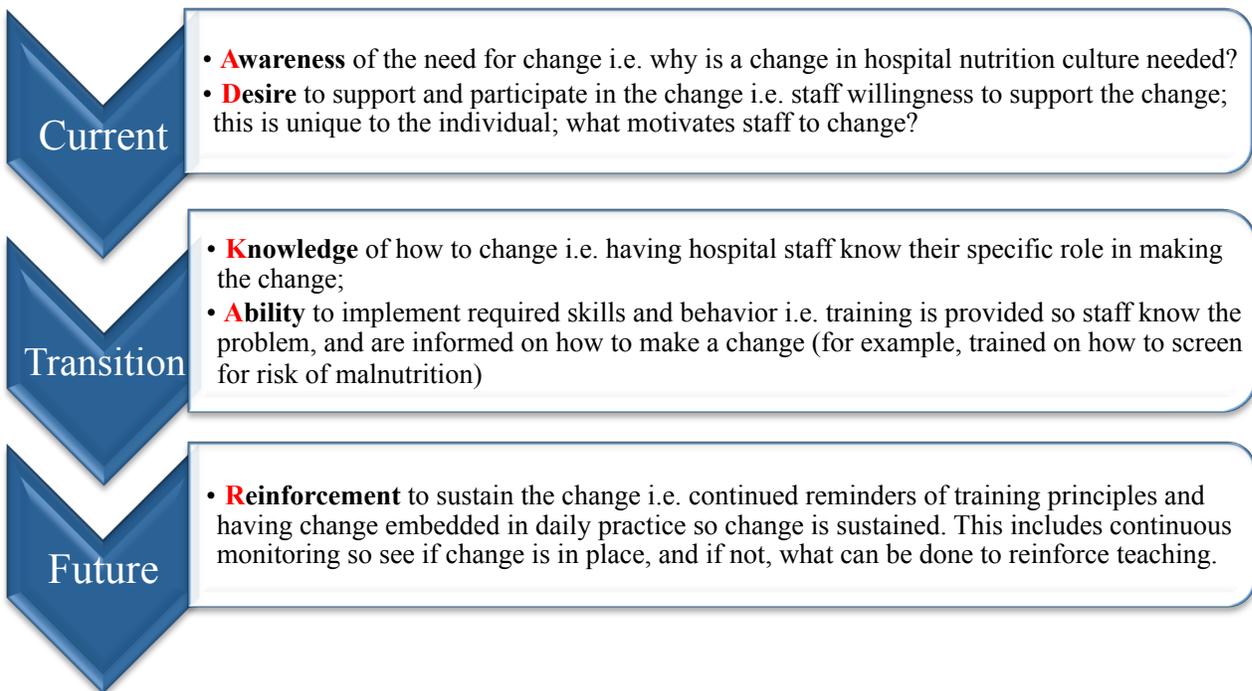


## More-2-Eat Quality Improvement

### What is ADKAR?

- ADKAR is a model that can be used in M2E to support **change management**. This model specifically supports communication plans with unit staff, leading to acceptance of the changes being implemented as a result of following INPAC.
- **Key belief:** Organizational change is the outcome of cumulative individual change.
- ADKAR occurs in stages **based on how staff experiences change**. For example, awareness comes before desire, as staff needs to first recognize that malnutrition is a problem in their hospital. This recognition will lead to understanding that change is needed, thus create a desire to change.

*"The secret to successful change lies beyond the visible and busy activities that surround change. Successful change, at its core, is rooted in something much simpler: How to facilitate change with one person."(Hiatt, 2006, p. 1)*



### ADKAR is a framework that will...

- **Help guide a change.** It may help to clarify what steps should be taken to build desire and succeed with the Integrated Nutrition Pathway for Acute Care (INPAC) implementation.
- **Assist in tracking the progress of change.** Each stage's completion indicates that you are on your way to successful implementation of INPAC with a specific group.
- **Helps you understand where gaps have occurred** in your implementation, and provides ideas for how they may be addressed. For example, if there is resistance to implementation of INPAC, identifying what stage the change and/or the individual staff member is at will help to identify the strategies needed to move them to the next stage of ADKAR.

**References:** Jeffrey Hiatt. (2006). *ADKAR: A Model for Change In Business, Government and our Community*.  
**Images:** States of Change. Retrieved from: [www.change-management.com/tutorial-adkar-overview-mod4.htm](http://www.change-management.com/tutorial-adkar-overview-mod4.htm)  
Dimensions of change graph. Retrieved from: [www.change-management.com/tutorial-adkar-overview.htm](http://www.change-management.com/tutorial-adkar-overview.htm)

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## Application of ADKAR to the More-2-Eat Project

ADKAR Elements	Facilitators	Barriers
<b>A</b> wareness	<ul style="list-style-type: none"> <li><input type="checkbox"/> Awareness of the prevalence of malnutrition (45% are at risk of malnutrition on admission)</li> <li><input type="checkbox"/> Recognizing that those at malnutrition risk should receive appropriate care</li> <li><input type="checkbox"/> Recognizing that malnutrition and/or low food intake can increase length of stay</li> <li><input type="checkbox"/> Recognizing the credibility of INPAC</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of understanding of the importance/prevalence of malnutrition</li> <li><input type="checkbox"/> Belief that changes will take a long time</li> <li><input type="checkbox"/> Lack of hospital support system (i.e. inability to incorporate a nutrition screening tool into the admission system)</li> <li><input type="checkbox"/> Lack of follow-through (i.e. screening results must link back to appropriate care)</li> <li><input type="checkbox"/> Miscommunication regarding reason for making a change.</li> </ul>
<b>D</b> esire	<ul style="list-style-type: none"> <li><input type="checkbox"/> Individual motivators for change i.e. belief that malnutrition is a problem in their hospital</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Acceptance or comfort with status quo and change fatigue</li> <li><input type="checkbox"/> Individual barriers for change i.e. perception of additional workload</li> </ul>
<b>K</b> nowledge	<ul style="list-style-type: none"> <li><input type="checkbox"/> Training materials are available for all hospitals regarding:                             <ul style="list-style-type: none"> <li>○ <b>Malnutrition:</b> Definition, prevalence, outcomes and cost</li> <li>○ <b>Identifying Malnourished Patients:</b> Focus on the Canadian Nutrition Screening Tool and Subjective Global Assessment</li> <li>○ <b>Becoming 'Food Aware' in Hospital:</b> Strategies to improve food intake and the nutrition care culture</li> <li>○ <b>The Integrated Nutrition Pathway for Acute Care (INPAC)</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of time to attend training.</li> <li><input type="checkbox"/> Difficult to access all staff (e.g. night shifts).</li> </ul>
<b>A</b> bility	<ul style="list-style-type: none"> <li><input type="checkbox"/> The ability to apply what was learned in training to practice</li> <li><input type="checkbox"/> The More-2-Eat site implementation team will support application of training</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Limited time of all hospital staff (i.e. implementing certain changes may increase the amount of time doing certain tasks)</li> <li><input type="checkbox"/> Lack of support from hospital staff and/or management</li> <li><input type="checkbox"/> Lack of confidence in ability to perform SGA</li> </ul>
<b>R</b> einforce- <b>m</b> ent	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reminders of the training</li> <li><input type="checkbox"/> Reinforcement of changes</li> <li><input type="checkbox"/> The M2E team will work towards a supportive hospital structure</li> <li><input type="checkbox"/> All change will be monitored, and fed back to the hospital</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Change can be difficult to see, as it may not be immediate</li> <li><input type="checkbox"/> Lack of support from the hospital may make change more difficult</li> </ul>