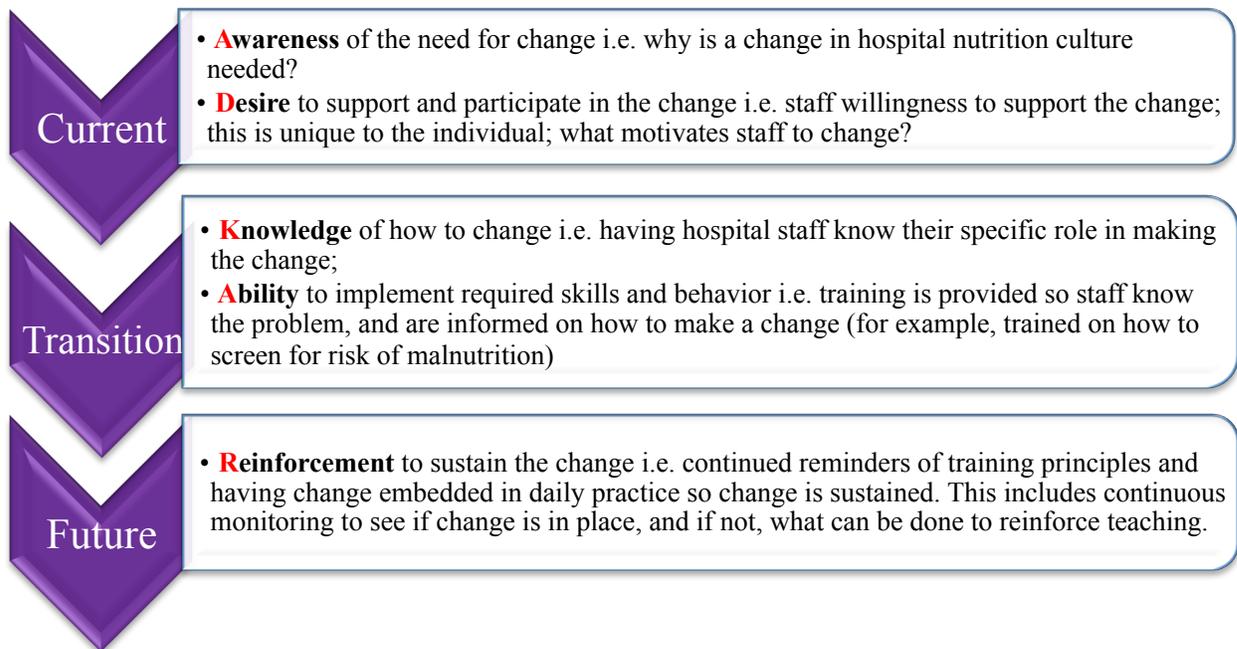


# INPAC Quality Improvement

## What is ADKAR?

- ADKAR is a model that can be used in Integrated Nutrition Pathway for Acute Care (INPAC) implementation 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*



## 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 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.

## Application of ADKAR to INPAC Implementation

ADKAR Elements	Facilitators	Barriers
<b>A</b> wareness	<ul style="list-style-type: none"> <li>• Awareness of the prevalence of malnutrition (45% are malnourished on admission)</li> <li>• Recognizing that those at malnutrition risk need to be diagnosed and those malnourished should receive appropriate care</li> <li>• Recognizing that malnutrition and/or low food intake can increase length of stay</li> <li>• Recognizing the credibility of INPAC</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of understanding of the importance/prevalence of malnutrition</li> <li>• Belief that changes will take a long time</li> <li>• Lack of hospital support system (i.e. inability to incorporate a nutrition screening tool into the admission system)</li> <li>• Lack of follow-through (i.e. screening results must link to referral)</li> <li>• Miscommunication regarding reason for making a change.</li> </ul>
<b>D</b> esire	<ul style="list-style-type: none"> <li>• Individual motivators for change i.e. belief that malnutrition is a problem in their hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Acceptance or comfort with status quo and change fatigue</li> <li>• Individual barriers for change i.e. perception of additional workload</li> </ul>
<b>K</b> nowledge	<ul style="list-style-type: none"> <li>• 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>• Lack of time to attend training.</li> <li>• Difficult to access all staff (e.g. night shifts).</li> </ul>
<b>A</b> bility	<ul style="list-style-type: none"> <li>• The ability to apply what was learned in training to practice</li> <li>• The INPAC implementation team will support application of training</li> </ul>	<ul style="list-style-type: none"> <li>• Limited time of all hospital staff (i.e. implementing certain changes may increase the amount of time doing certain tasks)</li> <li>• Lack of support from hospital staff and/or management</li> <li>• Lack of confidence performing SGA</li> </ul>
<b>R</b> einforce- <b>m</b> ent	<ul style="list-style-type: none"> <li>• Reminders of the training</li> <li>• Reinforcement of changes</li> <li>• The INPAC implementation team will work towards a supportive hospital structure</li> <li>• All change will be monitored, and fed back to unit staff/hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Change can be difficult to see, as it may not be immediate</li> <li>• Lack of support from the hospital may make change more difficult</li> </ul>