FACTORS ASSOCIATED WITH FOOD INTAKE, NUTRITIONAL STATUS, AND FUNCTION AMONG NURSING HOME RESIDENTS WITH DEMENTIA

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Declined food intake is prevalent among long-term care (LTC) residents with dementia and associated with deleterious health outcomes. This study explores food intake, nutritional status, and function and its associated factors in LTC residents with dementia. Data from 82 LTC residents with dementia were used in this secondary analysis. In the primary study, appetite was assessed using the Short Nutritional Assessment Questionnaire (SNAQ). Dementia level, comorbidity, agitation, pain, mood, food intake, nutritional status, and function variables were extracted from the electronic medical record, including the most recent Minimum Data Set (version 3.0) assessment. The majority of residents were either malnourished or at risk of being malnourished and demonstrated a worse appetite than previously described in the literature. Comorbid illness, depressed mood, and appetite were associated with 37.1% of the variance in food intake over 30 days. Dementia level and appetite were associated with 22.2% of the variance in nutritional status. Food intake and nutritional status were associated with 29.1% of the variance in function. This study also highlights a new demographic that may require extra assistance in combating declined food intake: LTC residents with dementia who reside in a facility that follows restrictive food practices such as a kosher diet. The potential reversibility of factors associated with food intake and nutritional status provides opportunities for intervention.

FACTORS RELATED TO THE WELL-BEING OF OLDER CHINESE LIVING IN INSTITUTIONAL CARE FACILITIES: A SYSTEMATIC REVIEW

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Due to the fast pace of population aging and the "4-2-1" family structure, institutional care was proposed as "support" for the elderly care service system in China. The purpose of this systematic review paper was to identify factors that are associated with the well-being of older residents living at institutional care facilities in China. Studies were included if participants (1)aged 60 years or older, (2) were living at an institutional care facility in mainland China. Studies were excluded if participants (1) were Chinese Immigrants, or residents in Hong Kong, Macao, and Taiwan, (2) were cognitively impaired, or (3) at the end of their lives and need palliative care in institutional facilities. A total of 12 articles were selected in this review study based on PRISMA guidelines: 10 quantitative studies and 2 qualitative studies. Anderson healthcare utilization model was used in this study to categorize related factors into three dynamics: predisposing factors, enabling factors, and need factors. Among predisposing factors, older, more educated, widowed adults with higher income were more likely to have higher levels of well-being in institutional care facilities. Social supports, such as family visit, activity engagement and peer support, were very important enabling factors. The actual need, such as ADL, health status and depression, was another important dimension for the well-being of older Chinese living in institutional care facilities. Aiming at increasing older residents' well-being, the present study suggested more tailored interventions should be designed and implemented to enhance their social support, activity engagement and peer support.

MAKING QUALITY IMPROVEMENT DATA MEANINGFUL FOR LONG-TERM CARE ADMINISTRATORS

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Tailoring feedback data to engage end-user stakeholders when sharing organizational context data is a central component of quality improvement and integrated knowledge translation. For over a decade, our research team has collected survey data (using the validated Alberta Context Tool) on modifiable aspects of organizational context from long-term care (LTC) staff (e.g., nurses, unregulated providers) across a representative cohort of 94 LTC facilities in Western Canada. We have fed back data at the facility and care unit level with the goal of making research findings more useful for decision-making and aiding improvement efforts. We have used a binary method (more favourable / less favourable organizational context) to report multidimensional data. While useful to our stakeholders (e.g., administrators) we are continually seeking ways to increase the detail in our reporting, while maintaining usability for stakeholders. We have now developed a more detailed method – the context rank summary, which displays rankings of care units within and across LTC facilities. In this study, we used a qualitative descriptive design to explore perspectives of administrators and managers (leaders) from LTC facilities on the two different methods for reporting survey data. We conducted a total of three focus groups with 16 leaders in the Maritimes and Ontario, Canada. Transcripts were analysed using content analysis. Leaders preferred a feedback report that combines a binary method with the greater detail of the context rank summary. Providing organizational context data that is more meaningful, relevant and actionable could offer an additional path to identifying areas for improvement.

MEALTIME CARE FOR PEOPLE WITH DEMENTIA: WHAT DO NURSING HOME STAFF THINK?

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More and more people with dementia are living in nursing homes (NH). Often, they depend on NH staff for help with eating and drinking. It is important that staff have the skills and support they need to provide good care at mealtimes. This qualitative study explores mealtime care for people with dementia, from the perspective of NH staff. Semi-structured interviews with NH staff (n=16) were carried out in two nursing homes. The homes were chosen to have diverse