

Modified Delphi Approach for Consensus on Constipation Prevention Strategies and Implementation in Residential Aged Care

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Background and Objective: People with dementia may not be able to understand the urge to pass stools and go to the toilet, or autonomously apply common constipation prevention measures, leading to constipation and discomfort. The aim of the overall project is to co-design the translation of an evidence-informed multi-component nursing and care staff intervention – the CoCo care-bundle – specifically designed to prevent constipation in individuals living with dementia in Residential Aged Care (RAC). This study component aims to reach consensus on a draft bundle of intervention items, identified from literature and context mapping of practices in two RAC homes, and determine the implementation strategies.

Methods: Twenty-four CoCo care-bundle items were identified from existing literature and mapping usual practices for care of residents at risk of constipation. A modified Delphi process and co-design workshop were then conducted to reach consensus and refine these items. First, the items were taken for review to three community partnership groups each comprising of 7-8 older people, including persons who 1) live in RAC, or 2) have lived experience in caring for a partner with dementia, and/or 3) live with bowel health issues, including constipation. Perspectives were shared on the draft CoCo care-bundle items regarding their relevance and acceptability for a person living with dementia. Next, a multi-disciplinary expert advisory panel rated the draft items for relevance, acceptability, and feasibility. Items with item content validity index (I-CVI) of 0.78¹ were included for the workshop discussion, focusing on operationalisation, side effects/risk, fairness, and cost of individual items. The co-design workshop discussion also identified potential implementation strategies, in line with the Implementation Framework for Aged Care² and the Expert Recommendations for Implementing Change.³

Results: The survey rating of initial draft CoCo care-bundle items (n=24) resulted in 13 items with a I-CVI \geq 0.78. One item was excluded following comprehensive workshop discussion. Agreement for inclusion of final items was reached after weighing up the risk and feasibility of implementation for each. Final items included dietician consultation, ensuring adequate daily fibre and fluid intake, environmental changes, establishing a bowel routine, and education. Agreed implementation strategies included regular meetings with project and RAC staff, identifying and training a champion at each RAC home, creating awareness, and disseminating project findings.

Conclusions: Preventing constipation is key for achieving quality of life for people living with dementia. Consensus of the CoCo intervention was reached through the modified Delphi process and co-design workshop, including implementation strategies for use in RAC for the prevention of constipation in people living with dementia. Ongoing consultation with relevant stakeholders will continue in the lead up to the planned evaluation study in 2024.

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References

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