

Mealtime Assistance Training

Make every meal an enjoyable,
nutritious, and safe experience!

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Saskatchewan
Health Authority

Mealtime Assistance Training

Goal of MAT for LTC Residents

- To improve the overall quality of the dining experience for residents in LTC

Goal of MAT for Assistants

- To learn what you can do to help residents achieve safe, nourishing and pleasant dining

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Factors Affecting Nutritional Well-Being

- Decreased appetite with aging
- Changes in dental & oral health
- Decreased sense of taste / smell
- Decreased thirst sensation
- Bowel problems (diarrhea, constipation)
- Cognitive impairment

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Factors Affecting Nutritional Well-Being

- Psychological & social changes
- Chronic disease (ALS, MS, PD, COPD)
- Physical impairment; ↓ in functional abilities
- Pressure ulcers; wounds
- Multiple medications
- Dysphagia (swallowing problems)



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Nutrition Considerations in Long-Term Care

Older Adults ...

- Protein needs do not decrease (but intake often does)
- Energy (calories) needs decrease (↓ activity)
- Meals are often low in fibre (especially purees)
- Small, frequent meals & snacks may be needed
- Calcium & vitamin D needs increase
- Need for vitamin-mineral supplements?



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Pay particular attention to...

- *Significant unintentional weight loss:*

- ≥ 5% in 1 month (30 days)

- ≥ 7.5% in 3 months (90 days)

- ≥ 10% in 6 months (180 days)

% change in weight = $\frac{\text{current weight} - \text{past weight}}{\text{current weight}} \times 100$

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What Can Be Done ...

- Determine food & beverage preferences
- Provide the appropriate texture / consistency of food & beverages
- Provide food at proper temperatures
- Consider finger foods, if appropriate
- Offer small, frequent meals & snacks
- Provide high calorie/high protein meals & snacks, and nutrient dense foods

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Nutrient Dense Foods (protein rich) ...

- Cheese
- Eggs
- Peanut butter (cookies)
- Nuts, seeds
- Dried peas, beans, lentils
- Soy products (i.e., tofu)
- Meat, fish
- Poultry
- Yogurt
- Cottage cheese
- Milk, buttermilk
- Milkshakes

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Nutritional Supplements ...

- Ensure (Enlive, Plus, HP, Plus Calories, Fibre, Pudding)
- Glucerna (Bar, Drink)
- TwoCal HN
- Resource 2.0
- Boost (Fruit Beverage, Plus, Diabetic, HP, Pudding)
- Isosource 1.5
- Carnation Breakfast Essentials (powder; RTD)
- Beneprotein / Boost Just Protein powder
- Home-made high protein milkshakes
- Skim milk powder (protein; calcium)

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What Can Be Done ...

- Use high calorie supplements when giving medications (Med Pass)
- Consider the presentation of the food itself (appearance)
- As the server, be aware of how you present the food (e.g. make it sound delicious, don't make funny faces at it, etc.)
- Do not mix foods together (esp. purées)

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What Can Be Done ...

- Do not mix medications in with foods served as part of the meal
- Do not perform medical procedures in the dining room (e.g., needles, eye drops, etc.)
- Assess & use strategies to enhance each resident's independence (e.g., adaptive utensils)
- Allow resident the necessary time to eat

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What Can Be Done ...

- Consult other healthcare professionals (RD, SLP, OT, PT, dentist, optometrist)
- Ensure resident is receiving the appropriate assistance to eat and drink
- ***Resident-Directed Care*** concept
- Offer a less restrictive diet, if appropriate (***Liberalized Diet***)



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Liberalized Diets for Older Adults in LTC ...

- *What do we mean by “Liberalized Diets”?*

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Case Study

- 79 year old widower / living alone 13 years
- Asian ancestry / speaks limited English
- History of Type 2 diabetes (oral medication); hypertension; high cholesterol (but he has never followed a strict therapeutic diet)
- Recent history of undesired, continual weight loss
- Stage 2 pressure ulcer on leg; depression
- Moved to LTC – Physician orders 1300 kcal diabetic, low sodium, low cholesterol/fat diet

IS THIS DIET ORDER APPROPRIATE?



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- This diet is ***not*** appropriate
- It is too low in protein, calories, fat & other nutrients to promote weight gain & wound healing
- Blood sugar and high cholesterol can usually be controlled by medications in such a case
- The aim should be to provide the resident with foods & beverages he will enjoy and to enhance his overall ***Quality of Life***

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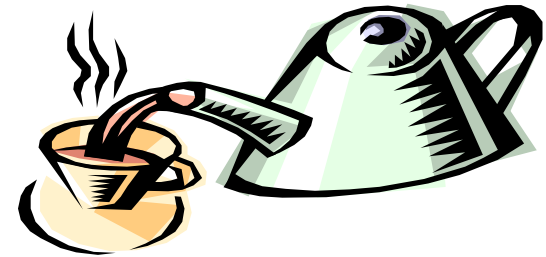
Liberalized Diets for Older Adults in LTC

“For some long term care residents the use of liberalized diets, when appropriate, can enhance quality of life and nutritional status, thus increasing the resident’s satisfaction with meals provided and reducing the risks of malnutrition and weight loss”.

American Dietetic Association, 2002

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Importance of Hydration



- Are our LTC residents getting enough fluids?
- Why might a resident become dehydrated?

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Risk Factors for Dehydration

- Most residents do not consume enough fluid
- Reduced intake (drink less than 6 cups/day)
- Use of diuretics & laxatives
- Need help drinking & eating
- Trouble swallowing liquids; thickened fluids
- Vomiting, diarrhea, fever
- Memory & communication problems
- Multiple medications
- Fear of incontinence (loss of bladder control)
- Decreased thirst sensation with aging
- Falls (consequence of dehydration)

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What Can Be Done ...

- Identify residents who are at risk for dehydration
- Offer 2nd round of beverages at meals
- Offer beverages at all social occasions/activities
- Encourage plenty of liquids with medications
- Provide the necessary assistance
- Remind residents to drink - *“thirst reminder”*

Offer drinks every time you interact with a resident. A
few sips, 20 times a day, adds up!

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When to refer to a Dietician

Significant, unintentional weight loss	Dehydration
Skin breakdown; pressure ulcers (consider protein, fluids, overall intake)	Therapeutic diets (i.e. renal, diabetic, gluten free, lactose intolerant, etc.)
Residents on tube feeds	Protein food considerations
Overall poor intake	Relaxed breakfast advice
Nutritional supplements	Med Pass
Food texture considerations (with S-LP)	Menu planning
Family (or others) request an assessment	

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Swallowing in Long-Term Care

- A complex process – over 50 pairs of muscles and many cranial nerves!
- Has volitional and reflexive aspects
- Swallow is completed in 1-3 seconds (from when food reaches the back of the throat and then enters the esophagus)
- Requires coordination with breathing due to shared anatomy
- Affected by changes in brain function, chronic diseases, and aging

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When to Refer to a Speech Language Pathologist

Significant weight loss	Coughing on solids only
Pocketing of food during or after meal	Coughing on liquids only
Consistently spitting out food	Intermittent coughing throughout meal
Spitting saliva	Wet or “gurgly” voice after PO intake
Sig. ↓ in ability or willingness to eat	Recent obstructive / choking event
Persistent / constant chewing	Recent episode of aspiration pneumonia
Impulsivity / lack of chewing	Moves in to home on purées / thickened fluids
Complaining of pain / burning when eating	Returns to home on purées / thickened fluids
Complaining of food “sticking” in throat	↓ LOC that affects oral intake
Complaining of inability to swallow	Has had a tube-feed within past 3 months
Takes more than 30 minutes to eat meal	Family (or others) request an assessment

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Simulation Activity #1

1. Get in pairs: 1 person is the resident and 1 person is the assistant.
2. The resident closes his eyes and the assistant feeds him. The assistant should vary the amount on the spoon each time (e.g., $\frac{1}{4}$ teaspoon, $\frac{1}{2}$ teaspoon, 1 teaspoon, 1 heaping teaspoon). Give at least 10 spoonfuls at a controlled pace.
3. Repeat step 2 but vary the time between each spoonful (i.e., speed up and slow down).

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Simulation Activity #1

Key Messages:

- The volume given on each spoonful is dependent on each individual person being assisted
- Too much can be a choking/aspiration risk
- Too little and some people may not be able to organize a good swallow



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Simulation Activity #2

1. Get in pairs: 1 person is the resident and 1 person is the assistant.
2. The resident keeps his lips open while the assistant gives various amounts of food (e.g., $\frac{1}{4}$ teaspoon, $\frac{1}{2}$ teaspoon, 1 teaspoon, 1 heaping teaspoon). The resident must try to swallow without closing his lips.
3. Repeat step 2 but now the resident must put his tongue tip behind his upper front teeth and try to swallow.

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Simulation Activity #2

Key Messages:

- *Extra time* is needed to swallow if the lips or tongue are weak
- Too much on a spoonful may make it difficult for a person to *keep the food together* and swallow efficiently

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Strategies to Increase the Safety of Swallowing

Position properly – as close to 90° in the hips and knees as possible

Feed slowly in teaspoon amounts and monitor the amount given

Watch for any residual food in the mouth during and after meals

Use / provide adaptive equipment (e.g., spouted cups, plastisol-coated spoons)

Monitor that a swallow has occurred and do not provide more food/fluid until it has

Reduce distractions in the dining room

Monitor fatigue and only provide food/fluids if the resident is awake and alert

Adhere to the recommended diet whenever possible

Daily mouth care

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Strategies to Increase the Safety of Swallowing

- Texture-modified diets/fluids *do not always* increase safety!

Most Modified



Least Modified

Diets	Fluids
Pureed	Nectar-thick
Minced	Honey-thick*
Advanced-minced	Pudding-thick*
Soft	Regular
Regular	* Rarely used in SHR

- Always consult an S-LP about appropriate diets/fluids

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Pristine Oral Care is Best-Practice

- Good mouth care may prevent the development of pneumonia
- Aim is to reduce the risk of aspirating bacteria when saliva or liquids are aspirated
- Everyone may aspirate a micro-amount of saliva each day
- Increased risk of pneumonia in certain groups: less mobile, neurological impairment, respiratory impairment, various types of dementia

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Pristine Oral Care is Best Practice

- Swabs are not a good replacement for brushing teeth with toothpaste
- Brush teeth after meals and before bed
- *Teeth should be brushed at least 2x/day*
- Dentures should similarly be cleaned daily
- All residents should have oral care provided – regardless of whether they do or do not have teeth!



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Why Are Meals Special?

“A feast for the spirit as well as the body”

- Usually highly anticipated activities of the day
- Are usually a component of a social occasion
- Showcase for staff/resident interactions and the quality of care that is delivered
- Opportunity for staff to show pride in hospitality
- Opportunity to enhance the residents’ well-being and quality of life

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“Meals are the single most accessible, effective health promoting activity we can offer our residents. Failure to eat well is the single greatest threat to a resident’s physical and emotional health, and therefore meals must be recognized as significant activities.”

Jitka Zgola, Bon Appetit!



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Who Contributes to the Mealtime Experience?

- **Nursing** - risk management, medications, assessment, coordination, socialization
- **Food Services** – purchasing, preparation, delivery, service, socialization, observation, clean-up
- **Continuing Care Aides** – direct assistance (before, during, and after meals), observation, assessment, socialization
- **Administration** – direction, staffing, facility-wide commitment to programs

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Who Contributes to the Mealtime Experience?

- **Housekeeping/Laundry** – clean environment, clean shirt savers and table linens, observation, socialization
- **Activities/Recreation** – meal programs, activities, outings, theme events, socialization, observation, assessment (TR)
- **Maintenance** – keep equipment/furniture/building in good repair, lighting, room temperature
- **Therapies** – OT (adaptive aids), S-LP (swallowing assessments/communication), PT (physical function), RD (nutritional status)
- **Families/Volunteers** – socialization, observation

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Who Contributes to the Mealtime Experience?

“Anyone who is in anyway associated with the residents’ mealtime experience must be sensitive to the importance of this activity and the gravity of their influence on it.”

Jitka Zgola, Bon Appetit!



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Questions?

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