

Center for Quality Aging

Eat, Drink & Be Merry:
Enhancing Meals & Snacks – Course 3

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Objectives



- To review a between-meal snack evaluation protocol
- To provide guidance in how to determine which residents should receive between-meal snacks (foods, fluids and/or supplements)

Who should receive a between-meal snack evaluation?



- Residents with low intake who are not responsive to mealtime assistance (< 15% increase in intake) based on evaluation
- Residents not appropriate for mealtime assistance (due to dining location or other issues, such as staff time)
- Residents with orders to receive supplements 2-3 times per day

Why conduct a Between Meal Snack Evaluation?



- Most residents with low intake will show intake gains in response to snacks between meals
- This includes residents who are and are not responsive to mealtime assistance
- In other words, snacks work for most everyone!

Why conduct a Between Meal Snack Evaluation?



- Snacks require less time than feeding assistance during meals
- Snacks are more cost-effective than oral liquid nutrition supplements (e.g., Ensure)
- Thus, snacks offer an alternative nutrition intervention for most at-risk residents

Results: Snack Assistance



Measure	Usual Nursing Care	Snack Evaluation
Meal Intake	49% ($\pm 15\%$)	46% ($\pm 15\%$)
Snack Calories Per Day	94 (± 96)	380 (± 223)
Staff Time (minutes)	1 (± 4)	12 (± 7)

Why are Snacks Effective?



- Many residents who eat poorly are only going to consume a small amount during any one sitting
- Snack offers between meals double the number of opportunities/day to consume foods and fluids

BUT...

- There are some key components; namely,
 1. Staff Time: spend at least 5-10 minutes
 2. Resident Choice: offer a variety of foods and fluids

Between Meal Snack Evaluation Protocol



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- Assign an experienced nurse aide, hydration tech or social activities personnel to 2-4 residents per snack period
 - Minimum of 3 snacks
(morning, afternoon, evening on same day)
 - Maximum of 6 snacks within the same week
(3 snacks on 2 consecutive days)

Between Meal Snack Evaluation Protocol



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- Monitor meal intake on the same days (observation)
 - Staff member should stay with resident for at least 5-10 minutes providing graduated assistance, as needed
 - 1:4 staff to resident ratio requires an average of 20 minutes per snack period
 - Offer *choice* of foods/fluids (or at least vary what is given) – coordination with Dietary is critical

Between Meal Snack Evaluation Protocol



- Graduated Levels of Assistance

Level 1: Social stimulation and encouragement

Level 2: Set-up, preparation for easy access

Level 3: Verbal Prompts and Orientation

Level 4: Physical Guidance

Level 5: Full Physical Assistance

Between Meal Snack Evaluation Protocol



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- Residents with special diet orders can still be given snacks and a choice
 - Offering residents a variety of foods and fluids is more cost-effective than supplements alone
 - Higher gains in caloric intake
 - Lower refusal rates
 - Less total expense

Between Meal Snack Evaluation Protocol



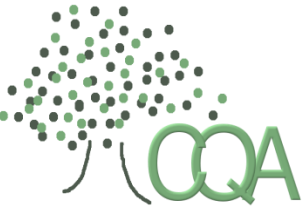
- Popular Items

Fluids: Assorted juices (cranapple, crangrape, orange) and Fruit Smoothies

Foods: whole-milk yogurts, pudding cups, flavored applesauce, soft granola bars, mini sandwiches or baked goods (mini muffins)

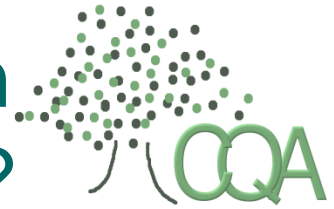
Key: Variety and Choice

Between Meal Snack Evaluation Protocol



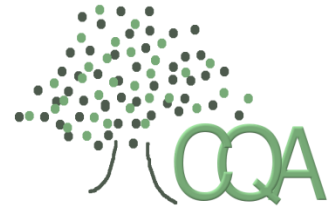
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- Is Resident “Responsive” to snacks?
 - Meal intake remains comparable (< 15% change) when snacks are given
 - Accepts at least 2 of 3 snack offers/day
 - Consumes 100+ calories per offer

Are there differences between Meal vs Snack “Responders”?

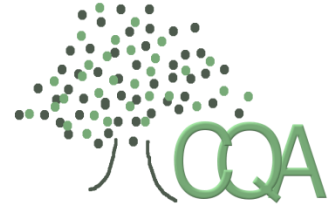


- Cognitive Impairment
- Eating Dependency
- Eating Pace & Swallowing Problems
- Food Complaints

Snack “Responders” Only



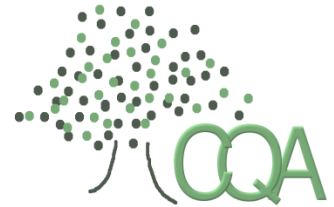
- Less Cognitive Impairment
- Less Eating Dependency
- Few Swallowing Problems
- More Food Complaints



Practice Implications

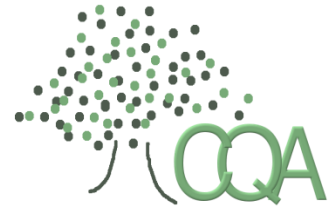
- Two-day (6 snack) trial remains **the best way** to determine if resident should continue to receive snacks between meals
- Many residents responsive to mealtime assistance are also responsive to snack delivery
- Some high risk residents may need both (mealtime assistance + snacks)

Practice Implications



- Provision of snacks and quality assistance only twice/day, five days/week will have a significant effect on intake and weight status
- Start with days/times most feasible for staff (week days, morning and afternoon)
- Resident consumption of snacks tends to be highest during morning and afternoon

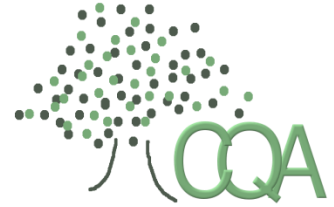
Staffing Implications



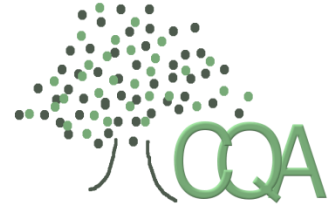
- Nutritional care tasks throughout the day
- Social activities and volunteers – snacks
- Nurse aides and licensed nurses – meals

Staffing strategies will be discussed next session!

Assignment



- Select residents for evaluation (based on observations and meal evaluations)
- Implement between-meal snack evaluation protocol for 3-6 snack periods
- Determine resident responsiveness
- Begin submitting Resident Data Forms—one for each assessed resident.



Next Session

- To examine staffing resource strategies for nutritional care provision during and between meals

Quiz Results

- 1. According to recent studies, nursing home staff tend to overestimate the amount of food and fluid that residents consume at mealtimes. By how much do they consistently overestimate consumption?**
 - a. 10% or more: 9 (13%)
 - b. 15% or more: 23 (34%)
 - c. 20% or more: 17 (25%)
 - d. 25% or more: 18 (27%)

Quiz Results

2. According to federal guidelines, nursing home residents are considered at risk for weight loss if they consistently eat less than how much of each meal:

- a. 45% or less: 13 (19%)
- b. 55% or less: 22 (33%)
- c. 65% or less: 4 (6%)
- d. 75% or less: 28 (42%)

Quiz Results

3. Residents who undereat are also often at high risk for:

- a. dehydration: 3 (4%)**
- b. constipation: 0**
- c. delayed wound healing: 1 (1%)**
- d. all of the above: 63 (94%)**

Quiz Results

4. For best results when estimating a resident's mealtime food and fluid consumption, staff members should:

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- a. Use percentage categories, such as 0%, 25%, 50%, etc.: 9 (13%)**
- b. Count each food and fluid item on the meal tray equally as opposed to assigning differential values to different items, such as meat vs. salad: 2 (3%)**
- c. Use a continuous percentage scale from 0% to 100%: 16 (24%)**
- d. a and b: 22 (33%)**
- e. b and c: 18 (27%)**