Center for Quality Aging

Eat, Drink & Be Merry:
Enhancing Meals & Snacks - Course 1
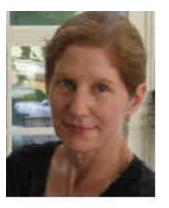
Sandra F. Simmons, PhD
Associate Professor of Medicine
Course offered by the Scripps Gerontology Center, and
Funded by the Retirement Research Foundation

Housekeeping Details…

Your project liaison: Annie Rahman, MSW, ABD, co-Principal Investigator, Scripps Gerontology Center, Miami University

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Today's Agenda

- An overview of this distance learning project
- Overview of nutritional care and resident assessment
- Question and answer session
- Wrap-up and ready for next teleconference

Course Overview

Feb. 17, 2010, Meeting 1: Overview of nutritional care; assessing intake. *Attendance by nurse aides strongly recommended.*

Mar. 17, 2010, Meeting 2: Mealtime intervention: Assessing resident responsiveness. *Attendance by nurse aides strongly recommended.*

Apr. 21, 2010, Meeting 3: Snack intervention: Assessing resident responsiveness. *Attendance by nurse aides strongly recommended.*

May 19, 2010, Meeting 4: Staffing; Peer experiences.

June 16, 2010, Meeting 5: Monitoring Mealtime assistance.
Attendance by quality improvement nurses strongly recommended.

Aug. 18, 2010, Meeting 6: Follow-up Session
Progress reports by participating facilities, with Q&A session.

--Field assignments and coaching calls between sessions.--

Two-Way Communication:

•Emails (rahmanan@muohio.edu)

•Faxes (513.561.0919)

•Phone calls and coaching calls (513.258.4421)

•Teleconferences

•Online discussion group (Meals_Snacks@yahoogroups.com)

•Web site: www.cas.muohio.edu/bridgeproject

Contact Hours

- This continuing education activity is approved for 12.33 CEs for nurses and 13 CEs for dieticians and dietetic technicians registered.

- CEs are prorated. To receive all CEs, you must:
  - Attend all the teleconferences (or be excused in advance)
  - Complete all the homework assignments, including the pre- and post-training quizzes and evaluation.

Eat, Drink and Be Merry: Enhancing Meals & Snacks

Sandra F. Simmons, Ph.D.

Associate Professor

Vanderbilt University Medical Center

Objectives

- To review research findings related to nutritional issues in nursing homes

- To review two evidence-based nutrition interventions for improving intake

- To review assessment guidelines for identifying residents with low intake

Nutritional Care Issues in Nursing Homes

○ Prevalence of unintentional weight loss:
  Quality Indicator for nursing homes

○ Major questions:

1. How do you monitor nutritional care quality?
2. What are the effective nutrition interventions?
3. How much staff do you need?

How do you monitor care quality?

○ Percent eaten documentation

○ Feeding assistance care provision

○ Oral liquid nutrition supplement orders

○ Provision of foods/fluids between meals

○ Monthly weight values

Primary information source –

chart documentation

How do you monitor care quality?

○ Chart documentation is *erroneous* and *biased*

○ **<u>Over</u>**-estimates nutritional care quality

- Percent intake of meals ($\pm$15%-20%)
- Feeding assistance (100% vs 40%)
- Supplement delivery (3/day vs $\leq$1/day)
- Between meal foods/fluids (rarely documented, offered $\leq$1 per day)

How do you monitor care quality?

○ Medical record documentation: Monthly Weights

- Nursing home staff and research staff weights compared monthly for 12 months

- Same facility scales but research staff used a standardized weighing procedure

- Nursing home staff monthly weights consistently higher than research staff weights

- Missing data common

- 1 to 3 month delay in identification of loss

How do you monitor care quality?

○ Due to inaccuracy in medical record, an independent information source to assess care quality and identify at-risk residents is *critical*

○ Standardized observation protocols during and between meals allow accurate measurement of:

- Food and fluid intake during meals
- Feeding assistance care provision
- Availability of alternatives to the served meal
- Provision of foods, fluids, supplements between meals

How do you monitor care quality?

○ Standardized observations during meals also provide an opportunity to identify:

- Complaints about the food
- Food preferences
- Need for assistive devices (plate guards)
- Evidence of chewing/swallowing difficulties
- Appropriateness of diet orders
- Lethargy, sleepiness during meals
- Environmental factors (light, noise, ambiance)

What are effective interventions?

○ Many factors contribute to poor oral intake and weight loss risk in nursing home residents

- medical (diagnoses, meds)
- physical (ability to feed self)
- psychological (depression)
- physiological (reduced sensory)

○ However, adequacy and quality of assistance during and between meals represent KEY effective nutrition interventions – most malleable and largest effects

What are effective interventions? Adequacy of Mealtime Assistance

- Residents receive < 10 minutes/meal

- 70% to 80% meet MDS criteria low intake

- Mostly physical assistance

- Little to no verbal cueing or social stimulation to enhance independence

What are effective interventions? Adequacy of Mealtime Assistance

- Higher Risk Group: Residents rated by staff as Independent, Supervision, Limited Assistance (MDS 0-2)

- physically capable of eating independently

- receive little to no staff attention

- Many eat < 50% of most meals

Nutritional Care Issues in Nursing Homes: Adequacy of Mealtime Assistance

- Lower Risk Group: Residents rated by staff as requiring extensive or total assistance to eat (MDS 3-4)

  - Physically incapable of eating independently

  - Typically receive 15-20 minutes/meal

  - Consistency of assistance problematic

Nutritional Care Issues in Nursing Homes: Adequacy of Mealtime Assistance

- 40% - 50% of residents with low intake will consume significantly more in response to mealtime assistance

  - Enhances Independence
  - Promotes Social Interaction
  - Complies with Preferences

Nutritional Care Issues in Nursing Homes

- Most of those who do not respond to mealtime assistance will respond to offers of snacks between meals

- Offered two/three times per day
- Assistance and encouragement
- Choice and Preference compliance

Nutritional Care Issues in Nursing Homes

○ Usual between-meal care

- Offered less than once/day
- Mostly supplements or water
- Little to no staff encouragement
- Little to no choice

Result: Between-meal caloric consumption is usually very low (< 100 additional calories)

Nutritional Care Issues in Nursing Homes

- Overall, 90% of residents with low intake will improve with mealtime assistance or between-meal snacks

- Maintenance over time results in improvements in total daily caloric intake, BMI and weight outcomes

Nutritional Care Issues in Nursing Homes

○ Why are these nutrition interventions not provided consistently?

- Residents with low intake not identified
- Intervention trial to allow targeting
- Available staffing resources

Step 1:
Identify Residents with Low Intake

- Low Intake Criteria -

- MDS definition: < 75%

- Clinical significance: < 50%

- How to identify –

- Bias in documentation *over*-estimation so those with percent eaten values < 50% are *really* poor eaters

- Residents rated as 0-2 are more likely to eat < 50% and receive little to no staff attention

- Between-meal consumption is usually very low

Step 1:
Identify Residents with Low Intake

○ Observations during Meals – Guidelines

- Select residents in close proximity
- Observe 3-5 residents simultaneously
- Ideally, observe each scheduled meal once
- Breakfast and dinner meals more problematic
- Use standardized form

Step 1:
Identify Residents with Low Intake

○ Observations during Meals – Intake estimates

○ Regulations do not require daily percent eaten documentation and new MDS 3.0 will not have low intake item

○ However, there remains value in periodically estimating resident intake through observations during meals to identify residents at risk for weight loss due to low intake

○ Mainly want to know: Intake More/Less 50%

Step 1:
Identify Residents with Low Intake

- Observations during Meals – Intake estimates

- List all served foods/fluids
- Estimate percent consumed for each item
- Estimate supplement consumption separately
- Optional: exclude coffee, hot tea
- Add all percentages and divide by total number
- More complex estimation = more error
- Compare your estimates to chart

Step 1:
Identify Residents with Low Intake

○ Observations during Meals – Intake estimates

- Pocket calculators for staff
- Designated staff responsible for estimation without competing tasks during meals
- Training with digital photos
- Estimation occurs at completion of meal, not several hours later
- Kitchen/dietary know to leave trays to allow estimation

Step 1:
Identify Residents with Low Intake

○ Field Assignment

- Select 3-5 residents who dine in same area for observation during breakfast and/or dinner

- Resident Selection Criteria:

1. Residents rated on the MDS 0-2 (high risk)
2. Residents rated on the MDS 3-4
3. Residents with a history of weight loss or other nutritional risk factors (BMI < 21, depression diagnosis, meds that affect appetite)
4. New admissions, Care Plan updates

Step 1:
Identify Residents with Low Intake

- Use standardized mealtime observation form to determine intake and feeding assistance care provision

- Between-meal observations are less important than mealtime observations due to infrequent offers ($\leq$ 1/day) and no assistance.

Step 1:
Identify Residents with Low Intake

- Observation time = 30-45 minutes

- Count ALL types of assistance from any staff (verbal cueing, meal set-up, physical help, social interaction)

- Note other observations in "comments", alternatives offered

Questions & Answers

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Before our next session:

- Complete field assignment.

- If you haven't already done so, please take the pre-training quiz, available online at http://www.cas.muohio.edu/bridgeproject/meals.htm

- Reading assignment: Overview and Step 1, "Assess risk for weight loss," available at http://www.cas.muohio.edu/bridgeproject/meals_schedule.htm

- We'll call you (or your project liaison) to check in, answer questions, and note your feedback.

Next Session:
Wed., March 17, 2 p.m. (ET)

- Review an evidence-based mealtime assistance feeding protocol

- Residents who eat less than 50% and who receive < 5 minutes of staff attention based on observation should be evaluated with the mealtime protocol