Center for Quality Aging

Eat, Drink & Be Merry:
Enhancing Meals & Snacks - Course 2

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*Please mute your phones:*6*

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Objectives

- To review a mealtime feeding assistance evaluation protocol
- To provide guidance in how to use the protocol to determine feeding assistance care needs for nutritionally at-risk residents

Other Assessments: MDS-RAPs

- Diagnoses & Medications (Medical Record Review)
- Screen for Depression (GDS Interview)
- Screen for Pain (Pain Interview)
- Complaints (Satisfaction with Food Service interview)

Available on project web-site under "other forms"

Who should receive a mealtime feeding assistance evaluation?

- Residents who eat less than 50% and receive < 5 minutes of staff attention based on observation (*assignment last month*)
- New admissions, re-admissions or change in clinical status
- Residents with a recent weight loss event *even if it does not meet MDS criteria*

Who should receive a mealtime feeding assistance evaluation?

- Ideally, staff should observe a resident for 3-6 meals PRIOR to evaluation to determine usual oral intake (*assignment last month*)
- Calculate average total percent consumed across all *observed* meals (foods + fluids)
- Compare this average to the resident's average percent consumed during evaluation

Why conduct a Mealtime Evaluation?

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

Important Point – Not everyone responds!

- Purpose of evaluation - To identify this responsive group so that staffing resources can be targeted during meals to appropriate residents (low intake + responsive)

- Standardized evaluation also allows for an accurate assessment of eating dependency level (MDS G1h)

Mealtime Feeding Assistance Evaluation Protocol

- Assign an experienced nurse aide to 1-3 residents/meal
- Minimum of 3 meals
  (ideally breakfast, lunch, dinner on same day)
- Maximum of 6 meals within the same week
  (ideally 3 meals on 2 consecutive days)
- Staff member should be seated next to resident(s) and able to stay throughout most of the meal (at least 30 minutes)
- 1:3 staff to resident ratio requires an average of 45 minutes per meal

Mealtime Feeding Assistance Evaluation Protocol

- Graduated Levels of Assistance

Level 1: Social stimulation and encouragement

Level 2: Meal Set-up and Placement

Level 3: Verbal Prompts and Orientation

Level 4: Physical Guidance

Level 5: Full Physical Assistance

Graduated Levels of Assistance

Type of Assistance	Level of Assistance				
	1	2	3	4	5
Social Stimulation/encouragement	+	+	+	+	+
Tray set-up/placement of items		+	+	+	+
Direct verbal prompts			+	+	+
Physical guidance				+	+
Physical assistance					+

Important Point - Start with lowest possible level to encourage independence but continue to talk to the resident even when providing physical assistance to enhance quality of life.

Mealtime Feeding Assistance Evaluation Protocol

- Intake estimates should be calculated the same way as done based on initial observations during meals (*last assignment*)
- Supplements should not be given during meals unless requested by the resident or offers of alternatives are refused
- "Responsive" – average total percent consumed (foods + fluids) increases by 15% or more (˜300+ additional calories/meal)

Mealtime Feeding Assistance Evaluation Protocol - Exceptions

- Some residents require a combination of meal assistance and snack delivery to increase total daily calories (meal increase > 10% but not quite 15%)
- Some residents will continue to consume very little of the served meal or alternatives but will consume all of a supplement with encouragement
- Residents who are bed-bound or otherwise unable or unwilling to dine in a common area may be inappropriate for mealtime assistance due to staffing resource limitations

Mealtime Feeding Assistance Evaluation Protocol

- Other Elements important to document:

- Resident refusal of served meal/alternatives
- Resident refusal of staff assistance
- Resident complaints about food and/or service
- Evidence of chewing or swallowing problems

* Consider Dietitian consult (food refusals, complaints), OT and/or Dental consults (chewing or swallowing problems)

* Residents who refuse staff assistance during meals and/or most of the served meal without accepting alternatives are usually more responsive to snack offers between meals

Mealtime Feeding Assistance Evaluation Protocol

- Something else to consider…

- Residents need direct access to their meal for *at least 30 minutes*

- Staff may be taking trays away too soon and not allowing residents, especially slow independent eaters, to finish their meal (most problematic during evening)

- Extend tray access time for slow eaters up to 45 minutes or an hour (with or without assistance)

Mealtime Feeding Assistance Evaluation Protocol

- Two-day (6 meal) trial of mealtime assistance is **the best way** to determine if resident should continue to receive assistance
- Provision of 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, breakfast and lunch)

Assignment

- Select residents for evaluation (based on observations last month)
- Implement mealtime assistance evaluation protocol for 3-6 meals
- Determine change in intake (≥15%)

Next Session: April 21, 2010

- Review Between-Meal Snack Protocol
- Residents with low intake who are not responsive to mealtime assistance (< 15% increase) should receive a snack evaluation
- Residents not appropriate for mealtime assistance (due to dining location or other issues) should receive a snack evaluation