Center for Quality Aging

Eat, Drink & Be Merry:
Enhancing Meals & Snacks – Course 4

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Objectives

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

- To review the federal "Paid Feeding Assistant" regulation

Staffing Ratios

- *Ideal* ratios for direct care (nurse aide) staff are 5:1 or 7:1 across all meals (day and evening)

- Recommended Ratios based on,
  - Expert Consensus (Nurses' Association)
  - Research studies linking staffing to care quality

Staffing Ratios

- Most nursing homes do NOT have this level
- *Typical* ratio residents : nurse aides *not* ideal
- Day shift (breakfast, lunch)

  Average = 8-10 residents to 1 nurse aide
- Evening shift (dinner)

  Average = 12-15 residents to 1 nurse aide

Staffing Ratios: Care Quality

- At least partially due to inadequate staffing, mealtime feeding assistance care is often of poor quality

  - Residents rated by staff as in need of assistance receive < 10 minutes per resident/meal
  - Independent residents with low intake go unrecognized and with no staff attention
  - Little to no social interaction, verbal cueing or offers of alternatives to the served meal

Staffing Ratios

- Nurse aides, typically responsible for feeding assistance care provision, are also responsible for:

- Meal delivery, set-up and pick up
- Documentation of percent eaten
- Retrieval of alternatives to the served meal
- Other care activities during the meal (e.g., call lights, incontinence care)
- Delivery of supplements/snacks between meals
- Between-meal documentation

Staffing Ratios

- Given direct care staffing resource limitations,

Options:

1. Target feeding assistance care provision
2. Group residents together for care provision
3. Utilize non-nursing staff for some tasks

Staffing Ratios

- Target feeding assistance care through
  - Risk assessment (e.g., intake <50%, BMI < 21, history of weight loss)
  - Responsiveness to assistance (2-Day Trials)

- Group residents together for care provision
  - Meals (dining room or other common area)
  - Snacks (social group activities)

- Utilize non-nursing staff for some tasks ("Feeding Assistant" regulation)

Staffing Strategies

- Increase staff available for nutritional care tasks

- Other staff beyond nurse aides:
  - Licensed nurses (supervision, task assignment, assistance with difficult "feeders")
  - Social activities personnel (snack provision, socialization during meals)
  - Kitchen, Dietary (delivery, set-up, pick-up, alternatives during meals, snacks between meals)
  - Volunteers & Family (transport to/from dining room)
  - Administrative (transport, cueing/socialization)

  - Trained "Feeding Assistants"

Staffing Strategies

- Federal "Paid Feeding Assistant" regulation
- Allows training of non-nursing staff for feeding assistance care provision during OR between meals
- Allowed in almost all states

Feeding Assistant Regulation

Requirements:

- State Approved 8-hour training curriculum
- Training & Supervision by a licensed nurse
- Residents without complicated feeding needs

CMS-sponsored studies showed:

- Programs were successful in expanding staffing resources during meals and improving nutritional care quality

Staffing Strategies: Meals

- Encourage residents to eat most meals in the dining room or other common area because:

- Allows time efficient care delivery in small groups (3-4 residents:1 staff)

- Associated with better nutritional care (more assistance, socialization and accurate intake estimates)

- Conducive to licensed nurse supervision

- Conducive to quality monitoring (next session!)

Staffing Strategies: Meals

- Consider related care routines:

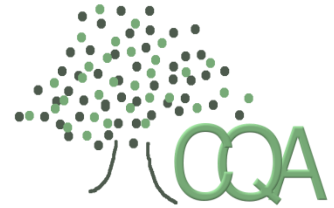
-Morning ADL care (night shift)

-Transport to dining room (non-nursing staff)

-Space (2 seatings per meal, day rooms)

-Atmosphere (dividers) and table mates

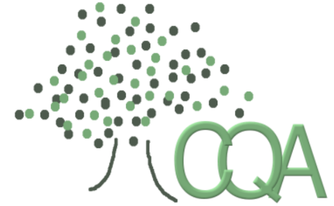
Staffing Strategies: Meals



Expand the role of staff *facility-wide* during meals *with less than* an 8-hr training requirement

- Mealtime tasks that require little to no training:
  - Transport of residents to/from the dining room
  - Provision of verbal cueing, reminders to eat
  - Socialization during mealtime
- Mealtime tasks that require minimal training:
  - Offers and retrievals of alternatives to the served meal
  - Meal delivery, set-up and pick-up
  - Percent eaten documentation

Staffing Strategies: Meals

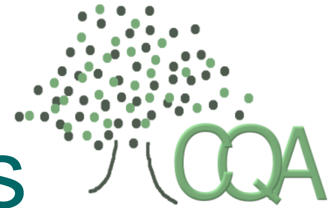


- Designate someone to oversee dining room(s)

- Organization (tables, seating)
- Atmosphere (colored napkins, dividers)
- Serving practices (alternatives, tray pick-up)
- Match between diet order and tray delivery
- Noise level (radio, television volume)

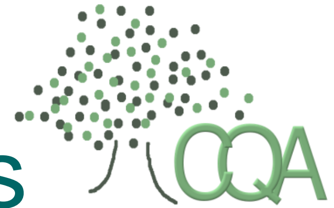
Note: All of the above easily observable during "meal observations"

Staffing Strategies: Snacks



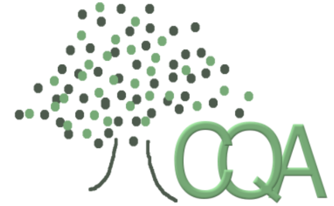
- Food/Fluid snack choices (kitchen staff, hydration techs, cart with options)
- Offer at least twice/day
  (morning and afternoon group activities)
- Evening snack period has lowest intake
- Offer fluids between meals to all residents

Staffing Strategies: Snacks



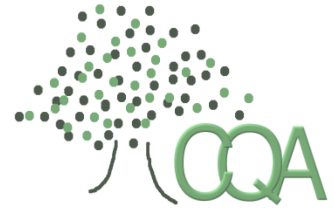
- Coordination between kitchen and unit staff (resident preferences, delivery times)
- Combine with organized social group activities (provides extra staff and set times)
- Reminder: Offering residents a variety of snack options is more cost-effective than supplements alone

Assignment



- Continue with meal observations and 2-day evaluations
- During observations, note number of staff present in the dining room or otherwise potentially available to help with meals
- Are nurse aides currently responsible for all mealtime tasks? What other types of staff can assist during/between meals and in what capacity?

Next Session



- Review of a CQI tool for nutritional care during and between meals to determine:

Are residents in need of mealtime assistance or snacks between meals receiving this care?

- Other resources: www.VanderbiltCQA.org for additional information about the "paid feeding assistant" regulation (implementation manual with tips, training curricula resources)

Quiz Results: Question #5

Residents tend to eat more:

a. When they eat alone
b. **When they eat in the dining room** (97%)
c. When they eat in their own rooms
d. None of the Above (3%)

Dining in a common area results in:

-More staff attention and assistance

-More socialization

-Better intake and more accurate documentation

Quiz Results: Question #6

If a resident who eats independently eats slowly, staff should:

a. Help feed resident (6%)
b. Refrain from distracting resident (39%)
c. **Socialize with resident during meal** (32%)
d. Both a and b (23%)

Quiz Results: Question #7

Nutritional supplements work best when offered:

a. **Between meals** (54%)
b. During meals (5%)
c. As a substitute for meals (1%)
d. Both during and between meals (40%)

Quiz Results: Question #8

Studies show mealtime feeding assistance:

a. Increases intake among majority of residents at risk for weight loss (66%)
b. **Increases intake among half of residents at risk for weight loss** (28%)
c. Has little effect on intake among residents with dementia (5%)
d. Has little effect on intake among residents at risk for weight loss (1%)