FOLLOW-UP CONFERENCE CALL #5 IN OUR SERIES: "EATING WITH DIGNITY: NUTRITION AND HYDRATION" NOVEMBER 1ST – 3PM (ET) [2PM CT / 1PM MT / 12PM PT]

EDUCATIONAL CONFERENCE CALL MINUTES

1. **Welcome & Project Overview**
   - This call series on issues of quality in nursing homes has been funded by the Retirement Research Foundation. The project began centered around the concept that while staff and professionals have access to information about nursing home quality care issues, family and residents often do not.
   - This project helps to educate people by tapping into a national pool of experts. It helps to inform families and residents on how to improve the quality of life and care in nursing homes they (or their family members) are in.
   - The conference calls have been very successful. We have seen those on the calls make connections with others across the country who have similar questions and issues. Call participants are realizing that they are not alone with the issues that they face, and that progress is being made on such issues.
   - If you have not received a packet of materials for this call, please call NCCNHR at: 202-332-2275
2. **Introduction of Robyn Grant, Conference Call Special Facilitator**
3. **Conference Call Overview – Robyn Grant**
   - Theme – "Eating with Dignity: Nutrition and Hydration"
   - Agenda of the call: Following a brief reminder/introduction of the speakers we have available on the call, Connie McDonald will spend a few minutes sharing with us some additional things that her facility is doing to ensure proper nutrition and hydration among residents. Following Connie's presentation, we will entertain questions and stories from those of you on the line.
   - Please limit your questions to only one question, and if necessary one follow-up question.
   - Logistics: You line is muted. When we open the call for questions and comments, the operator will tell you what to do.
   - We only have 50 minutes for this call, so we ask that you please be brief with your questions.
   - Web site: www.nccnhr.org/consumervoice - all information resources for this call series are available at this website.
4. **Speaker Introduction**
   - Dr. Jeanie Kayser-Jones**,** Professor, Gerontological Nursing and Medical Anthropology**,** University of California, San Francisco
   - Connie McDonald, Administrative Director for MaineGeneral Rehabilitation and Nursing Care

5. **Connie McDonald, Administrative Director for MaineGeneral Rehabilitation and Nursing Care**
   - Comments on what MaineGeneral Rehabilitation and Nursing Care is doing to ensure proper nutrition and hydration among residents
   - There is an important partnership that families and residents can have with nursing home administration. Everyone needs to talk together to initiate positive change.
     - Old practice often blinds nursing home staff. They need to be educated, shown, given the opportunity to make changes, realize a common goal.
     - You need a non-threatening opportunity to have a dialogue about goals, and get people on the same page.
     - Have family councils, teams that come together and talk.
     - Don't look for someone to blame.
     - Get involved, work on finding the best practices and best places.

   Robyn Grant
   - Have the discussion with your Family Council, and then bring the ideas to the administration, and figure out how to make the ideas a reality.
6. **Participant Q&A**

   Q When the nursing assistant comes to feed a resident, and the resident pushes the nurse away, does that mean the resident isn't hungry?

   A No, it doesn't mean that. It might mean that they're having difficulty swallowing. They might also be afraid they are going to choke, if they have choked in the past. Put in a request for a swallowing evaluation by the speech pathologist. Another possible reason – maybe the resident doesn't like the food. Pureed food is often not appetizing. Maybe the resident is being fed too fast, and needs more time to swallow.

   Q Are there good systems to help make sure that likes and dislikes of residents are communicated and acted upon?

   A There are symbolic messages that no one cares or is listening when people don't get the food they like. "Every person is the facility." What a resident tells staff needs to get communicated to others on the staff. Our computer system puts out meal tickets with tags noting what residents dislike. The person who puts together the tray, as well as the person who serves it, can check that the likes and dislikes are accounted for.

   A It takes vigilance on the part of everyone to make sure that people get what they like, and don't get what they don't like. Mealtime is very important; many people are in nursing homes for a long time, and they often look forward to meals, and they take on great importance. Some facilities have buffets, allowing people some choice.

   A Mealtime is a very psychosocial quality of life issue. We all connect with other people through mealtimes, and we connect that to whether we feel nurtured, and whether people around us care about us. Meals should be as pleasant, calm and resident-centered as we can make them. It is not easy, but we need to keep this in focus.

   A Don't blame staff, but remind them, keeping in mind that they are busy, that mealtime is symbolic, and food is a central part of birthdays, etc., and symbolizes

life and love. When we don't pay attention to food, it makes residents and families feel as though we don't value them.

A Buffets help to keep residents from having to eat things they don't like.

A Some facilities have found that buffets save money, because there is less food waste from residents not eating food they don't like.

Q My Mother is in the Alzheimer's Unit, and was losing weight. In a care planning meeting, we came up with the ideas to reverse the weight loss: adding peanut butter to her oatmeal in the morning, ice cream twice a day, sprinkling sugar on her veggies. This has really helped.

A When someone is unable to eat very much (loss of appetite or difficulty), each mouthful has to be loaded with calories. I.e.: fortified cereal, 3 butter packets on veggies. Make every bite count!

A Be careful that sugar isn't sprinkled on all food, for all residents - just because it works for one resident doesn't mean that it will work for all residents, and become "common practice." When people start losing weight, they sometimes lose their appetite, so it can help to let them eat whatever it is that they want. Starting eating something that the resident likes might help him/her to get his/her appetite back. Encourage the consumption of *something*. At 85 or 90, residents don't really have to worry about cholesterol, etc. very much.

Q Regarding requirements to eat in the dining room: It is a resident right, if there are no medical reasons otherwise, to eat in their room if they so choose.

A It is a resident's right to choose to eat in their room. We try to convince people that it will be a nice experience if they come into the dining room, and connect with others around them. People with chocking concerns, positioning needs, etc. need supervision, so eating in their rooms would take extra planning. We need to be careful of people who choose isolation by eating in their rooms – be watchful of depression, or their appetite, etc.

Q If you choose to eat in your room, and you're mentally able to make that decision, you should have that right.

A We need to think about individualized care. There are some people that are loners, and do want to eat alone. Drooling, incontinence, etc. can make the dining room unpleasant. It is important to find out why a resident wants to eat in his/her room. Some facilities have a candlelight dinner once a month, and it transforms the dining room into a restaurant-like atmosphere. A nice atmosphere might make people want to eat in the dining room.

A We need to recognize that not all residents are the same, and we need to get away from the institutionalization of making everyone fit in. We should not try to make things harder, but to make things as we would them to be if for us. Often, staff doesn't know how to get started with the process of improvement. Change that happens slowly is likely to last and be more successful. Up to 3 residents with varying needs per CNA allows residents to eat in a leisurely manner, have a conversation, and not feel rushed or pressured. When residents can tell that CNAs are rushed, they feel pressured, and sometimes do not eat because they don't want to bother – it's too stressful.

A In some facilities, all staff are trained to help people eat.

A A meal distribution list and plan should exist so that you have the staff you need,

and don't end up with a gap if people are not around. If the plan is built around the evening shift, it will be easy during the day shift. There are times when all different staff help with mealtime, but they are not built into the plan, since they are not there everyday, and you don't want to be left with a gap in your plan.

Q Are there ways to avoid pureed diets?

A First, find out why the person is on a pureed diet. Is it necessary? There should be an evaluation of their swallowing and their oral healthcare. If they don't have dentures, or they have thrush, etc., these are problems that can be resolved, allowing the resident to eat non-pureed foods. Some good soft, non-pureed options are: eggs, cream soups, mashed potatoes, peas, yogurts, custards, smoothies and fruit. There are nutritious diets that are soft but not pureed. You can also mash fruit a little but still have it look like fruit. Juices that are nectar consistency might be able to be thickened a little, but not too much. We could give people more fruit, as it has a lot of water, and they would have to drink less plain water. Orange juice and other juices can be frozen to make crunchy popsicles.

A We try to use pureed diets as a last resort. People like texture, they like to recognize their food (this is particularly important for people with dementia).

A Sometimes when residents have a swallowing disorder, they are put on pureed diets. However, the disorder can change and their swallowing ability can improve and be regained, but the resident might still be stuck on a pureed diet. Residents need to be reevaluated regularly.

A Ongoing assessment and revaluation of the care plan is important, as people can also deteriorate in their ability.

Q I approached facility staff about training on swallowing, eating, etc. Salt, pepper, and sugar do help. Culture change is important – family members can sit back and observe, make recommendations. It is important to stay on top of care plans. Many family members found the call very helpful.

7. Closing, Wrap up, Announcements

- Thank you to everyone who participated in this call, and to our speakers for the great information.
- Please fill out the evaluations that you will receive via email and mail. If you had others join you on the call, please make sure that they fill out an evaluation form and return it to NCCNHR.
- The next Educational Call is on November 8th on "Incontinence and Quality Care." Please register for this call if you are interested in participating.
- We ask that ombudsman try to have at least one or two active family members or residents with them on these calls.
- Web site: www.nccnhr.org/consumervoice - all information resources for this call series are available at this website.
- Thank you again to all of our call participants as well as our moderator and speakers.