

Long-Term Care Survey Alert

Best Practices CMS EXPERT SHARES BEST PRACTICES ON NUTRITION AND HYDRATION

When it comes to meeting residents' needs for nutrition and hydration, facilities should "think of ways to encourage residents to eat and drink" and learn from each other in implementing innovative strategies.

That's the advice of Stephanie Williams, a federal oversight surveyor and health quality review specialist with the Centers for Medicare & Medicaid Services Region IV in Atlanta.

"Facilities with successful nutrition programs define the roles of staff in the dining room, including the rehab staff, activities personnel, nursing assistants — even maintenance," Williams told DONs at the recent National Association of Directors of Nursing Administration in Long Term Care conference in Nashville, TN.

Such facilities also tend to involve staff at all levels in helping residents who need help eating at meal times. "For example, one facility asked the administrative staff — even the social worker — to stay two nights a week" to help with all the "go-faring" so that the nursing staff could focus solely on helping residents eat and enjoy their meals.

"The administrative and other staff liked it," Williams reported, "because they got to know the residents better. They also felt very helpful and developed a new appreciation for nursing and dietary."

Sharing Best Practices

Williams highlighted the following helpful insights and suggestions gleaned from CMS' evaluation of the dining and food service investigative protocol and her own survey experiences:

- Identify staff training needs. Nursing staff has told CMS that they need training in how to comfortably position residents with neuromuscular problems at the dining table or in bed for meals. Role playing can help where aides take turns pretending to be residents in geri-chairs who require help eating. Staff has also cited the need for more information on how to feed residents with swallowing disorders, an area where speech therapists can provide some guidance.
- Use music as an apéritif. Williams says facilities have found that providing music an hour before meals seems to increase resident alertness and soothe their agitation. "Sing-along" activities before meals also seem to have the same effect.
- Implement therapeutic food programs. Special "bowel management" diets can reduce the need for laxatives. "Super foods" that pack a meal's worth of calories into a single serving help picky eaters maintain their body weight. Examples include mashed potatoes loaded with cream and butter or a cooked cereal rich with brown sugar or syrup, butter and cream.
- Get creative in meeting residents' hydration needs. Consider hydration carts or stations that offer a variety of beverages. A facility "ice cream parlor" or "happy hour" that serves sparkling cider and high-calorie smoothies improves nutrition, hydration — and quality of life for residents. One facility put plants in residents' rooms with placards in the potted soil that read: "Water me often. I need your help to stay beautiful" to remind CNAs to offer residents fluids frequently. The residents' hydration improved greatly as did the incidence of urinary tract infections.
- Foster a sense of community in the dining experience. Family-style meals for residents on regular diets create a great sense of community and normalize life in the facility. Some facilities use contrasting colors of dishes, place mats and tablecloths for a festive touch. CMS also has found that creating "neighborhoods" of residents who

always sit together fosters a sense of belonging and caring among groups of residents.

- Accommodate "grazers." Some people prefer to eat several smaller meals throughout the day. So some facilities offer snack carts with sandwiches, fruit, soups, cereal, cheese and crackers and vegetables and dips. Williams reports that one facility had an indoor "walking trail" where people with Alzheimer's disease could get "finger food," such as fish sticks, bite-sized sandwiches and gelatin cubes, 24 hours a day.