

PROVIDING PERSON-CENTRED MEALTIME CARE FOR LONG TERM CARE RESIDENTS WITH DEMENTIA

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Advisory Committee

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Residents with dementia: a high risk group

- Problems leading to poor food intake:
 - Declining appetite
 - Inability to tell others when hungry
 - Chewing and swallowing problems
 - Tendency to become distracted while eating
 - Dependence on others for assistance
- Typical interventions:
 - Providing snacks
 - Increasing the energy density of foods
 - Providing oral liquid nutrition supplements
 - Creating a homelike dining environment

What is person-centred care?

- Kitwood (1997)
 - Avoiding malignant social psychology
 - Promoting positive person work
- Brooker (2007)
 - *Valuing* every resident
 - Using an *Individualized* approach
 - Seeing things from the resident's *Perspective*
 - Creating a **Social** environment that supports psychological needs

Person-centred mealtime care

- Providing choices and preferences
- Supporting independence
- Promoting the social side of eating
- Showing respect



Potential influences on mealtime care

- Resident personalities and needs
- Personalities of staff
- Beliefs and values
- Co-worker influences
- Leadership influences
- Power to make decisions
- Supervision and feedback
- Teamwork and communication
- Evidence for using particular approaches
- How mealtime care is evaluated (i.e. audits)
- Policies and procedures
- Workload
- Formal education and training
- In-service education and training
- Other influences

Study objectives

Research question:

What can help long term care home staff implement person-centred care practices at mealtimes for residents with dementia?

Objectives:

1. Describe current practice.
2. Explain what influences current practice.
3. Identify steps to improve implementation of person-centred mealtime care.

Methods

- Semi-structured interviews
 - 52 staff from four long term care homes in Ontario
- Thematic analysis

Main findings

What can help long term care home staff implement person-centred care practices at mealtimes?

1. Form a strong team
2. Work together to provide care
3. Know the residents
4. Have a toolbox of strategies
5. Create flexibility to optimize care

1. Form a strong team

...sometimes when you don't have enough people [to help], it's like you're kind of rushing. 'Come on! Eat another spoonful. Take another spoonful.' But then when you have volunteers and relatives, they—you take your time...So I think it's—important at mealtime to have extra—extra staff or extra help (Home D).

1. Form a strong team



Action points:

- Increase recruitment and training of mealtime volunteers
- Encourage family members to be involved in mealtime care

2. Work together to provide care

...when we have a team meeting...[dietary staff] will actually give [nursing] information that maybe they hadn't seen before. Because sometimes when they're trying to assist three or four people at a time, it's pretty hard to see really what's going on at a...more independent table...But [dietary staff] kind of look table to table to see how things are going, especially in dementia care (Home A).

2. Work together to provide care



Action points:

- Establish a culture of good team work where staff within and across departments and positions...
 - Lend a hand in the dining room as needed
 - Share information
 - Problem-solve together

3. Know the residents

As I'm talking, I'm realizing how much your familiarity with a resident really impacts their care, and familiarity translates into being there—you know—being there quite regularly with them (Home C).

3. Know the residents

Action points:

- Plan regular opportunities for point of care nursing and dietary staff to meet and share what they know about each resident's mealtime needs and preferences



4. Have a toolbox of strategies

...a lot of what we learned [in college courses] is what you do in an ideal situation, where everything – where you have lots of time and you have lots of staff and you have residents that...do what you want them to. There's your perfect world that's not actually ever going to happen (Home B).

4. Have a toolbox of strategies



Action points:

- Educate care providers on the philosophy of person-centred care
- Plan regular opportunities for staff to learn with and from each other about ways to make mealtime care more person-centred

5. Create flexibility to optimize care

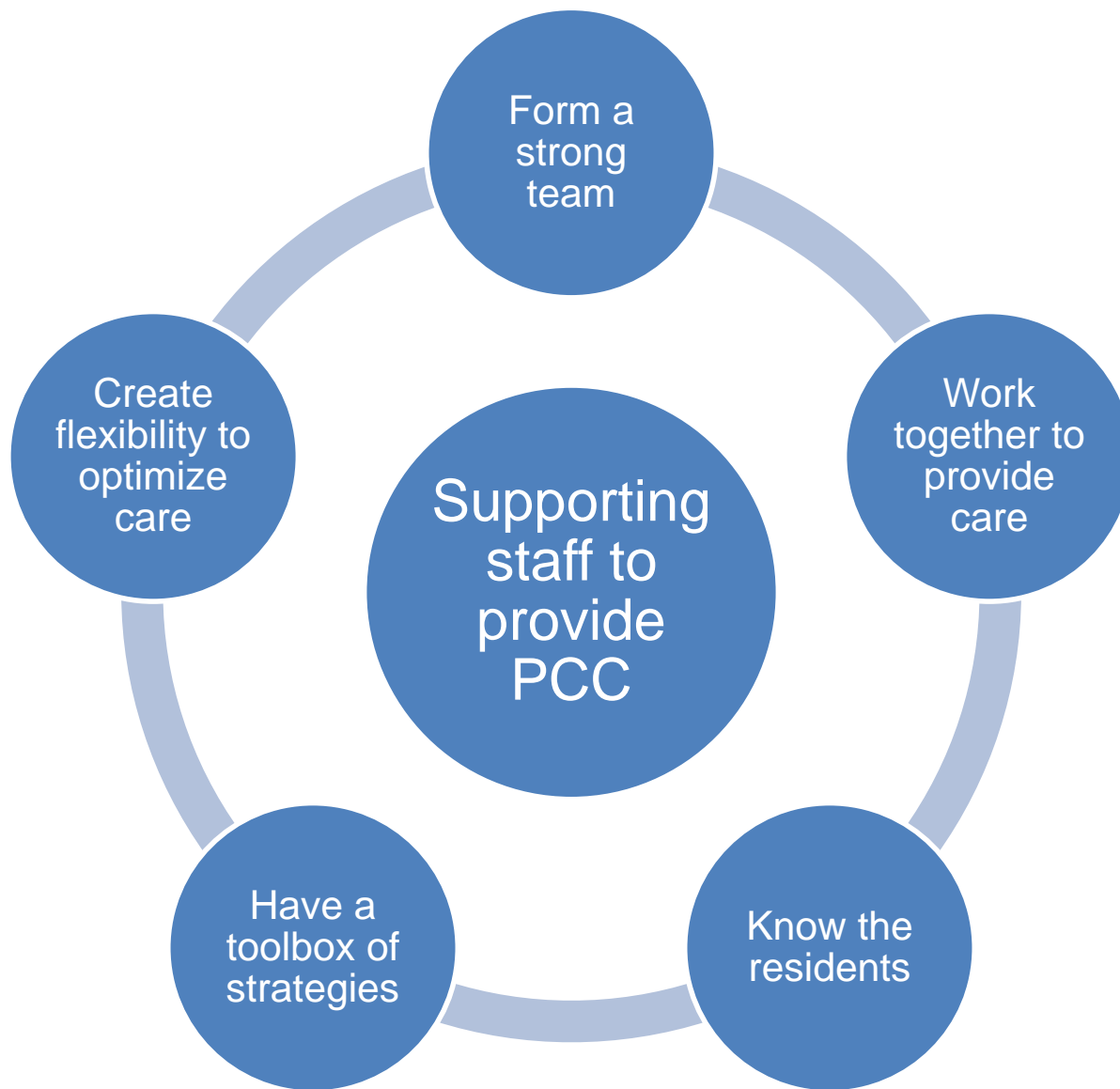
...if this resident is in the dining room and is upset and anxious, and we only have this little window of opportunity, then if she's not table one today [on the schedule to be served first], that doesn't matter. We will be feeding her right then and there, so that we'll get that nourishment into her. I say, we feed anybody, anywhere, anytime (Home A).

5. Create flexibility to optimize care

Action points:

- Create more options regarding where, when, and what residents are served to eat
- Open conversation about when it is appropriate to bend usual mealtime rules and routines in order to best meet each resident's needs





Take-away messages

- ***For food industry partners:***

- Help create flexibility to optimize care through food options.

Promote a wide variety of:

- Finger foods to support independence
- Tasty pureed options (including products or recipes)
- Nutritious snack and dessert options for residents of diverse ethnicities

- ***For dietitians:***

- Help equip staff with a toolbox of strategies, especially regarding:

- Responsive behaviours
- Low food and fluid intakes

- ***For ALL OF US:***

- Help form a strong team:

- Encourage volunteer and family involvement at meals and snack times in your local long term care homes

Thank-you!

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