

FEEDING ASSISTANT TRAINING SESSION #1

Vanderbilt Center for Quality Aging & Qsource

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Feeding Assistant Training Session 1

1. What is the Feeding Assistant Regulation & Training?
2. Why is good nutrition important for older adults?
3. What are some of the warning signs of dehydration and malnutrition?
4. What are the risk factors for poor food and fluid intake?
5. What is your role as a trained Dining Assistant?

Feeding Assistant Regulation

- CMS Regulation §483.16 allows for the cross training of non-nursing staff to assist with nutritional care

- Now, almost all states have also passed state-level regulations, including the state of Tennessee

- HISTORY
 - Growing care needs in long-term care
 - Feeding assistance required by many residents
 - Good quality assistance takes a lot of staff time
 - Most homes don't have enough CNAs



Photo Cred: Bureau of Labor Statistics

Feeding Assistant Regulation

- GOALS of both federal and state regulations:
 - Increase number of staff available to help with nutritional care tasks both during and between meals
 - Improve the quality of care so that residents receive:
 - Amount of help they need during meals
 - Snacks and supplements between meals
 - Availability of options (resident-centered)



Photo Cred: Bureau of Labor Statistics

Feeding Assistant Regulation

□ FEDERAL AND STATE OF TN REQUIREMENTS

□ 8 - Hour Training Course: **MUST COMPLETE ALL 8 HOURS**

- Assistance with Feeding & Hydration
- Diet (types and purpose)
- Feeding Techniques (not limited to physical help)
- Communication & Interpersonal Skills (how to keep resident's attention)
- Appropriate Responses to Resident Behavior (difficult behaviors)
- Resident Rights (offering choices, dignity)
- Recognizing Changes in Residents (warning signs and symptoms)
- Safety & Emergency Procedures (choking risk)
- Infection Control (proper handling of food when helping)

□ Complete Written or Performance Evaluation

Feeding Assistant Regulation

- REQUIREMENTS – Important Things you Need to Know:
 - Assistants *cannot* help residents with “complicated feeding issues” (e.g., history of aspiration, high risk of choking) - A licensed nurse or Speech Therapist in your facility should make this decision.
 - Assistants *should not* provide care for which they have not been trained (e.g., helping residents out of bed, to the bathroom)
 - Training does not have to be repeated unless it’s been more than 1 year since you last worked as an Assistant

CHECKLIST

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Importance of Good Nutrition

- Older adults require extra foods and fluids due to:
 - Chronic illness
 - Wound healing (e.g., pressure ulcers, skin breakdown)
 - Muscle weakness
 - Higher risk for acute illness

- An acute illness (stomach virus, flu) can quickly lead to weight loss, dehydration and hospitalization

- As a general rule, older adults benefit from having some 'extra' weight to protect them against rapid decline

Warning Signs of Malnutrition

- What might you notice?
 - Poor appetite (change in appetite)
 - Low food intake (less than half of meal, refusal of snacks)
 - Increased tiredness, weakness
 - Swelling

- A person's size is not a good indicator – a larger person can still become malnourished and *unplanned* weight loss is still a bad sign, regardless of someone's size

- Notify a nurse of any changes or concerns

Warning Signs of Dehydration

- What might you notice?
 - ▣ Dry or sticky mouth/tongue
 - ▣ Increased confusion
 - ▣ Increased tiredness, weakness
 - ▣ Hollow or sunken look under eyes
 - ▣ Fast pulse
 - ▣ Low urine and/or strong smell of urine
- Notify a nurse of any changes or concerns

Risk Factors for Poor Nutrition

Imagine the
last great
meal you ate.

What made it
memorable?

How does this
compare to
meal time in
the long-term
care setting?



Risk Factors: Physical

- Physiological changes with advancing age
 - ▣ Reduced hunger/thirst sensations
 - ▣ Poor dentition (few teeth, ill-fitting dentures, mouth sores)
- Physical Impairment
 - ▣ Inability to feed self (e.g., stroke, dementia)
 - ▣ Difficulty holding utensils (e.g., tremors, contractures)
 - ▣ Difficulty chewing, swallowing

Risk Factors: Sensory

- Medications
 - ▣ Some common medications can reduce appetite or change sense of taste
- Diet Orders
 - ▣ May make food less appealing in taste, texture and/or appearance
- Sensory Impairment
 - ▣ Reduced Taste
 - ▣ Impaired Sight
 - ▣ Reduced Smell
 - ▣ Impaired Hearing (interfere with assistance)

Risk Factors: Cognitive Impairment

- Memory & Perception of Time
 - ▣ Forget that they have (or haven't) eaten
 - ▣ May not remember how to use silverware



- Perception of Food
 - ▣ May not recognize certain foods or what is edible v. inedible



Risk Factors: The Environment

SURROUNDINGS

- Noisy dining room – distracting, confusing
- Different staff - interrupted assistance
- Improper positioning – increases choking risk
- Lack of Socialization – mealtime should be enjoyable, a social event

Risk Factors: The Environment

RESIDENT-CENTERED CARE PRACTICES

- Lack of familiar food options
 - ▣ habit, culture, religion
- Dining routines that work well for staff but don't necessarily reflect resident preferences (timing, location)
- Limited options
 - ▣ alternatives to served meal, variety of snacks

Risk Factors: The Psycho-Social

- Loneliness (lack of social interaction)
 - Depression (lack of enjoyment)
 - Frustration (dependence on staff, limited choices)
 - Discomfort (pain, constipation, arthritis)
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What can you do as an Assistant?

- Take resident to the dining room for meals
- Sit with resident throughout the meal and talk to them (socially, reminders to eat)
- Offer choices (during meals and between meals)

Role of Dining Assistant

- Most places have more residents who need help than they have CNAs to provide help
- The more staff who are trained to help, the better the care will be for all residents
- Each facility should decide how best to utilize assistants (meals, snacks, weekdays/weekends)
- Trained staff should make a commitment to help routinely (at least once during each shift or 2-3x/week)