

Your Dining Experience Could be Dangerous... How to Make it Safe and Enjoyable for Residents

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Presentation Objectives

- **At the conclusion of this presentation the participant will be able to:**
 - Verbalize the risk factors associated with dining for the resident
 - Manage residents at risk for burns from hot foods & liquids
 - Observe for the signs and symptoms of dysphagia
 - Discuss what can be done to prevent falls in the dining room
 - Identify the environmental risks in the dining room

2 - You Dining Experience Could Be Dangerous

Managing Hot Beverage/Hot Liquids

- **Although tap hot water temperatures cannot be greater than 110° F in a long-term care community, coffee, hot tea, soups and even hot cereals can be at much higher temperatures!**
- **Hot beverages and foods served directly from the kitchen or pantry can be in excess of 180° F.**
- **There are no regulations that state the maximum temperature that hot food can be served.**
- **As a result, burns from hot food and hot liquids occur, and some can be 2nd and 3rd degree burns.**

3 - You Dining Experience Could Be Dangerous

Why the Older Adult is at Risk?

- In all age groups, tap water scald injuries have been cited as the second most common cause of serious burn injuries.
- Older adults are at greater risk due to the following:
 - Skin tends to be less sensitive to feel the burn
 - Reaction times are reduced
 - Thinner skin also burns full depth more quickly
 - Decreased cognition



Time/Temperature Chart for Scalds/Burns

Water or Beverage Temperature	Time to Receive a 2 nd Degree Burn	Time to Receive a 3 rd Degree Burn
120° F	8 minutes	10 minutes
124° F	2 minutes	4 minutes
131° F	17 seconds	30 seconds
140° F	3 seconds	5 seconds
150° F	<1 second	1 second

Scald Injury Prevention, American Burn Association. Available at: <http://www.amerburn.org/Prevent/ScaldInjuryEducator'sGuide.pdf>.

Managing Hot Beverage/Hot Liquids

- Routine dining room observation is the first line of managing risk of burns from hot foods.
- Identify residents at risk. Residents with a change in mental status or a history of tremors are a high risk of getting burned by hot beverages and liquids.
- All interdisciplinary team members should observe the dining room daily for residents that are having difficulty with the following: bringing food and/beverages to their mouth, shaking or increased tremors noted, increased confusion from usual.



Managing Hot Beverage/Hot Liquids

- Report any change in resident feeding ability to nurses on duty- report what you observed.
- An OT consult can be requested for feeding ability with adaptive devices that may help.
- In the meantime, take measures to prevent burns:
 - Place a pad or towel in lap that can soak up liquid spills
 - Provide hot beverages or puree soups in mugs with lids
 - Provide assistance with feeding as needed
 - If a resident does spill hot beverage in lap, take resident immediately to nearest bathroom and remove wet clothing- they may not feel the burn.

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Prevention Measures

- Do not serve hot beverages or soup >150° F, especially to residents with dementia
- Turn down thermostat on coffee machine
- Do not serve hot cereals >150° F
- Know the residents that are at risk
- Closely observe residents that are experiencing a change in status, mental or physical for safe dining
- Conduct dining observation regularly for residents that may be at risk

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Resident Safety Assessment: Hot Liquids

- Handout provided
- Can be conducted quarterly or change in condition by OTR/COTA
- Higher risk in residents with impaired vision, dementia, conditions with tremors including Parkinson's disease, CVA especially if resident is using non-dominant hand to feed self



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Steam Table Safety

As we move from tray service to remote dining, steam tables can be a safety concern.

- Secure power cords and keep out of traffic areas
- Use the proper materials for covering foods in steam tables. Plastic wrap can retain steam and cause serious burns
- Check pot holders for holes, loss of insulation, keep dry
- Never pile containers or papers on top of steam table
- Never leave a steam table unattended when in use
- Plan a barrier to limit access to residents

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Steam Table Safety

What is wrong with this picture?



11 – You Dining Experience Could Be Dangerous



Steam Tables in the Diningroom

What's wrong with this picture?



12 – You Dining Experience Could Be Dangerous



Steam Tables and Service Areas

Limit Steam Table Access to Residents



13 - You Dining Experience Could Be Dangerous



Steam Tables in the Diningroom

Limit Steam Table Access to Residents



14 - You Dining Experience Could Be Dangerous



New Technology

Under counter induction buffet - heats through solid stone counter tops



15 - You Dining Experience Could Be Dangerous



Soup urns can be dangerous

- Assure that the urn is secure on a flat surface
- Check the power cord
- Never take urn on a rolling cart
- Have a spoon rest for ladle
- Do not stack bowls too high



Coffee Urns in Dining Areas

- Avoid large coffee urns in Dining Rooms
- No access to hot liquids in areas with cognitively impaired residents who are mobile

Try Air Pots

Single Cup dispensers

Urns



F323 Accidents and Supervision

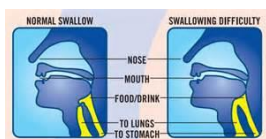
- F323 may include, but is not limited to: Actual or potential harm/negative outcomes from thermal burns from spills/immersion of hot water/liquids
- Surveyors will look at the key elements for severity determination for F323 are as follows:
- Presence of harm/negative outcome(s) or potential for negative outcomes because of presence of environmental hazards, lack of adequate supervision to prevent accidents, or failure to provide assistive devices to prevent accidents.

Microwaves & Burn Risk

- Heating or re-heating food in a microwave can also be a risk for scalds & burns
- Have a microwave use policy for re-heating foods
- Educate staff on proper procedure to re-heat food; heat and stir food for equal heating to 165 degrees
- Use thermometer to test food or liquid and allow to cool to 150 degrees before serving to resident.
- Post information for family members that may re-heat food.
- Contact food and nutrition to provide “new” food and beverage items

Dysphagia

- Means difficulty swallowing- can be for solids, liquids or both
- Difficulty swallowing occurs in 15-50% of older adults; risk is higher in long-term care environment
- About 45% of residents with dementia have dysphagia



Dysphagia

4 Phases of Swallowing

- Oral preparatory or anticipatory phase- saliva increases with the smell of food or the thought of eating
- Oral phase- moving food around in the mouth
- Pharyngeal phase- the back of the mouth; preventing solids or liquids from entering the lungs
- Esophageal phase- post swallow concerns

Dysphagia

Causes of Dysphagia

- Neurological- CVA (stroke, dementia)
- Structural (narrowing of esophagus, head and neck cancers)
- Infections (yeast or other infection)
- Erosions (from acid reflux)

Dysphagia

Signs of Dysphagia

- Coughing or clearing of the throat while eating
- Drooling
- Pocketing of food in the cheek
- Multiple swallows
- Slow rate of eating
- Decreased meal intakes
- Weight loss

Dysphagia

Signs of Dysphagia (continued)

- Watery eyes after eating
- Wet sounding of voice
- Food and/or liquids coming out of mouth
- Fatigue or shortness of breath
- Facial grimacing
- Repetitive respiratory infections, especially pneumonia

Dysphagia

Diagnosis of Dysphagia

- Reporting- this is where we help!
- Screening
- Evaluation/Testing
- Diagnosis
- Diet Prescription

Dysphagia

Dietary Modifications

- Solids
 - › Regular
 - › Mechanical Soft , Dysphagia 3
 - › Ground, Dysphagia 2
 - › Pureed, Dysphagia 1
- Liquids
 - › Thin liquids
 - › Nectar thick liquids
 - › Honey thick liquids
 - › Pudding or spoon thick liquids

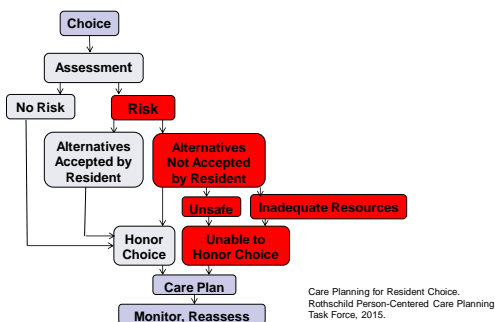
Dysphagia

- **Observe residents in dining room- residents that are coughing with solids or liquids may have dysphagia**
- **Residents with confirmed dysphagia should have a feeding plan from the SLP and supervision recommended**
- **Note the other signs and symptoms of dysphagia**
- **Residents that are eating slowly may be having trouble**
- **Residents with weight loss should be assessed for swallowing status**
- **Modified diet and liquids can help, however, some residents dislike the modifications...**
- **Your observations help identify dysphagia!**

Refusal of Diet Texture or Thickened Liquids

- Are diet waivers recommended?
- Litigation may occur
- Take a safe approach for the resident and the community
- Seek compromise- examples
- Rothschild Foundation developed tool: *Honoring Resident Choice and Mitigating Risk*

The Process for Mitigating Risk & Honoring Resident Choice



Documentation Form for Honoring Resident Choice & Mitigating Risk

I. Identify & Clarify the Resident's Choice	Date	Date	Date	Initial
What is the resident's preference this is of concern?	Mr. Windy desires to consume thin liquids with his meals. He does not like the thickened liquids, even nectar thick.			
Why is this important to the resident?	He says that he likes iced tea and sometimes a good cold beer in the summer and when it is thickened it does not taste good.			
What is the safety/risk concern?	Mr. Windy had a bout of aspiration pneumonia 6 months ago and was placed on thickened liquids			
Who is the representing the resident?	Mr. Windy manages his own affairs. He is alert and oriented and has no immediate family.			
Who on the care team was involved in these discussions?	Denise Smith, RD, Maggie Doe, SLP, Sarah Thomas, LSW, Jane Reynolds, RN			

CMS Dining Observation Tool

- **Lighting**
 - Illumination levels are task-appropriate with little glare
 - Lighting supports maintenance of independent functioning and task performance.
 - Comfortable and adequate
- **Furnishings**
 - Observe whether furnishings are structurally sound and functional

CMS Dining Observation Tool (continued)

- **Space**
 - Residents can enter and exit the dining room independently without staff needing to move other residents out of the way
 - Residents could be moved from the dining room swiftly in the event of an emergency;
 - Staff would be able to access and assist a resident who is experiencing an emergency, such as choking; and
 - There is no resident crowding.

Summary



- **There are a number of risk factors in the dining room.**
- **Careful observation of the residents and the environment during meal service helps to ensure safety and make meals enjoyable!**
- **All staff members are involved in maintaining resident safety.**

Resident Safety Assessment: Hot Liquids

Resident Name: _____

High Risk Diagnoses: Check each box, as appropriate.

- | | | |
|--|--|--|
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Dementia | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Organic Condition-MR/DD |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Hemaplegia | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> History of Seizures | <input type="checkbox"/> Vision Impaired: |
| <input type="checkbox"/> CVA | <input type="checkbox"/> MR/DD | __ Highly __ Severely |

Dining Room Observation:

Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Assessment Reason: <input type="checkbox"/> Admission <input type="checkbox"/> Return from hospital <input type="checkbox"/> Quarterly/Annual MDS, as indicated by specific decline <input type="checkbox"/> Other:	Assessment Reason: <input type="checkbox"/> Admission <input type="checkbox"/> Return from hospital <input type="checkbox"/> Quarterly/Annual MDS, as indicated by specific decline <input type="checkbox"/> Other:	Assessment Reason: <input type="checkbox"/> Admission <input type="checkbox"/> Return from hospital <input type="checkbox"/> Quarterly/Annual MDS, as indicated by specific decline <input type="checkbox"/> Other:	Assessment Reason: <input type="checkbox"/> Admission <input type="checkbox"/> Return from hospital <input type="checkbox"/> Quarterly/Annual MDS, as indicated by specific decline <input type="checkbox"/> Other:	Assessment Reason: <input type="checkbox"/> Admission <input type="checkbox"/> Return from hospital <input type="checkbox"/> Quarterly/Annual MDS, as indicated by specific decline <input type="checkbox"/> Other:
MDS Section G1h code = _____	MDS Section G1h code = _____	MDS Section G1h code = _____	MDS Section G1h code = _____	MDS Section G1h code = _____
<input type="checkbox"/> Lacks ability to sustain lift of arm to mouth	<input type="checkbox"/> Lacks ability to sustain lift of arm to mouth	<input type="checkbox"/> Lacks ability to sustain lift of arm to mouth	<input type="checkbox"/> Lacks ability to sustain lift of arm to mouth	<input type="checkbox"/> Lacks ability to sustain lift of arm to mouth
<input type="checkbox"/> Lack ability to handle eating equipment (cup, dish, spoon)	<input type="checkbox"/> Lack ability to handle eating equipment (cup, dish, spoon)	<input type="checkbox"/> Lack ability to handle eating equipment (cup, dish, spoon)	<input type="checkbox"/> Lack ability to handle eating equipment (cup, dish, spoon)	<input type="checkbox"/> Lack ability to handle eating equipment (cup, dish, spoon)
<input type="checkbox"/> Tires easily after 5 minutes of feeding self using cup, dish, spoon)	<input type="checkbox"/> Tires easily after 5 minutes of feeding self using cup, dish, spoon)	<input type="checkbox"/> Tires easily after 5 minutes of feeding self using cup, dish, spoon)	<input type="checkbox"/> Tires easily after 5 minutes of feeding self using cup, dish, spoon)	<input type="checkbox"/> Tires easily after 5 minutes of feeding self using cup, dish, spoon)
<input type="checkbox"/> Demonstrates tremor of arm or hand	<input type="checkbox"/> Demonstrates tremor of arm or hand	<input type="checkbox"/> Demonstrates tremor of arm or hand	<input type="checkbox"/> Demonstrates tremor of arm or hand	<input type="checkbox"/> Demonstrates tremor of arm or hand
Plan of Action: <input type="checkbox"/> None required <input type="checkbox"/> Therapy Screen	Plan of Action: <input type="checkbox"/> None required <input type="checkbox"/> Therapy Screen	Plan of Action: <input type="checkbox"/> None required <input type="checkbox"/> Therapy Screen	Plan of Action: <input type="checkbox"/> None required <input type="checkbox"/> Therapy Screen	Plan of Action: <input type="checkbox"/> None required <input type="checkbox"/> Therapy Screen
<input type="checkbox"/> Mug with Lid	<input type="checkbox"/> Mug with Lid	<input type="checkbox"/> Mug with Lid	<input type="checkbox"/> Mug with Lid	<input type="checkbox"/> Mug with Lid
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
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