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

September 28, 2016

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

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.
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

<table>
<thead>
<tr>
<th>Water or Beverage Temperature</th>
<th>Time to Receive a 2nd Degree Burn</th>
<th>Time to Receive a 3rd Degree Burn</th>
</tr>
</thead>
<tbody>
<tr>
<td>120°F</td>
<td>8 minutes</td>
<td>10 minutes</td>
</tr>
<tr>
<td>124°F</td>
<td>2 minutes</td>
<td>4 minutes</td>
</tr>
<tr>
<td>131°F</td>
<td>17 seconds</td>
<td>30 seconds</td>
</tr>
<tr>
<td>140°F</td>
<td>3 seconds</td>
<td>5 seconds</td>
</tr>
<tr>
<td>150°F</td>
<td>&lt;1 second</td>
<td>1 second</td>
</tr>
</tbody>
</table>


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.

Prevention Measures

• Do not serve hot beverages or soup >150º F, especially to residents with dementia
• Turn down thermostat on coffee machine
• Do not serve hot cereals >150º 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

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
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

You Dining Experience Could Be Dangerous

What is wrong with this picture?

Steam Tables in the Diningroom

What's wrong with this picture?
Steam Tables and Service Areas

Limit Steam Table Access to Residents

Steam Tables in the Diningroom

Limit Steam Table Access to Residents

New Technology

Under counter induction buffet - heats through solid stone counter tops
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

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)

You Dining Experience Could Be Dangerous

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

You Dining Experience Could Be Dangerous

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

<table>
<thead>
<tr>
<th>Choice</th>
<th>Assessment</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternatives Accepted by Resident</td>
<td>Alternatives Not Accepted by Resident</td>
<td>Adequate Resources</td>
</tr>
<tr>
<td>Honor Choice</td>
<td>Inadequate Resources</td>
<td>Care Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monitor, Reassess</td>
</tr>
</tbody>
</table>

Documentation Form for Honoring Resident Choice & Mitigating Risk

<table>
<thead>
<tr>
<th>I. Identify &amp; Clarify the Resident’s Choice</th>
<th>Date</th>
<th>State</th>
<th>Note</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the resident’s preference this is of concern?</td>
<td>Mr. Windy desires to consume thin liquids with his meals. He does not like the thickened liquids, even nectar thick.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why is this important to the resident?</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the safety/risk concern?</td>
<td>Mr. Windy had a bout of aspiration pneumonia 6 months ago and was placed on thickened liquids.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who is the resident?</td>
<td>Mr. Windy manages his own affairs. He is alert and oriented and has no immediate family.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who on the care team was involved in these discussions?</td>
<td>Denise Smith, RD, Maggie Doe, SLP, Sarah Thomas, LSW, Jane Reynolds, RN</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Care Planning for Resident Choice
### Documentation Form for Honoring Resident Choice & Mitigating Risk

#### 1. Discuss the Choice & Options with the Resident

<table>
<thead>
<tr>
<th>Category</th>
<th>Date</th>
<th>Date</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the potential benefits to honoring the resident’s choice?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Honoring choice enhances dignity, autonomy and quality of life. Resident would be allowed to enjoy the favorite beverages that are not in the thickened form and can attend outings with regular beverages.</td>
<td></td>
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</tr>
<tr>
<td>What is the potential risk to honoring the choice?</td>
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<tr>
<td>Potential for subsequent aspiration and recurrent pneumonia potentially requiring hospitalization and antibiotics.</td>
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</tr>
<tr>
<td>What alternative options were discussed?</td>
<td></td>
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<tr>
<td>Allowing the resident to have a small amount of water between meals (Frazier protocol)</td>
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</tr>
<tr>
<td>What education about the potential consequences of the choice was provided?</td>
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</tr>
<tr>
<td>SLP educated Mr. Windy about potential for recurrent aspiration and pneumonia if thin liquids enter the trachea.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Who was involved in these discussions?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Windy, Maggie Doe, SLP, Jane Reynolds, RN, Denise Smith, RD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2. Determine How to Honor the Choice

<table>
<thead>
<tr>
<th>Category</th>
<th>Date</th>
<th>Date</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of all options considered, is there one that is acceptable to the resident and staff?</td>
<td></td>
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</tr>
<tr>
<td>Mr. Windy rejects the option of having only thin water between meals. He really wants his beverages of choice and indicates that he will obtain them somehow.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no option is acceptable to both resident and staff, what is the reason for the denial of resident choice?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The resident will remain on thickened liquids until a swallow study is completed. The SLP will review results and place the resident on a modified diet.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who was involved in these discussions and decisions?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denise Smith, RD, Maggie Doe, SLP, Sarah Thomas, LSW, Jane Reynolds, RN</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### 3. Care Planning the Choice

<table>
<thead>
<tr>
<th>Category</th>
<th>Date</th>
<th>Date</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>What specific steps will be taken to honor the resident’s choice?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Windy consents to having the swallow testing before he consumes thin beverages. He is also in agreement of having dysphagia therapy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the care plan update?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Based on the results of the swallow study, Mr. Windy agrees to meet with the care team to discuss further options based on his results.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Environmental Concerns

- Location of walkers/wheelchairs if used - safe ambulation versus congestion in dining room
- **Consider Walk & Dine program**
- Condition of floor/carpet - report any open seams, etc.
- Condition of tables and chairs
- Tablecloths that are too long can be a hazard
- Assistance to low vision diners - colored plates, contrasting tablecloth to plate
- Immediately clean up spills and place safety signs over wet floor.

Fall Prevention in Dining Room

- Adequate lighting - presence of macular degeneration, cataracts and glaucoma can impact vision
- Absence of glare
- Adequate space - consider appropriate seat location for residents at risk
- Proper footwear to dining area
- Encourage daily ambulation for all residents; assist as needed to maintain balance/strength
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:**
- [ ] Alzheimer’s Disease
- [ ] Arthritis
- [ ] Brain Injury
- [ ] Cerebral Palsy
- [ ] CVA
- [ ] Dementia
- [ ] Down Syndrome
- [ ] Hemaplegia
- [ ] History of Seizures
- [ ] MR/DD
- [ ] Multiple Sclerosis
- [ ] Organic Condition-MR/DD
- [ ] Parkinson’s Disease
- [ ] Vision Impaired:
  - __ Highly __ Severely

#### Dining Room Observation:

<table>
<thead>
<tr>
<th>Date: ____________</th>
<th>Date: ____________</th>
<th>Date: ____________</th>
<th>Date: ____________</th>
<th>Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Admission</td>
<td>[ ] Admission</td>
<td>[ ] Admission</td>
<td>[ ] Admission</td>
<td>[ ] Admission</td>
</tr>
<tr>
<td>[ ] Return from hospital</td>
<td>[ ] Return from hospital</td>
<td>[ ] Return from hospital</td>
<td>[ ] Return from hospital</td>
<td>[ ] Return from hospital</td>
</tr>
<tr>
<td>[ ] Quarterly/Annual MDS, as indicated by specific decline</td>
<td>[ ] Quarterly/Annual MDS, as indicated by specific decline</td>
<td>[ ] Quarterly/Annual MDS, as indicated by specific decline</td>
<td>[ ] Quarterly/Annual MDS, as indicated by specific decline</td>
<td>[ ] Quarterly/Annual MDS, as indicated by specific decline</td>
</tr>
<tr>
<td>[ ] Other:</td>
<td>[ ] Other:</td>
<td>[ ] Other:</td>
<td>[ ] Other:</td>
<td>[ ] Other:</td>
</tr>
</tbody>
</table>

#### MDS Section G1h code = ________

<table>
<thead>
<tr>
<th>MDS Section G1h code = ________</th>
<th>MDS Section G1h code = ________</th>
<th>MDS Section G1h code = ________</th>
<th>MDS Section G1h code = ________</th>
<th>MDS Section G1h code = ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Lacks ability to sustain lift of arm to mouth</td>
<td>[ ] Lacks ability to sustain lift of arm to mouth</td>
<td>[ ] Lacks ability to sustain lift of arm to mouth</td>
<td>[ ] Lacks ability to sustain lift of arm to mouth</td>
<td>[ ] Lacks ability to sustain lift of arm to mouth</td>
</tr>
<tr>
<td>[ ] Lack ability to handle eating equipment (cup, dish, spoon)</td>
<td>[ ] Lack ability to handle eating equipment (cup, dish, spoon)</td>
<td>[ ] Lack ability to handle eating equipment (cup, dish, spoon)</td>
<td>[ ] Lack ability to handle eating equipment (cup, dish, spoon)</td>
<td>[ ] Lack ability to handle eating equipment (cup, dish, spoon)</td>
</tr>
<tr>
<td>[ ] Tires easily after 5 minutes of feeding self using cup, dish, spoon)</td>
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<td>[ ] Tires easily after 5 minutes of feeding self using cup, dish, spoon)</td>
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<td>[ ] Tires easily after 5 minutes of feeding self using cup, dish, spoon)</td>
</tr>
<tr>
<td>[ ] Demonstrates tremor of arm or hand</td>
<td>[ ] Demonstrates tremor of arm or hand</td>
<td>[ ] Demonstrates tremor of arm or hand</td>
<td>[ ] Demonstrates tremor of arm or hand</td>
<td>[ ] Demonstrates tremor of arm or hand</td>
</tr>
</tbody>
</table>

#### Plan of Action:
- [ ] None required
- [ ] Therapy Screen
- [ ] Mug with Lid
- [ ] Other:

#### Initials:
- Initials:
- Initials:
- Initials:
- Initials: