

### **Meal rounds can improve nutrition care**

Keller, H.H., Gibbs-Ward, A., Randall-Simpson, J., Bocoock, M., Dimou, E. (2006) *Meal Rounds: As Essential Aspect of Quality Nutrition Services in Long-Term Care* Journal of American Medical Directors Association 7(1):40-45

### **Why are meal rounds important to the overall health of residents in Long Term Care Facilities (LTCF)?**

Residents of long term care facilities are at high risk for nutrition problems. Weight loss is common and negatively impacts the health and quality of life of residents. There are a variety of causes for the increase in residents' levels of nutrition risk, most of which can be attributed to decreasing self-feeding skills and heavier dependence on staff for eating. Short, casual observation periods called "meal rounds" enable registered dietitians and weight loss.

### **What was done?**

Residents from two special care units were observed to describe and demonstrate the usefulness of monitoring and observing at meal rounds in general. A typical meal round occurs during a 45 minute mealtime, where registered dietitians can observe behaviors of residents and assess the success of the interventions being given. Standardized measurement instruments including the Edinburgh Feeding Evaluation in Dementia Scale (EdFed) and the Eating Behavior Scale (EBS) were used to monitor and track the levels of residents' feeding dependence over time. The EdFed instrument assigns scores on six different behaviors, such as spitting food or refusing to swallow, with higher scores indicating frequent behaviours. The EBS targets eating behaviour, such as being "able to locate all food," and assigns a higher score for full independence. Dietitians used these measures to review the success rate of interventions, and advise new options for the resident and nursing staff.

### **What we found?**

Residents included in observations during meal rounds were identified to be a nutritional risk; 32.4% were at moderate risk, and 40.5% were found to have a high level of nutrition risk. The most common problems observed during meal rounds were inappropriate consistency of food for the residents, eating ability and swallowing problems. The 40.5% of residents who had high levels of nutritional risk were more likely to resist feeding, require partial or full feeding assistance and have disruptive eating habits.

### **Importance of this Research:**

Nutrition problems and specifically weight loss are common in LTCF. As nutrition is linked to illness and mortality, interventions that can improve nutrition are critically important. Meal rounds are feasible and ideally suited to monitor resident behaviour and identify risk factors, which can then lead to positive interventions to decrease the likelihood of further weight change.

### **Applying what was found**

A team of nursing staff, personal care workers and registered dietitians can be involved in meal rounds, which can become a central aspect of LTCF quality improvement programs.

Using meal rounds in clinical practice as a preventative tool of undernutrition can be useful for improving the nutrition and quality of life for LTCF residents.