**JOURNEY OF NUTRITION DECLINE: HUDDLE SCRIPT**

**Introduction:**

Today, we will be discussing the Journey of Nutrition Decline initiative that was completed in September 2018.

This initiative will help Person Care Home Staff have meaningful conversations/ discussion with residents, and their family supports on the expected change in food intake their loved one may have during personal care home admission.

Some sites are using the resources developed; however, others may be unaware of this plan. So we will be discussing that today.

During this huddle, we will discuss the purpose of the initiative, as well as the resources and how they are intended to be used.

Following, we will give you some time for questions and comments. We would like to know your thoughts about these tools and plan.

**What is the purpose?**

The purpose is to make sure everyone is on the same page and understand where the residents are at in their health status.

* We will go quickly go over the resources, which any member of the team may use.
* There resources should NOT be used by themselves but should be included with a conversation.
* Please note that there may be many people who won’t need the discussion as they do have comfort with the changes in their loved one’s health.
* Any member of the team may use the resources, as they see fit.

**The first two resources we will share are directed for health care professionals:**

* **Health Care Professional Resource: Changes in Food Intake and Nutrition in the Older Adult**: while we are very concerned about nutrition initially, as a resident approaches end of life, nutrition won’t help and can hurt. We all need to work together to identify when changes are due to natural progression of illness and respond to the resident.
* **Health Care Professional Resource: Feeding and Swallowing Concerns**: Swallowing difficulties are quite common in LTC, we need to address and manage issues to reduce the likelihood of poor outcomes with pneumonia.

These 2 documents provide evidence on this topic: that being changes in food intake and nutrition in the older adult and feed and swallowing concerns.

**These next 5 handouts I will now be talking about are intended to be given to the family or resident) and provide easy to read information on the topic. Some of you might be interested in these summaries.**

1. **The first one is: Meals in Long Term Care Homes**
* **Purpose:** Soon after admission, the dietitian may provide this handout
* It covers the usual care we provide
* But also has soft messaging on the expected change in nutrition.

For example: “There may be times when you have a hard time eating….You may eat less due to illness or due to natural changes that occur with aging”. Including information about natural changes that occur with aging suggests these changes are to be expected

This next resource is called: **Difficulties with meals for people with Dementia:** This resource talks about the stages of change in intake for those with dementia.

1. **This next one is titled: When a person has trouble eating and swallowing:**
* The purpose of this resource is that may be used whenever there are difficulties with intake.
* This resource may be used more than once during a resident’s admission.
1. For example: if someone has a UTI, they typically may not feel well, which may lead to them eating less, and therefore affecting their nutrition status. This resource also includes information about the expected change in nutrition… “Decreased intake may be related to natural changes that occur with aging”. Again offering insight into the future.
2. **This one is titled: Nourishing the Whole Person**
* The purpose of this resource is to identify non-food related ways of being “nourishing” and providing care. This resource is used to address other ways to show care to your loved one.
* *For example, this includes:*
	+ *Nourishing the body (through movement, taking walks together, enjoying nature)*
	+ *Nourishing the mind  (reading, watching family videos sharing stories)*
* *Any team member may use this however, Spiritual Health and Social Work team members may find this tool helpful.* We want to ensure the family knows that we are no abandoning their loved one by not providing meals, but we are changing the focus of our care.
1. **This last one is called: Nutrition and Swallowing at End of Life**
* The purpose is to increase understanding on the anticipated changes that may occur as a resident approaches the end of life.
	+ *For ex. As people approach the end of life it is not uncommon for loved ones to become weaker, become more drowsy, and lose their ability to swallow food and drink.*
	+ *Here they highlight the importance of keeping the person comfortable at this time.*
	+ This resource aims to support conversation regarding the common impact being at the end of life may have with regards to nutrition and swallowing.

**In Conclusion, best care is support by an….**

* Understanding resident status, including resident decline, **by all members of the health care team.**
* Including resident, substitute decision maker and family in this understanding of resident status
* Having appropriate skills to communicate messages surrounding nutrition decline to residents, substitute decision makers and family

**Please feel free to use these resources as they fit… but don’t feel like you have to use them. Have conversation with the Health Care Team to ensure everyone is on the same page.**