

Webinar Managing C 19 outbreak- supporting residents and families (2)

Thursday 10th December 2020

7pm – 8.30pm

Thank you for joining, the webinar starts at 7pm, all attendees videos and audios are muted, sit back and relax and we will be with you shortly.

If you experience any audio issues, check your volume is turned on via your IT device or please dial-in via phone using the following number

01 53-39982

Access code 174 589 8356

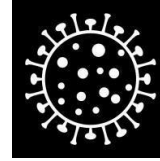
Online webinar series hosted jointly by ONMSD and the National Integrated Care Programme Older Persons.
As part of COVID 19 Pandemic Response.

Managing nutritional challenges in nursing home residents during Covid 19

Sharon Kennelly
Dietician



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Coronavirus
COVID-19
Public Health
Advice

Managing nutritional challenges in nursing home residents during Covid-19 pandemic

Dr. Sharon Kennelly PhD
HSE Clinical Specialist Dietitian



Building a
Better Health
Service

Seirbhís Sláinte
Níos Fearr
á Forbairt

COVID-19

Nutrition Support Guidance V2

Available at www.hse.ie/nutritionsupports

Highlights importance of nutrition and to give emergency guidance

- Short window to act to prevent nutritional decline- key actions
- Pack developed by HSE Dietitians with input from Speech and Language Therapy colleagues
- HSE Clinical Advisory Group approval
- Does not replace agreed local policies pathways or services and /or healthcare professional assessment

High Protein High Calorie Meal Options

For residents who have a poor appetite and are at risk of malnutrition

Please refer to any Speech and Language Therapy guidelines regarding a resident's drinks and food textures. Also refer to the resident's level of dependence when recommending any menu modification to be made.

Choose these foods

Use fortified milk in tea, coffee and cereals (see page 7 for instructions)

Breakfast
 Strongly flavoured, or ready drink with milk, sugar and cream and / or bread or toast with strong spread butter - jam and / or cooked breakfast, e.g. Scrodd or scrambled egg with butter / sausage / coffee. Instant granola with glass of fruit juice or glass of fortified milk (see page 7)

Main Meal
 1-2 slices of lamb, beef, chicken, turkey or fish or 1-2 serving spoons of casseroles, pie or stein with 1-2 servings of roasted potatoes or 1-2 medium baked potatoes with butter and 1-2 serving spoons of vegetables with butter. Add white or cheese sauce where available and glass of fortified milk.

Dessert
 Dessert of the day with custard, ice cream or cream

Lunch or Tea Time
 Steaks, chops or toast with messy spread butter or Quiche, Shepherd's pie, fancies, omelette, scotch butter or Sausages, sausage rolls, fish fingers, chicken goujons/curries or Stead with meat or chicken cheese or salmon and salad cream with crisp, potato, wedges or crisps or Glass of fortified milk. Hot soups or soups with milk and sugar.

See also information on High/High protein diet
 *See any and see users not recommended for residents 1

For further ideas, please refer to Making the Most of It or contact from www.hse.ie/nutritionsupports

HSE Nutrition Support Pack for Residential Care Settings

Snack menu / Light meals

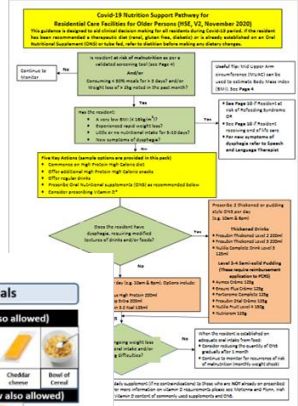
Level 7 Regular (all other snacks below also allowed)

Level 7 Easy to Chew (all other snacks below also allowed)

Level 6 Soft and Bite-Sized (all other snacks below also allowed)

Level 5 Minced and Moist (all other snacks below also allowed)

Level 4 Pureed Extremely Thick



Please refer to any Speech and Language Therapy guidelines regarding a resident's recommended food textures when offering suitable snacks. All foods to be provided as per DASH requirements - <http://www.dash-diet.org>. Images courtesy of St. Mary's Hospital, Phoenix Park, Dublin.

HSE Nutrition Support Pack for Residential Care Settings for Older People during COVID-19, 12 October 2020. These guidelines do not replace a comprehensive nutrition and hydration policy and plan.

Key nutritional challenges due to COVID-19- dietitan perspective

Infection control measures are negatively affecting the dining environment

- More clinical/ less homelike environment
- Eating alone/reduced contacts
- Challenges with hot meal provision and PPE

Absence /reduction of visitors significantly impacting nutrition status of residents

- Visitors bring food and assist with eating
- Visitors take residents out for meals
- Low mood, loneliness, anxiety , grief.

• Disruption of care during outbreaks

- Delivery of meals and snacks and drinks
- Assistance with eating challenges/PPE
- New staff unfamiliar to residents and vice versa

Increased nutritional requirements

Decreased intake /absorption

Inflammation

Immobility



Lean tissue and functional loss

Poorer outcomes

Increased Frailty

All residents at increased risk of malnutrition during outbreaks-regardless of COVID status

Unpublished provisional data from clinical audit at large > 100 bed HSE facility with significant outbreak (Audit March-May 2020)

COVID-19 Positive Residents (Almost 70 % lost weight)

- Increased energy requirements
- Decreased intake anorexia, breathlessness, changes to taste and smell, sore throat , dysphagia
- Effects of isolation / visiting restrictions

COVID -19 Negative Resident s (More than 40% lost weight)

- Why ? What can we do to prevent this ?

Both groups had significantly higher than normal rates of weight loss



Identify and Treat Malnutrition Without Delay

How to identify patients at risk ?

**(SCREEN with a validated tool
e.g. MUST or MNA at least monthly)**



Refer for assessment

e.g. Dietitian, Speech and Language Therapist, Medication Review, Oral Health

(ASSESS)



(TREAT WITHOUT DELAY)

- Energy Dense Diet
- Food fortification
- Oral nutritional supplements
- Enteral tube feeding

Key Actions Energy Dense Diet Making the Most of Every Bite



The table, titled 'High Protein High Calorie Meal Options', provides a list of meal ideas with their corresponding protein and calorie content. The table is organized into two columns: 'Meal Options' and 'Protein/Calories'. The meal options include items like 'Eggs', 'Meat', 'Dairy', and 'Snacks'. The protein and calorie values are listed in a smaller font to the right of each meal option.

Meal Options	Protein/Calories
Eggs	6g protein / 70 calories
Meat	20g protein / 100 calories
Dairy	10g protein / 100 calories
Snacks	5g protein / 50 calories

- 3 energy and protein dense meals per day
- High protein source e.g. meat/ fish/ chicken/ eggs/beans at each meal
- 3 snacks per day
- Serve glass milk with meals
- High protein deserts : milk based, custard, milk pudding, full fat/ creamy yoghurts
- High protein soups and smoothies
- Food fortification : Adding additional butter, cream , cheese, skimmed milk powder to meals at kitchen level

- Add extra sugar/honey /sweetener spice / butter – if taste and smell affected
- Snack supply in room if possible / individually packaged foods /own fridge
- Contingency planning for outbreaks – reduction in catering staff

Hydration-Make the Most of Every Sip & Mouth care

Drinks Menu					
					
Whole Milk	Fortified Milk	Hot Chocolate	Tea or Coffee	Cranberry, Orange or Prune Juices	Smoothies / Milkshakes

Please refer to any specific recommendations from Speech and Language Therapist for individual residents.

- **Include fluids that also have calories and protein** in Drinks Menu instead of fluids with low/no nutritional value tea, coffee, Bovril, packet soups
- **Consider introducing high protein ,milkshakes or soup in am & pm between meals**

Oral Helath (Mouth care)



- **Sore or dry mouth and not being able to wear dentures can lead to reduced food intake**
- Detrimental effect on the general health of the resident.
- Providing mouth-care should be prioritised as with all other aspects of personal care

Importance of dining experience and assistance with feeding

Can significantly improve nutritional intakes !



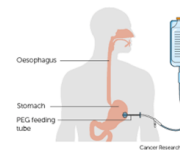
What can we do ?

- **Important to have a nutrition committee/ team in place**
- **Who is the nutrition lead/champion in your facility ?**
- Dining bubbles (e.g. small group residents dining together)
- Make mealtime setting calm and free from any unnecessary distractions
- Adequate appropriate assistance - teaspoon
- Ensure food at the appropriate temperature?
- Importance of regular fluids and snacks – increase frequency
- Fun factor – appearance/ modified consistency diets , colour

Oral Nutritional Supplements & Enteral Feeding

ONS

- Significant increased reliance on ONS during COVID -19
- Reduced capacity for food first approach ?/ loss of taste and smell ?
- Recommendations on product type and volume
 - E.g. 2 x High Protein ONS per day (> 20% energy from protein)



Enteral Tube Feeding

- Significant weight loss in those on tube feeds during COVID-19 infection
- Not clear if this is due to interruptions to feeding or disease itself
- **Seek dietitian review early** for residents who use tube feeding both new admissions and existing residents who are experiencing weight loss or difficulties tolerating regimen

Vitiman D



- It is safe to advise 20µg (800iu) vitamin D as a daily supplement (if no contraindications) to those who are NOT already on prescribed combination calcium/vitamin D supplements.
- Consider dietary sources, fortified foods and drinks , and ONS as possible sources when considering dose
- Vitamin D content of commonly used supplement and ONS in HSE guidance

Vitamin D content of commonly used vitamin supplements and ONS listed in pathway			
The purpose of this table is to provide information on the Vitamin D content of products so this can be taken into consideration by prescribers. Products are listed in order of increasing vitamin D content.			
Vitamin D preparation	Vitamin D	Oral Nutritional Supplements	Vitamin D
Centrum 50+*	5µg (200iu)	High protein drinks	
Centrum Advance*	5µg (200iu)	Ensure Plus HP* 200ml	2.2µg (88iu)
Decavit*	5µg (200iu)	Fortisip Compact Protein* 125ml	2.6µg (104iu)
Calcichew D3 Forte*	10µg (400iu)	Altrapien Protein* 200ml	5µg (200iu)
Ideco*	10µg (400iu)	Fortisip Extra* 200ml	5µg (200iu)
Desunin* 800 iu	20µg (800iu)	Fresubin Protein Energy* 200ml	5µg (200iu)
Osteofos D3*	20µg (800iu)	Fresubin 3.2 Kcal* 125ml	10µg (400iu)
Cedelius*	25µg (1000iu)	Ensure Plus Advance* 220ml	13 µg (520iu)
Sone D1000*	25µg (1000iu)	Dysphagia products	
Thorens* (10,000iu/ml)	250 µg (10,000iu)	All puddings/thickened drinks except those listed below	≤3µg (120iu)
Zymed* Drops (10,000iu/ml)	250 µg (10,000iu)	Fresubin thickened (2.8.3)* 200ml	5µg (200iu)
		Fresubin 2Kcal Crème* 125g	6µg (240iu)

Need more information

- High protein high calorie cookbook , end of life , dementia dietary resources and other resources available at www.hse.ie/nutritionsupports
- For general queries on nutrition and to contact the office of the HSE national nutrition lead nutrition.national@hse.ie
- For queries on ONS reimbursement system Email ONS.PCRS@hse.ie
- To contact local HSE community dietitian manager in your area. See contact details at www.hse.ie/nutritionsupports
- To contact a private registered dietitian www.indi.ie



Dietitian members of the working group

- Margaret O Neil, HSE Nutrition Lead Strategic Planning and Transformation
 - Maria McKenna Senior Dietitian , Chair Of Older Persons and Dementia Specialist Interest Group INDI
 - Anne Marie Bennett Senior Dietitian HSE PCRS /Formerly St Mary's Hospital
 - Mary McKeon Clinical Specialist Dietitian for Older Persons CHO 8 (Midlands)
 - Marian McBride Senior Project Dietitian HSE National Nutrition Office
 - Niamh Maher Senior Enteral Tube Feeding Community Dietitian CHO 9
 - Sharon Kennelly Clinical Specialist Dietitian
-
- Acknowledgement to HSE and IASALT Speech and Language Therapy Colleagues for review of the COVID -19 pack

References

- Department of Health (2019). Nutrition screening and use of oral nutrition support for adults in the acute care setting. (NCEC National Clinical Guideline No.22). Available at: <http://health.gov.ie/national-patient-safety-office/ncec/national-clinical-guidelines>.
- Barazzoni R et al., ESPEN expert statements and practical guidance for nutritional management of individuals with SARS-CoV-2 infection, Clinical Nutrition, <https://doi.org/10.1016/j.clnu.2020.03.022>



Keeping 'movement' as a core essential to wellbeing in the nursing home

Thomas McCabe
Siel Blue



Online webinar series hosted jointly by ONMSD and the National Integrated Care Programme Older Persons.
As part of COVID 19 Pandemic Response.



Siel IRELAND
Bleu

WHAT IS SIEL BLEU IRELAND?

- SOCIAL ENTERPRISE
- LIFE ENHANCING EXERCISE PROGRAMMES FOR IRELAND'S OLDER ADULTS, PEOPLE LIVING WITH CHRONIC DISEASE AND DISABILITIES
- 25 STAFF
- 6000+ WEEKLY SERVICES USERS



HISTORY OF SIEL BLEU

- FOUNDED IN STRASBOURG IN 1997
- EXPANDED TO BELGIUM IN 2010, IRELAND IN 2011 & SPAIN IN 2012
- 2014 COMPLETION OF HAPPIER STUDY
- WORK WITH 160,000 PER WEEK



PHYSICAL INACTIVITY



- SARCOPENIA
- METABOLIC SYNDROME
- OBESITY
- INSULIN RESISTANCE
- PREDIABETES
- TYPE 2 DIAESTES
- NON-ALCOHOLIC FATTY LIVER DISEASE
- CORONARY HEART DISEASE
- PERIPHERAL ARTERY DISEASE
- HYPERTENSION
- STROKE
- CONGESTIVE HEART FAILURE
- ENDOTHELIAL DYSFUNTION
- POLYCYSTIC OVARY SYNDROME
- ERECTILE DYSFUNCTION
- PAIN
- DIVERTICULITIS
- ALZHEIMER'S
- ARTERIAL DYSLIPIDEMIA
- HEMOSTASIS
- DEEP VEIN THROMBOSIS
- COGNITIVE DYSFUNCTION
- DEPRESSION AND ANXIETY
- OSTEOPOROSIS
- OSTEOARTHRITIS
- BALANCE
- BONE FRACTURE/FALLS
- RHEUMATOID ARTHRITIS
- COLON CANCER
- BREAST CANCER
- ENDOMETRIAL CANCER
- GESTIONAL DIABETES
- PREECLAMPSIA
- CONSTIPATION
- GALLBLADDER DISEASES
- DEMENTIA

SIEL BLEU IRELAND – RANGE OF PROGRAMMES

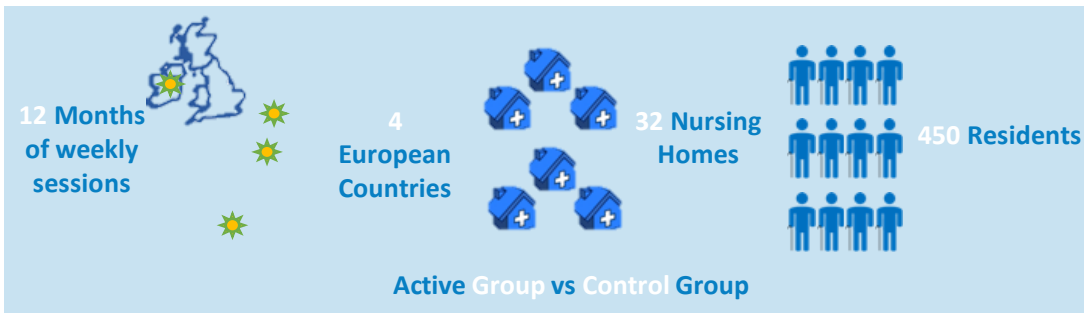




THE SBI TEAM

- SPORT SCIENCE BACKGROUND
- HIGHLY EDUCATED
- TRAINED TO THE SB STANDARDS
- EMPATHETIC, PASSIONATE, KIND
- FULLY INSURED
- GARDA VETTED

THE HAPPIER STUDY



RESULTS

1

less minor **FALL** every year
less accidental **FALL** every 18 months
less serious **FALL** every 5 years (per participant)

87%

Improvement in participants' **moving** capacity

37%

Improvement in participants' capacity to **wash** themselves

96%

of medical staff agreed that APA is a "preventative programme" by the end of the study.

15%

reduction in the feelings of loneliness

20%

Increase in participants' capacity to **feed** themselves



PATIENT GROUP PARTNERS



WHO Guidelines

- 150 minutes of moderate intensity exercise per week or 75 minutes of vigorous intensity exercise
- Activity should be performed in at least 10 minute bouts of duration
- Older adults, with poor mobility, should perform physical activity to enhance balance and prevent falls on 3 or more days per week
- Muscle-strengthening activities, involving major muscle groups, should be done on 2 or more days a week
- When older adults cannot do the recommended amounts of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow





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[@SIELBLEUIRELAND](https://www.instagram.com/SIELBLEUIRELAND)



Lived Experience' experience of care in hospital for the nursing home resident during C19

Claire Noonan
ANP, Tallaght Hospital



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As part of COVID 19 Pandemic Response.

Lived Experience of Care in hospital for the nursing home resident during COVID-19 Outbreak

Claire Noonan

RANP in Gerontology

Tallaght University Hospital



**Tallaght
University
Hospital**

Ospidéal
Ollscoile
Thamhlachta

An Academic Partner of Trinity College Dublin

Nursing Home Liaison Service

- 12 Nursing Homes in CH07
- Orthopaedics admissions including those diverted from Naas approx. 1100 beds
- Caseload Includes- all nursing home residents admitted to TUH under medical/surgical and orthopaedic teams.
- Dedicated Phone- direct contact GP/Medical officer and senior nursing for advice on treatment of residents in the nursing home, Virtual calls arranged (ED Review during COVID 19 outbreaks)

Aim of the service is to ensure the right person is in the right place at the right time.

Nursing Home resident admitted to acute care during Covid 19 Pandemic

Total presentations Since March 2020	332
Residents admitted	180
Discharged from Emergency Department	131
RIP in ED	3
Inpatients RIP	18



Case 1

79 year old – Admitted from Emergency Department

- Dry cough x 7/7
- SOB
- Lethargy
- Reduced physical activity, stayed in room
- O2 96% on 2L
- RR 22
- HR 96 BP 106/65
- Temp 37.2

Alert, not orientated (baseline)

Chest clear

? COVID-19 – swab sent



Tallaght
University
Hospital

Past Hx:

- Vascular dementia + Walking with purpose
- IHD
- Atrial fibrillation
- Hypertension
- Orthostatic hypotension
- Depression
- Previous prostate cancer



Management of Covid 19 with secondary bacterial infection

Day 2 of admission:

Mobilising on ward high falls risk
Covid swab result

Day 3 of admission:

Delirium
Mobilising on ward – 1:1 special

Day 5 of admission:

CRP up trending
Tazocin commenced

Day 6/7 of admission:

Some improvement, more alert
CRP down trending

Decline on Day 8

Increase in O2 requirement
no responding to non invasive ventilation
Temperature
Rigors

Morphine 10mg + Midazolam
10mg S/C infusion

RIP Day 12 of admission



Tallaght
University
Hospital

Case 2

79 year old – Admitted from Emergency Department

- Cough x 5/7 (COVID 19 +)
- Reduced Oral intake
- Temperature 38.4-
- Tachypnoea 30
- O2 96% ra
- HR 107
- BP 116/70

Alert, not orientated (baseline)

Dry mucous membranes

Chest clear on examination



Tallaght
University
Hospital

Past Hx:

- Dementia
 - At baseline required full assistance with all ADLs
 - ++ Encouragement for po intake
- IHD
- HTN
- Glaucoma



Management of COVID-19 positive with Acute Kidney Injury

- Admitted to hospital
- Slow IV fluids for 48 hours
- Weaned off oxygen in first 12 hours
- Remained well
- Maintained oxygen saturations 97 – 99% on r/a
- PO fluids with encouragement

**Discharged back to Nursing home Day 8 admission & fully recovered
in nursing home**



Tallaght
University
Hospital

Main issues we encountered

- Changing Guidelines
- Isolation facilities in nursing home
- Mobile patients with dementia – risk to staff, other residents
- Symptoms and Fluctuating course of virus – decline at 7 – 10 days
- Palliative care needs- advanced care planning
- Discharge planning – close liaison with nursing homes and extended availability via telephone to discuss cases
- Daily communication with families
- Emotional impact



Thank you



Tallaght
University
Hospital

Minding 'Self' when minding others '- bereavement impact and staff experience

Breffni Mc Guinness

Irish Hospice Foundation



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As part of COVID 19 Pandemic Response.

Minding Self When Minding Others

Grief, Covid 19, and the Nursing Home Context
Thu 10th Dec 2020

Breffni Mc Guinness – National Bereavement Development Specialist
(Workplaces)

breffni.mcguinness@hospicefoundation.ie

Outline

In this input we will explore :

1. Covid 19, Grief and the Nursing Home Context
2. The Impact Grief and Death can have on Staff
3. Staff Wellbeing (Death and Bereavement) – the Importance of Organisational- and Self-Care

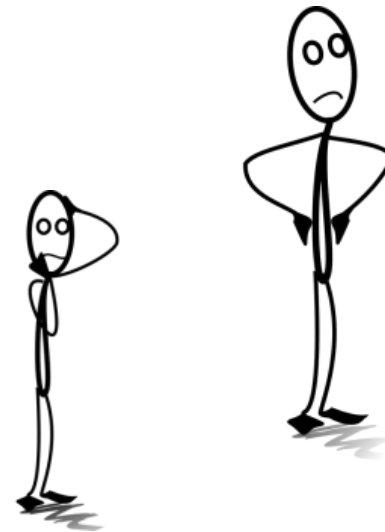
Covid 19 - The impact of Grief on Nursing Home staff

- 1. Grief occurring in your personal life**
Covid 19, death of partner
parent, miscarriage
relationship breakup or
other, etc
- 2. Grief occurring as a result of the nature of your work**
Covid 19
Residents dying
Dealing with families/relatives
who are grieving
Multiple deaths
Trauma

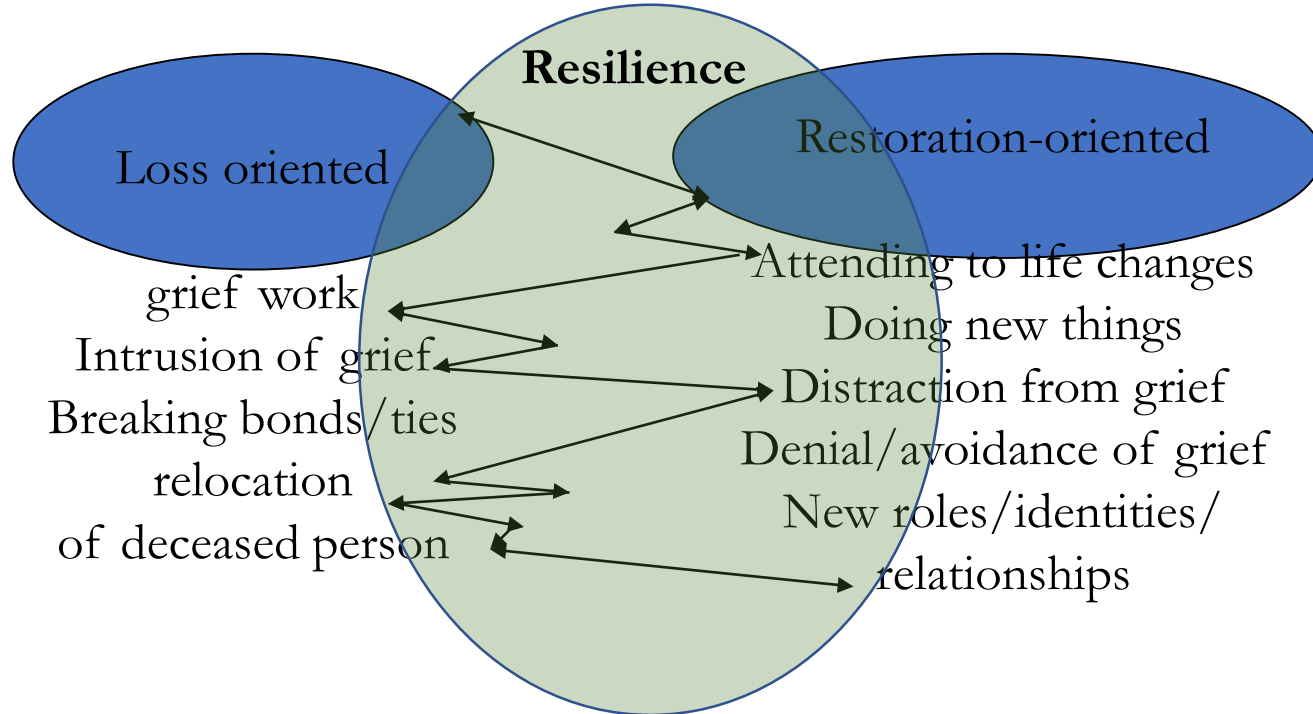


Normal Feelings When Grieving

- Sadness
- Anger
- Guilt and self-reproach
- Anxiety
- Loneliness
- Fatigue
- Sensitivity
- Helplessness
- Shock
- Yearning
- Relief
- Numbness



How we cope with grief



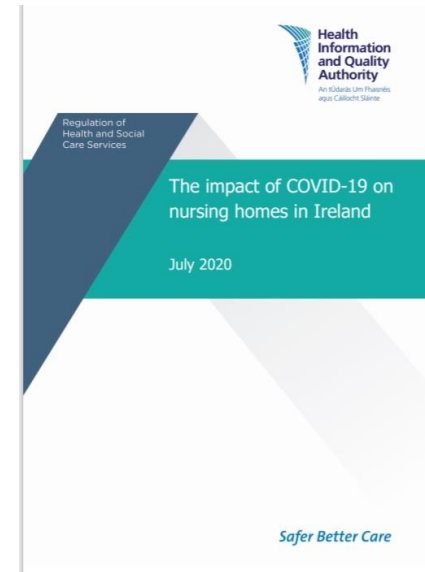
The Impact of Death and Grief on Nursing Home Staff



Irish
Hospice
Foundation

HIQA - The impact of COVID-19 on nursing homes in Ireland

- A consistent message from residents was their appreciation for the efforts of staff and management in nursing homes. (Page 33)
- Most inspectors recounted stories of management and staff becoming overwhelmed with emotion when speaking about how they managed during the pandemic.
- Some exhibited signs of extreme stress, fatigue, exhaustion and anxiety in trying to come to terms with what was happening around them.
- many staff ... experienced feelings of guilt at not being able to spend time with residents and provide them with important human contact and reassurance. (Pp 35-36)



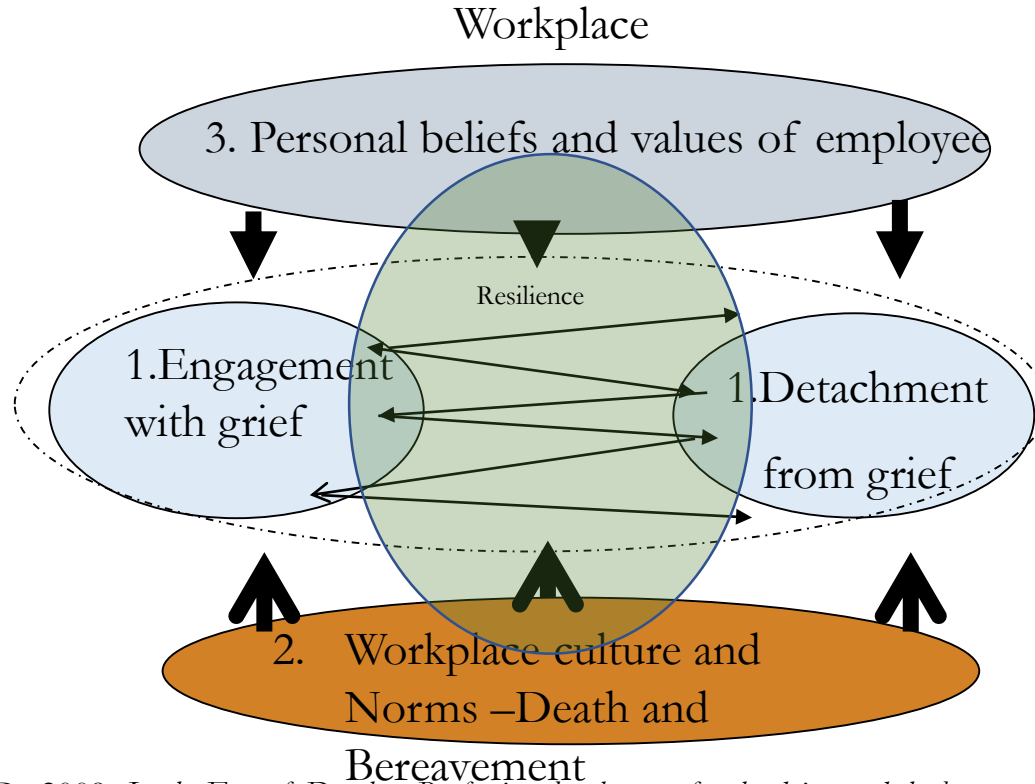
Managing mental health challenges faced by healthcare workers during covid-19 pandemic

(Greenberg et al (2020))

BMJ 2020; 368 doi: <https://doi.org/10.1136/bmj.m1211> (Published 26 March 2020) Cite this as: *BMJ* 2020;368:m1211

- Healthcare staff are at increased risk of moral injury and mental health problems when dealing with challenges of the covid-19 pandemic
- Healthcare managers need to proactively take steps to protect the mental wellbeing of staff
- Managers must be frank about the situations staff are likely to face
- Staff can be supported by reinforcing teams and providing regular contact to discuss decisions and check on wellbeing
- Once the crisis begins to recede, staff must be actively monitored, supported, and, where necessary, provided with evidence based treatment

Healthcare Professionals Coping with Grief in the Workplace



Papadatou, D., 2009, *In the Face of Death – Professionals who care for the dying and the bereaved*, (New York: Springer Publishing), P 131-173.

Organisational Care

- **Acknowledge**
 - that everyone working in the nursing home is impacted by grief – owners, managers, care staff.
- **Validate**
 - Recognise the impact of grief on staff in nursing home – validate staff feelings
- **Support**
 - **Ensure care staff have:**
 - Down time in a shift without feeling guilty
 - Regular breaks
 - Access to healthy food and drinks
 - Rotas that allow for time to sleep and relax
 - Develop buddy systems for junior or new staff
- (Source: Public Health Agency (2020) Death and Grieving in a Care Home during the Covid 19 Pandemic <https://www.publichealth.hscni.net/publications/death-and-grieving-care-home-during-covid-19-pandemic-guide-supporting-staff-residents>)



Self-care

“Almost everything will work again if you unplug it for a few minutes, including you.”

– Anne Lamott

As someone working in a nursing home where people will die regularly

- You are not immune to grief
- You need to be aware of your own approach to loss and how it impacts on you.
- You need a safe place to process your own feelings
- You need to be supported in this work



Resources

Irish Hospice Foundation
Care & Inform



Grief in the Workplace Supporting Staff Bereaved during COVID-19

Grieving during COVID-19

Grieving can be challenging at the best of times but the COVID-19 pandemic has made things more difficult for those employees whose loved ones or friends have died.



<https://hospicefoundation.ie/wp-content/uploads/2020/05/Supporting-bereaved-staff-during-Covid19-Grief-in-the-workplace.pdf>

Irish Hospice Foundation
Care & Inform



Self-care and supporting your colleagues; tips for healthcare workers

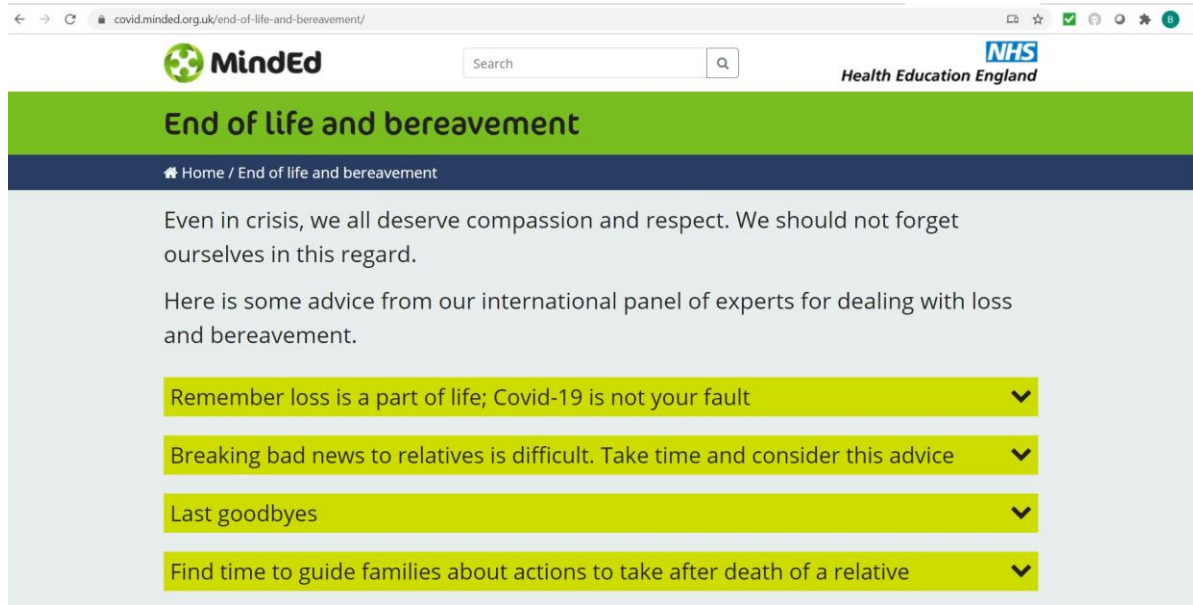
The COVID-19 crisis is difficult for all of us; it is more important than ever to work together, support each other and be kind to ourselves.

It is changing the way we work and we can't always do everything we want to, especially in end-of-life care. Here are some tips you may



<https://hospicefoundation.ie/wp-content/uploads/2020/04/C-I-Healthcare-Self-Care-Tips-FINAL.pdf>

Tips around the impact of end of life care and bereavement - NHS



The screenshot shows a web browser window with the URL covid.minded.org.uk/end-of-life-and-bereavement/. The page header includes the MindEd logo, a search bar, and the NHS Health Education England logo. The main heading is "End of life and bereavement". Below this, there is a breadcrumb trail: "Home / End of life and bereavement". The main content area contains the following text:

Even in crisis, we all deserve compassion and respect. We should not forget ourselves in this regard.

Here is some advice from our international panel of experts for dealing with loss and bereavement.

- Remember loss is a part of life; Covid-19 is not your fault
- Breaking bad news to relatives is difficult. Take time and consider this advice
- Last goodbyes
- Find time to guide families about actions to take after death of a relative

- <https://covid.minded.org.uk/end-of-life-and-bereavement/>

Summary

- We are in the middle of extraordinary times
- Loss and Grief in the Nursing Home are Normal
- Grieving is a process
- Staff need to be supported in their grief –
(Acknowledge, Validate , Support)
- You need to honour your own grief and take care of yourself

Thank you



www.hospicefoundation.ie



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