Course Objectives

- Summarize goals of a typical rehab dining program.
- Identify indicators of ideal patient candidates for rehabilitation dining programs.
- Describe the roles of rehabilitation dining team members.
- Explain the function of interdisciplinary co-treatment during rehabilitation dining programs.
- Integrate logistical factors relevant to rehabilitation dining, including dining environment, location, time, equipment, and documentation.

Course Outline

- What is Rehab Dining?
- Rehab Settings
- Rehab Dining Goals
- Ideal Patient Candidates
- The Rehab Dining Team
- The Benefits of a Rehab Dining Program
- Policy & Procedure
- Logistics
- Counseling
- The Typical Rehab Dining Meal
- Tips for Success
What is rehab dining?

Interdisciplinary assessment and treatment of patients with swallowing and feeding disorders within a group setting.

Main Features
- Maximize patient/resident independence
- Social & psychological benefits
- Interdisciplinary management & co-treatment

What is Rehab Dining?

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  - Social & psychological benefits
  - Interdisciplinary management & co-treatment

Interdisciplinary Co-Treatment

- SLP
  - Swallowing rehab/maximize swallow safety
- OT
  - Self-feeding
- PT is a possibility
- Nursing/Rehab Nursing/Aides/CNAs
Rehabilitation Settings

Settings: Acute Rehab
- Patients with greater rehab potential
- Opportunity for more frequent therapy
- 1:1 therapy may be a great supplement to rehab dining at this level
- Requirement of minutes per week

Settings: Sub-Acute Rehab
- Rehab potential fair-good, may be decreasing over time
- May still have expectation for frequent therapy/minutes per week
- Use therapist’s best clinical judgment
- May include SNF residents as well, depending on facility
Settings: Skilled Nursing Facilities

- Rehab potential decreased
- May see residents after a medical set-back, such as UTI, hospitalization, etc, when we anticipate improvements based on resident baseline/premorbid status
- 1:1 swallow rehab may not be as beneficial as supplemental therapy: case by case basis
- Residents on program a few weeks, at most

Rehab Dining: Goals

FOR SPEECH-LANGUAGE PATHOLOGY & OCCUPATIONAL THERAPY

SLP Rehab Dining Goals

- Compensatory strategies
- Swallowing Maneuvers
- Sensory Stimulation
  - Gustatory/Taste
  - Temperature
  - Olfactory
  - Tactile
- Behavioral issues
  - Initiation
  - Impulsivity & safety awareness
SLP Rehab Dining Goals

- Trialing and advancing PO consistencies
- Maximizing safety
- Ensuring least restrictive consistencies
- Awareness of neglected side
- Self-esteem & Confidence
- Patient education & counseling
- Possible family/caregiver/staff education

OT Rehab Dining Goals

- Goals may target:
  - Overall self-feeding
  - Positioning
  - Adaptive equipment/utensils
  - Bringing food to mouth—self-feeding
  - Grip/coordination and utensil adaptations
  - Upper extremity function
  - Orient mouth to receive food

OT Rehab Dining Goals

- Visual field deficits/Awareness of neglected side
- Sensory aspects
- Self-esteem & Confidence
- Patient education & Counseling
- Possible family/caregiver/staff education
Rehab Dining as a Supplement to 1:1 Treatment

- 1:1 swallow rehab during non-mealtime will likely differ from rehab dining
- Prep patient/resident for goals to be worked on during rehab dining—carry-over.
- Exercises/Maneuvers are better targeted 1:1/ and may improve swallow function and endurance during meals
- Using spaced retrieval during 1:1 and rehab dining sessions to increase use of compensatory strategies and increase patient independence (Camp et al 2012)

Ideal Patient Candidates

Potential Candidates: Diagnoses

- Types of Dx:
  - Acute Rehab/Sub-Acute Rehab:
    - TBI/CHI, stroke, lower SCI, cervical (or other) surgery, HANC
    - Expect maximum rehab potential during this time
    - Many pts with dysphagia on acute rehab unit may be appropriate for rehab dining
  - SNF:
    - Perhaps more degenerative neuro dx, dementia who we expect to make small gains/advanced consistencies, perhaps after a medical set-back, such as UTI, fall, etc.
    - Will be more discerning
    - Expectation of min-mod gains
Potential Candidates: Cognition

- Ability to follow directions
- Agitation may not be a good mix with group
- Usually Ranchos Los Amigos Scale V (Confused-Inappropriate, Non-Agitated) or above

Potential Candidates: OT Issues

- Self-feeding
- Positioning
- Upper extremity function

Potential Candidates: Independence

- Most patients will benefit
- Best Candidates
  - Motivation
  - Can follow directions
  - Re-call
  - Reasoning
  - Overall rehab potential
The Rehab Dining Team

SPEECH-LANGUAGE PATHOLOGY, OT, PT, NURSING & AIDES

The Team: SLP

- Team Leader
- Chooses participants based on swallowing evaluation and rehab potential
- Must be available at noon meal or choose another meal time for program to be conducted
- Swallow safety
- Least restrictive consistencies

The Team: OT

- Will choose participants based on feeding evaluations and rehab potential
- Need to be available during noon meal or specified rehab dining time
- Need to collaborate with SLP regarding patient/resident goals and timing of program.
- Positioning of patients/chairs/table
The Team: Other Members

- **Nursing/Rehab or Nursing Aides**
  - Not always necessary, but beneficial to the program
  - Can help to carry through with guidelines set forth by SLP and OT
  - Responsibilities include transporting patient/residents to and from program, assistance with feeding if necessary
  - Staff education

The Team: What about PT?

- **Potential for PT:**
  - Walk or Roll to Breakfast/Lunch/Dinner
  - Assists with transport
  - Potential for Positioning

The Benefits of Rehab Dining

For Patients, Rehab Department, General Staff and Facility
Who Benefits from Rehab Dining?

- Patients / Residents
- Speech Pathologists
- Occupational Therapists
- Physical Therapists
- Nursing
- Rehab & Nursing Aides
- The Facility

Patient & Resident Benefits

- More opportunity to advance PO consistencies
- Improves PO intake
- Reduces risk of aspiration
- Increases ability to feed oneself, which also is known to improve PO intake
- Improves hydration, thus decreasing likelihood of UTI

Patient & Resident Benefits

- Possibly increased rehab time for patient
- Education
- Counseling
- Socialization
- Decreased embarrassment of being on modified diet, using swallow strategies, or using adaptive equipment
Staff & Facility Benefits

- Increasing communication, co-treatment and collaboration between disciplines
- If your facility requires that a resident complete a certain amount of therapy minutes per day, a rehab dining program is a great way to enhance those minutes
- Benefits whole rehab dept & facility

Staff & Facility Benefits

- Rehab Dining added to overall rehabilitation medicine department as an additional marketable program
- Draws a larger rehab population to your facility
- Highlights the rehab department to patients/caregivers and other medical professionals

Policy & Procedure

STARTING A REHAB DINING PROGRAM

Policies & procedures
Getting Started: Developing Policy & Procedure

- Collaborate with OT to develop
- Can do without OT, but so much more beneficial with co-treatment
- Develop purpose, objectives, general procedure

Example Purposes

- Purpose of rehab dining:
  - To comprehensively assess and treat patients/residents with swallowing and feeding disorders in an interdisciplinary manner.
  - To provide a systematic and interdisciplinary way to assess & treat patients with swallowing & feeding disorders in a group setting.

Example Objectives

- Rehab Dining Objectives:
  - To maximize patient independence in implementing strategies for swallowing safety
  - To advance to a least restrictive PO consistency in a more timely & systematic manner
  - To maximize patient independence in self-feeding
  - To maximize patient positioning during mealtime
Examples of General Procedure

- Patients/residents will eat together at reserved tables or in separate room
- Written swallow guidelines or self-feeding techniques/directions on adaptive equipment will be provided for each patient/resident to maximize carry-over of skills.
- PO diet will be advanced and overall assistance will be minimized as appropriate as patient/resident function improves

General Policy & Procedure

- Benefits of deciding on this prior to start of program
- Trial Period and re-review with changes as necessary
- Benefits of collaborating with OT and nursing to put procedure in writing
- Procedure in place for other/future SLPs/OTs

Gaining Support from Administration

- Advise administration ahead of time
- Display collaborative nature/support of both SLP/OT
- Discuss purpose, objectives, procedure
- Discuss the facility benefits, including enhancement of rehab minutes, development of marketable program
- Trial the program to ensure its success
WHAT YOU WILL NEED

Logistics

Timing

- Morning Meal-Breakfast
- Noon Meal-Lunch
- Evening Meal-Dinner
- Schedule 30, 45 or 60 minutes
- When to schedule 1:1 swallow tx

Patient Transportation

- Aides/CNAs for transportation are essential so that rehab dining can start in a timely manner
- Nursing may assist
- PT
  - Walk or Roll to Meal Programs
    - If Walking to Dine as part of PT, be sure it is a skilled service in order to count toward therapy minutes
**Environment**

- A quiet room or area
- Table with room for 4-5 wheelchairs or chairs for those who walk to meals.
- Room should preferably be well-decorated, reminding your patients / residents of their kitchens or dining rooms from home.

**Equipment**

- **Meal Trays**
  - For patient/resident’s current diet
- **Back-up/Advanced Trays**
  - May let kitchen know in the AM
  - May have tray(s) with several items of various consistencies
- **SLP may trial advanced or downgraded textures as necessary**

**SLP Equipment**

- **Sensory:**
  - Iced mirror or (iced) Lemon/sour swabs
  - Lemon ice
  - Carbonated beverage
- **Compensatory/Exercise:**
  - TheraSIP, TheraSTRAWS, Sip-Tip, Feeding Assistant, People Feeder, Safe Straw
  - Provale Drinking Cup, Wedge Cup, Dysphagia Cup, Flexi-Cut Cups, Glossectomy Spoon
OT Equipment
- Adaptive equipment
  - High Edge Plates/Bumpers/Guards
  - Non-skid mats/Scoop plates
- Adaptive utensils
  - Built-up handles or sleeves
  - Weighted for sensory
  - Angled for decreased wrist motility

Extras
- The kitchen in your facility needs to be aware of the program. Ideally, the trays for the rehab dining residents should come together all at once
- Rules about families/caregivers

Documentation
- Progress Notes / Daily Notes will vary based upon setting and facility requirements
- Acute rehab may require weekly progress note
- Sub-acute rehab may require daily or weekly note
- SNF may require daily note/monthly progress notes
Example of Data Tracking Grid

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Billing

- There may be individuals in rehab dining that are either only on swallowing rehab or only on OT. Others may be receiving OT and ST at the same time.
- For those receiving only ST or OT:
  - Your billing will be the same as it would be if you were conducting 1:1 or group therapy, depending on how many people are on program.

Billing

- For individuals receiving both ST and OT at the same time during rehab dining:
  - The total minutes of their therapy with ST and OT will be split between the two therapies.
The Ideal Group

- No more than 4-5 patients / residents in the group at a time per one SLP and one OT
- Can all be working on both OT and ST or can have a mix (some working on OT and some working on ST)
- Timely transportation
- Timely arrival of meal

The Ideal Group

- If possible, schedule each session to last 60 minutes, even though sessions usually last 30-60 minutes, depending on how long it takes for the patients / residents to eat.

COUNSELING

PSYCHOSOCIAL & EMOTIONAL ASPECTS
**Social & Emotional Benefits**

- Opportunity to communicate with other patients/residents with similar diagnoses—camaraderie among pts
- Decreased embarrassment about altered textures, equipment, or use of strategies
- May increase compliance and understanding with regard to altered diets when engaged with others in similar situation

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**Group Interactions**

- Behavioral changes
- Other patients/residents may provide a model for appropriate mealtime behavior
- Communicative withdrawal of other patients/residents may indicate to affected patient that there is an undesired behavior/increase insight

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**Building Confidence & Pragmatics**

- Consistent mealtime supervision and feedback
- Carry-over of skills learned during 1:1 sessions
- May be able to advance PO more quickly, or at least trial advanced PO more often (and at mealtime)
- Feedback from therapists, but also from other patients/residents
- Cognitive-communication/pragmatic language/visual field deficits
- Re-call of strategies / spaced retrieval
The Typical Rehab Dining Meal

STEP BY STEP:

Transportation

- Transporting patients/residents to the rehab dining location
  - SLP/OT
  - PT (walk or roll to dine)
  - CNAs, nursing, rehab nursing/aides

Trays

- Be sure the rehab dining trays come at the same time
- Trays with the patients/residents current PO consistencies
- Back-up trays with advanced (or downgraded) consistencies as needed
- May wish to call kitchen ahead of time to order as to not waste food.
Collaboration & Co-treatment

- SLP and OT may move around from patient to patient
- May sit between patients and rotate patients
- Conversation about meal/strategies/illness or injury
- Social conversation

Completion & Clean Up

- Review with patient/resident what was accomplished during meal
- CNAs or nursing aides may also assist in patient/resident clean up, removal of trays
- Transporting patients/residents back to rooms or next therapy
- Documentation

Discharge

- **Acute Rehab:**
  - May d/c when goals met or pt d/c’d home
  - May vary greatly from pt to pt
  - Some with great rehab potential, others progress more slowly
- **Sub-Acute Rehab:**
  - When goals met, no further gains anticipated or pt d/c’d home
  - Rehab potential begins to decline
- **SNF**
  - When goals met or no further gains anticipated
  - Rehab potential greatly decreased
  - Likely shorter amounts of time in rehab dining
Food For Thought…

- Take it to the Cafeteria or Restaurant!
  - Higher level or ambulatory rehab patients
  - Staff support for transportation
  - Meal selection
  - Regular diets or known textures that patient can order and eat safely

Tips For Success!

- Getting everyone on board
  - Collaboration between therapies
  - Administration
  - Objectives
  - Planning
  - Logistics
    - Transportation
    - Trays

References