

Adapting Ward Food Service to Support Treatment and Recovery

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PLANNING ADAPTATIONS

- Dietetics department meetings
- Dietitians' supervision sessions
- Ward clinical team in PEACE huddles and ward catering meetings
- Ward service users in community meetings and ward catering meetings
- Catering colleagues in ward catering meetings and many, many other meetings

FOOD-RELATED CHALLENGES (RELATED TO ASD AND ED)

- Attempts to control body weight and shape
- Social anxiety about eating and meal-times
- Need for predictability, familiarity and control
- Sensory processing needs (food and environment)
- Impaired ability to recognise hunger, thirst and fullness
- Physical discomfort provoked by eating
- Anxiety and guilt about breaking rules or not getting eating quite right

CONSIDERATIONS FOR FOOD SERVICE

- How can we make the food offered more acceptable?
- How can we make meal-times more manageable?
- Who should have access to the adaptations?
- How to we make it easier for people to use the foodservice?

DIETETIC PRIORITIES

1. Reducing medical risk
2. Recovering nutrition – however will work
3. Normalising eating

In that order

Recognise that step 3 may need to wait

WARD REFEEDING PROCESS

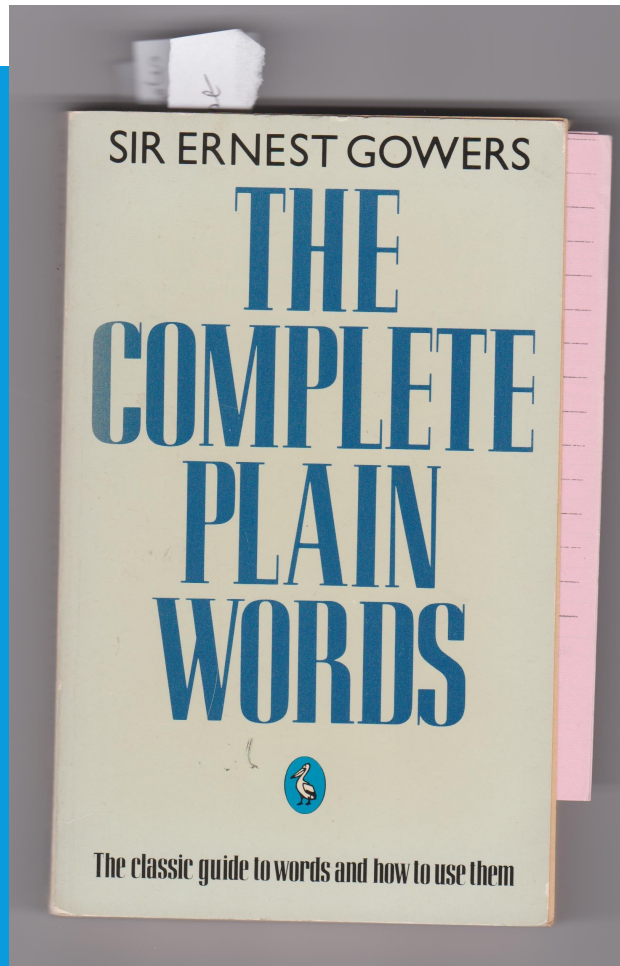
- On day of admission, service users meet a dietitian who will complete an assessment, and explain and plan refeeding
- Begin with staged introductory menu of mostly milk and milk-based foods (vegan options available), to manage medical risk
- Increasing amounts of food according to medical indicators
- Staged progress to main ward menu, a 28-day cycle with several choices at each meal, including vegetarian and vegan options
- Individual care plans as needed

ADAPTATIONS AT EACH STAGE

GENERAL CLINICAL APPROACH (NONE OF THIS IS EXCLUSIVE TO PEOPLE WITH ASD)

- Continuity of care
- Pace adapted to suit the individual
- Agreed priorities and non-priorities
- Clear, relevant aims and goals
- Use of written, graphic and pictorial materials in sessions and to take away
- Plain language and presentation in materials
- Adapting materials to suit individual needs, removing irrelevant information

WRITING PLAIN ENGLISH



- Plain English Campaign
www.plainenglish.co.uk
- *Plain Words* by Patricia Gowers

ASSESSMENT AND INTRODUCTORY STAGES

- The assessment template was changed to include more investigation of eating in early life, sensory issues, and experience of physical discomfort associated with eating
- After the meeting, the dietitian printed copies of the introductory menu showing the date, to make the staged process of increase clear
- She removed options the person would never select, to make choices simpler.
- New written materials to explain the process

MOVING TO THE MAIN MENU

- While still using the introductory menu, service users have a chance to see the main menu, and the meals others are eating
- If they think they will find the main menu difficult, they can meet the dietitian to plan a workable alternative

MAIN MENU

- Amount of choice can be overwhelming
- Amount of information to process can be overwhelming
- Many items unacceptable to many individuals, making the food provision seem off-putting and irrelevant to needs, and frightening
- Sometimes last-minute changes without notice
- The same dish may not appear the same every time (it's food, cooked fresh, on the premises)
- A bad day can undermine eating

THE ALTERNATIVE (PEACE) MENU

We developed a separate
menu

PEACE MENU

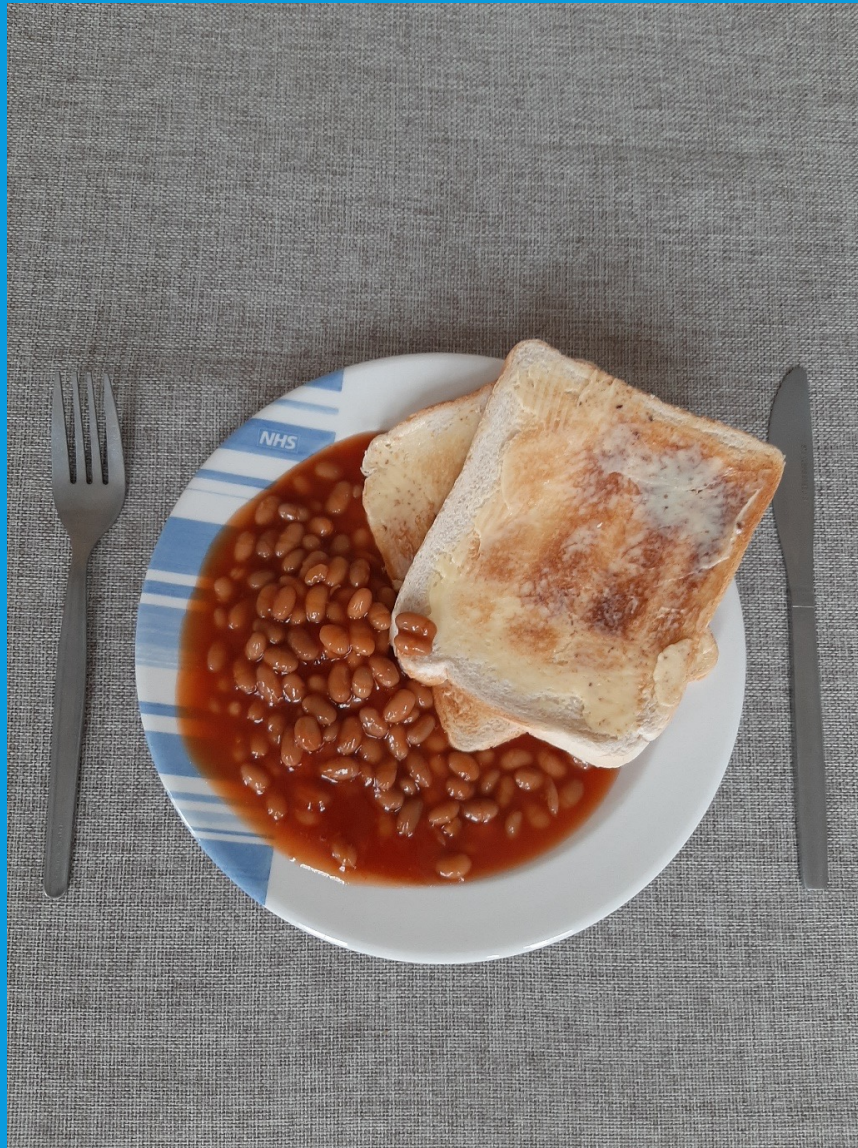
- There was always some alternative provision to help manage difficulties with the main menu, including food and liquid nutrition supplements
- The menu prioritises safety, and nutritional recovery, over socially normal eating
- It has the same calorie value as the main menu
- Deliverable reliably
- This was further developed to help with problems we were already aware of, and those associated with ASC

THE PEACE MENU ADDRESSES:

- Predictability and Familiarity
 - Sensory Processing
 - Physical Discomfort
 - Poor Interoception
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- It is available for anyone to use if there is an unexpected difficulty with the food they ordered, or to use more regularly with a care plan

PREDICTABILITY AND FAMILIARITY

- The menu offers a small range of options for each meal, the same every day
- As far as possible, foods are familiar and consistent, eg branded tinned soup, baked beans, milk, breakfast cereal, sliced bread
- Most of the food items are available on the ward, so it is reliably available
- Photographs of the food items are available to help with making choices



2 slices toast with 2 portions spread
and 1 pot baked beans





Plain omelette with mashed potatoes and vegetable

SENSORY PROCESSING

- It includes items which are
 - bland or slightly sweet in flavour, such as smooth yogurt, omelet, ice cream, lentil bake, mashed potatoes
 - low odour, usually served cold, such as fruit juice, sandwiches, breakfast cereal, crackers and cheese
 - homogeneous in texture, such as tomato soup, milky drinks, custard

PHYSICAL DISCOMFORT

- Both low and high fibre items to help manage abdominal pain and cramp, constipation and diarrhoea as needed (linseeds and probiotic drinks are also available)
- High energy density items such as cheese, chocolate and ice cream to help avoid bloating
- Soft texture items to help with mouth or dental pain, or anxiety about chewing or choking

POOR INTEROCEPTION

- “Eating by the Book”
- Fixed, regular meal and snack time slots
- Consistent calorie values
- Normal, consistent portion sizes
- Energy spread evenly over the day
- Regular fluid intake
- Adjusting the plan in the light of results

USING THE PEACE MENU

- The PEACE menu is available for all patients to use, when they have moved on from the introductory menu
- Copies are freely available, but presentation can be individually adapted
- It can be used on a single occasion if an unexpected difficulty arises in the dining room, with staff agreement
- A care plan can be agreed with a nurse to use it regularly up to three times a week
- The dietitian can agree a care plan for more frequent use

USING THE PEACE MENU WITHOUT A CARE PLAN

- If a service user can't manage to eat the meal they selected from the main menu:
 - A replacement meal is offered from the PEACE menu, using the options that can be prepared from ward issues
 - or a fluid replacement
 - After the meal, arrange to care plan how to manage if this happens again.
 - If the service user wants to use the PEACE menu more than three times a week, a meeting is arranged with the dietitian to care plan for this.

INDIVIDUAL CARE PLANNING

- To use the PEACE menu as needed, perhaps just a few times a week, for only main courses or desserts, or perhaps to use it at every meal
- To use the most acceptable foods, usually with bland flavours and odours, homogeneous textures, neutral colours, controlled portions
- To present foods in the most acceptable ways, eg different items not touching on the plate; or on separate plates; all elements of the meal given at the same time....
- To provide adapted menus and supporting materials
- To plan to move on to use the main menu when able

INDIVIDUAL CARE PLANNING

- Adjust the pace of eating, offering agreed prompts, allow extra time, clear time limits
- Agreed plan for what will happen eg if food is refused
- Sit in the same place for every meal
- Adjust seating, use cushions for support etc
- Use a pro-biotic or linseeds for bowel symptoms
- Use relaxation techniques before and after meals

SUPPORT FROM STAFF

- Maintaining a calm environment in the dining room
- Agreed plan for support when struggling to eat
- Agreed plan for support with choosing from the menu, and how to manage changes of decision
- Warning of any changes
- High priority to ensuring the right food is ordered, delivered and provided at the right time

COLLABORATIVE CARE PLANNING FOR HOME

- No surprises
- Agreed flexibility and limits, eg begin eating breakfast between 7.30 and 8 am, a regular time not a precise time
- Clear meal plan, with limited options, and a “plan B”, eg a safe, adequate meal that is less challenging than the eating plan, and always available
- Agreed environment – who is present, which room, radio or music on/off, whatever needs adjustment and is practical to deliver

WHAT IS DIFFICULT?

- To let go of normal eating as an early aim in recovery
- To let go of writing elegant academic English (or clunky English that you just didn't think through properly)
- For chefs to produce food with little flavour, odour or texture
- Communicating effectively
- It could be too much of a safe retreat, reducing motivation to try challenging foods and situations (but I suggest a ward environment isn't ideal for that anyway)

DID IT HELP?

- Data collection was cut short by the pandemic, but we got some positive responses (n=7)

The menu helped me to complete meals	3
The menu helped me to feel the food was safe	3
The menu helped me to stay calm in the dining room	2
The menu helped me to control unhealthy behaviours	2
The menu helped me feel more confident about eating	4

- “The alternative meals... are those I am likely to eat at home so helps me realise the correct portions I should have at home”
- “Thankyou so much for giving me the opportunity to use the alternative menu”
- The menu was helpful “especially when the options on the main menu were too challenging for me at my current point in my recovery”
- “a great and safe option”

TAKE-HOME MESSAGES

- Investigate in every assessment possible difficulties with eating that may be related to autistic traits. They may not emerge at first.
- Acknowledge them, take them seriously, work together to find workable (not perfect) solutions
- Explain and tackle what needs urgent change, accept what can wait.
- Support everyone concerned to manage the difficulties in a practical way. Everyone has limits.