

Volunteer

MEALTIME ASSISTANCE



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Purpose

Welcome to Alberta Health Services (AHS), Mealtime Assistance Training!

Your role as a volunteer assisting with mealtimes is important as you are actively helping to make sure that our vulnerable patients eat and drink the food and beverages necessary to support their health. When you help someone during mealtime you play a role in helping them get better and contribute towards the prevention and treatment of malnutrition.

Poor appetite and difficulties with eating and drinking are commonly identified by the care team as challenges shared by many patients. With appropriate training, volunteers like you can offer the support, companionship, and encouragement needed at mealtime. Your efforts will have a significant impact on patients' quality of life and overall health.

Mealtime assistance can mean many things, from conversing with patients to brighten their day, opening packages, cutting food, completing menus, encouraging hydration, or making foods more accessible for patients. At some sites, trained volunteers may be assigned to feed certain patients and for many tasks associated with enhancing the patient meal experience. Volunteers will be trained accordingly and will be aware if feeding is part of any mealtime assistant assignment. Note: **Only volunteers with Level 2 training are permitted to feed patients.** As you get to know your patient(s), you will better understand their individual needs. Familiarity with the meals served in your facility can also support your success with mealtime assistance. Your Volunteer Coordinator can request a meal tray from Nutrition and Food Services to use in your training to help you see the food from the patient perspective.

Alberta Health Continuing Care Health Service Standards and Alberta Health Services policy require that **individuals who offer mealtime assistance are trained prior to offering this service and are retrained at a minimum every 2 years** thereafter to ensure competency and patient safety. Mealtime Assistance Training is provided to all volunteers with AHS intending to provide this service. As a Mealtime Assistant, you will have a positive impact on patient's wellbeing. Best of all, you will have the satisfaction of helping others and getting to know some very interesting people. We hope you will enjoy volunteering with us!

*Remember, uneaten food can't help our patients
Every bite counts!*

Definitions and Common Terms You May See:

Patient: means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, patients and outpatients.

Vulnerable Patient: a vulnerable adult is a patient who is or may be for any reason unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Family: is an inclusive term that can refer to the patient's family, close friends or unique support system.

Malnourished: inadequate intake of protein/energy over a period of time resulting in loss of fat and / or muscle stores.

Dentition: the character of a set of teeth especially with regard to their number, kind, and arrangement

Aspiration: breathing in a foreign object (i.e. sucking food into airway)

N.P.O.: is Latin and means 'nil per os'. It is a medical term meaning to withhold oral food or fluids from a patient. This sign indicates that the patient has dietary restrictions, and should not be offered food or drink without the direction of the Clinical Care team.

Hand Sanitizer Stations: Free standing stations that are equipped with hand sanitizer pumps that people can use to sanitize their hands. Hand hygiene is the single most important factor in preventing infection and the spread of communicable diseases. Hand sanitizers are used in the same manner as handwashing.

P.P.E.: This is an acronym for Personal Protective Equipment, and can include gowns, gloves, protective eyewear, masks, etc. It is most often used when referring to patients who are on medical isolation where staff must use "P.P.E." upon entering the patient room. Volunteers must complete training in Donning and Doffing to ensure this equipment is being used properly.

Isolation Rooms: Rooms designated on the unit for patients who require additional precautions

Additional Precautions: Extra measures (contact, droplet, airborne precautions), initiated in addition to routine practices, based on symptoms and/or diagnosis to prevent transmission of microorganisms

Section 1: Why Do We Eat and Drink?

- To maintain health
- To satisfy hunger or thirst
- For pleasure
- For social interaction
- To celebrate
- Many more reasons ...



We must remember that when we sit down to help someone eat, it becomes a true social occasion for them, especially in a health care setting which can be quite lonely. Sharing a meal with another person can make a major contribution to their quality of life.

Section 2: Benefits of Eating Well and Staying Hydrated

- Fight infections
- Avoid skin breakdown
- Build strength for activities and movement
- Improve mental alertness
- Contribute to a reduced length of stay
- Recover faster (acute care and rehab)



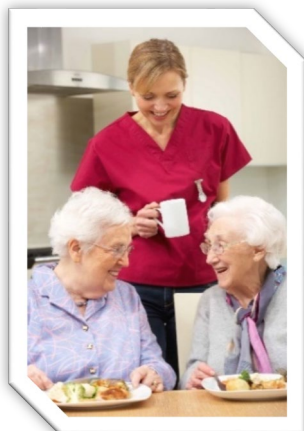
Eating a healthy diet and drinking enough liquids can contribute to an overall sense of well-being. As a volunteer, you can help to make sure the patients realize the benefits from maximizing their intake at mealtime.

*Food should be given the same level of
importance as medicine!*



Section 3: Factors Affecting What and How Patients Eat

There are many factors that can lead to a patient being undernourished or malnourished before they are admitted or during their stay.



- Decreased physical activity
- Physical disability (e.g. arthritis, stroke)
- Medical diagnosis or conditions
- Inability to eat independently
- Effects of medication
- A change in eating habits, food likes and dislikes
- Cultural or religious restrictions
- Dementia and mental illness
- Social isolation and loneliness

As we age, our bodies go through **physical** and **mental** changes that can impact our ability to select, consume and enjoy food. Once you understand the influence these changes have, you can offer the support needed to help reduce the impact of these age-related changes and encourage the patient to eat.

<i>Change</i>	<i>Impact</i>	<i>Tips</i>
<i>State of Mind</i>	Depression may affect dietary habits. Changes in appetite and nutritional intake may occur which can result in loss of weight and muscle mass or may lead to obesity.	Your presence alone can have a big impact on the patient's state of mind. Keep your conversation light and positive throughout the meal. Give patients time to eat and do not expect responses when the patient is chewing or about to swallow.
<i>Appetite</i>	Appetite is often reduced and fullness occurs after smaller amounts of food.	Encouraging the eating of small frequent meals (often 6 times per day) can be helpful.
<i>Eyes</i>	Vision declines with age and can be hastened with certain medical conditions and dementia. The ability to see and recognize food is diminished, which may affect the ability to eat independently.	Provide the patient with their glasses (if available). Describe what food is on the plate & where it is. You can use a clock to describe location, <i>i.e. peas are at 12 o'clock</i> . Use descriptive terms such as <i>baby carrots, grilled chicken or cream soup</i> .
<i>Smell</i>	Smell adds to the enjoyment and taste of food! Sense of smell decreases with age. Losing the ability to smell may decrease interest in eating.	Offer positive comments on how good the food looks and smells. Use descriptive terms to describe the food. <i>E.g. freshly baked cookies, roast turkey</i> .

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Change	Impact	Tips
Teeth	<p>Many older people wear dentures or deal with loss of teeth.</p> <p>The ability to chew may be affected by ill-fitting dentures or not wearing dentures at all. Often people with poor dentition need more time to chew and may require changes to the textures of food (see page 10).</p>	<p>Whole food should be cut into bite- size* pieces and served slowly to allow adequate time to chew.</p> <p>If you notice that the patient is having a lot of difficulty chewing their food, discuss your concern with their nurse.</p>
Saliva & Thirst	<p>Saliva production declines with age contributing to “dry mouth”, making it hard to break down food.</p> <p>The sense of thirst gradually diminishes with age.</p> <p>Decreased hydration and certain medications may also contribute to a dry mouth, making it harder to swallow food.</p>	<p>Offer a few sips of fluid between bites to moisten their lips and mouth.</p> <p>Often foods that are moist (not dry) are easier to eat. For example, meat with gravy or canned fruit.</p> <p>Encourage the patient to drink liquids provided and water.</p>
Muscles	<p>Strength and muscle mass declines with age. A decline in ability to chew and swallow, trouble holding utensils, opening packages or cutting food are all side-effects of decreased muscle strength.</p>	<p>Open packages for the patient if they want your assistance (see page 12).</p> <p>Cut up food (as required).</p> <p>Move the food closer to them.</p> <p>Encourage them to eat slowly and chew each bite completely before swallowing.</p>
Tongue	<p>The tongue loses strength with age.</p> <p>Reduced tongue strength can cause difficulty moving food around in the mouth.</p> <p>It may be harder to clear food out of the mouth when swallowing.</p>	<p>Offer bite-sized pieces.*</p> <p>Food should be given slowly.</p> <p>Make sure the patient has swallowed before giving the next bite. If it is obvious that food is left in the mouth, ask him/her to swallow again.</p>
Taste Buds	<p>Taste and sensation change with age.</p> <p>The ability to taste sweetness and saltiness declines. The ability to taste bitter and sour increases. These changes can decrease the enjoyment of food.</p> <p>A desire to use extra salt and sugar with meals may increase.</p>	<p>Season the patient’s food to their taste (if seasoning is provided on the meal tray). If in doubt, ask nursing staff for clarification. E.g. No salt diet.</p>
Digestive System	<p>Aging causes the digestive system to slow down – from one end to the other. This means that food takes longer to digest.</p> <p>Slowed digestion may cause heartburn or constipation.</p>	<p>Offer bite-sized pieces.*</p> <p>Food should be given slowly.</p> <p>In some cases, smaller meals or snacks more often may be better tolerated.</p> <p>Encourage patient to sit up after meals to prevent heartburn.</p>

(Adapted from Drewnowski, A 2001; John B.K. 2013)

***Bite-Sized Pieces:**

We often hear the term “bite-sized pieces” and are left wondering what exactly does that mean?

A bite sized piece of food is approximately (1.5 cm x 1.5 cm).

Exact size is shown below



Section 4: Swallowing Difficulties and Safe Eating

Swallowing is one of the most complex processes the body undertakes. The process of swallowing uses about 40 different muscles and 6 cranial nerves in a refined sequence of events that can easily go wrong in the face of aging or disease. We swallow between 500 and 1,000 times every day!

Swallowing Difficulties

Whether a patient is feeding themselves or receiving assistance from others, swallowing difficulties can occur that place them at risk for choking or aspiration of foods or liquids. Aspiration occurs when food or liquid slip into the airway or further into the lungs. When this happens an obstruction (choking) can occur which can then potentially be followed by aspiration pneumonia, which can be life threatening.

Volunteers will NOT be assigned patients who have swallowing disorders or unpredictable or unresponsive behaviors; however you may be the first one to detect a change in the person you are feeding. If you suspect swallowing difficulties, tell the nurse in charge right away.³ When you are sitting with someone at mealtime here are some signs to watch that will help recognize patients that may be having trouble with the swallowing process:

- Avoiding certain foods or liquids
- Spitting food out or refusal to eat
- Eating slowly or difficulty chewing/prolonged chewing
- Coughing or choking
- Frequent throat clearing
- Changes to the voice after a swallow (such as gurgling or hoarseness)
- Watery eyes
- Runny nose
- Facial grimacing
- Complaints of food getting “stuck”

- Complaints of pain with swallowing
- Food left in the mouth after swallowing
- Drooling
- Regurgitation
- Difficulty breathing
- Heartburn

(Adapted from Amy Speech and Language Therapy, Inc., 2010)



Call loudly for HELP from nursing staff immediately and (if available) pull or press patient's call bell if the patient becomes distressed and/or you feel they are in need of immediate medical attention (i.e. choking). Stay with the patient.

Safety Facts:

- If an individual refuses to eat or drink, do not force them.
- Do NOT bring any outside food or beverage into the facility for patients/residents consumption.
- If the patient falls asleep during the meal, discontinue feeding immediately.
- Ensure you do not give the next bite before the previous bite has been completely swallowed. Offer bite-sized pieces (1.5 cm x 1.5 cm) of food (see page 8 for diagram).

³ AHS Guideline: Choking Prevention and Management (PS-88-01)

<https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-continuing-care-choking-prevention-mgmt-gdl-ps-88-01.pdf>

Section 5: Types of Diets





There are over 60 types of diets used in Alberta Health Services designed to meet nutritional needs of patients. Individual patient needs are met by adhering to food preferences, avoiding foods allergens / intolerances and to meet cultural and /or religious restrictions.

Diets are classified as follows:

Regular diets: Patients who do not need therapeutic diets or changes to texture.

Therapeutic diets: These diets help to treat or control an illness. (E.g. Diabetic, Low Sodium)

Texture modified diets: These diets are for patients with difficulty chewing or swallowing. Foods are designed to meet an individual's abilities

Meal Texture	Description	Example
Regular Texture	No modifications to texture.	
Easy to Chew	Food is soft, not hard or crunchy for those with limited dentition or chewing difficulties.	
Dysphagia Soft	Food is soft and moist and if it cannot be easily cut with a fork or mashed, it is cut into pieces that are 1 cm cubed or less.	
Minced	Most foods are minced and served with gravy or sauce. Regular bread and soft sandwiches are allowed.	
Pureed	All foods are smooth, similar to the consistency of baby food.	

Unless requested by the patient, don't mix foods together! For patients on a modified texture diet (i.e. pureed) foods are sometimes mixed together (by well-meaning individuals) and the end result is not visually appealing or tasty.

Ask yourself, which would you prefer?



OR



Modifications to Meal Textures in the Chart Above

Meal textures may have modifications included in the diet order to more closely meet the needs of the patient or resident. These modifications are as follows:

Pureed Bread Products – All bread is pureed. This can be added to all diets listed except pureed where it is already included.

No Mixed Consistencies – Foods avoided are those with 2 consistencies. These include foods with a thin liquid and solid pieces in the same mouthful (e.g. soup with vegetable or meat pieces, cold cereal with milk) or foods that release thin liquid when chewed (e.g. watermelon, cherry tomatoes). Some changes could include vegetable soup would be pureed, cold cereal and milk would be replaced with hot cereal; watermelon would be replaced with a less juicy fruit.

Thick Fluids – Patients diagnosed with swallowing problems may be prescribed thickened fluids. Common fluids such as milk or juice would be thickened based on the patient's need. The three different thick fluid levels are:

Mildly Thick fluids (Nectar)

- Fluid runs freely off the spoon but leaves a thin coating on the spoon.
- Fluid pours like most types of fruit nectar.

Moderately Thick fluids (Honey)

- Fluid slowly drips in dollops off the end of the spoon.
- Fluids pour slowly, like liquid honey.

Extremely Thick fluids (Pudding)

- Fluid sits on the spoon and does not flow off.
- Fluids are as thick as pudding.



Diagram adapted with permission from AHS NFLES Nutrition Services Resources

Section 6: Opening Packages

Opening packages can be a challenge for many patients! **Ask Patient Food Services at your site for some packages to practice with during your training session.**

When helping patients open packages:

1. **ASK:** Only open the packages the patient agrees to. Ex: Would you like me to open any packages for you?
2. **AVOID:** Contaminating the food. Do not directly touch the food or the part the patient eats or drinks from.

Peel Back Tops (Pudding, Yogurt, Hummus, Fruit Cups, Milk and Juice)



Grasp the tab and pull back the top. Tilt the product backward and away from the patient so that the contents do not spray them when the container is opened.

Soup, Hot Cereal and Mug Lids



Holding the edge of lid, pull the top off.

Cheese



Grasp both sides of the cheese and pull the package open.

Squeeze Pouch (Ketchup, Soy Sauce, Hot Sauce)



table or tray

Tear the package vertically. Ask the patient if they would like the contents to be poured onto their food and where. Lean the package up against the plate so it does not leak onto their

Foil Bags (Toast and Pastries)



Unroll the top and open the bag so the patient can grab the food from inside.

Adapted from AHS, NFLES PFS Opening Packages document

Section 7: The Mealtime Experience



As a volunteer, you play an important role in the meal experience! The activities you perform **prior**, **during** and **after** the meal are equally important and positively contribute to enhancing the mealtime for the patient.

Patients receiving assistance at mealtime appreciate the support you provide. When you enjoy your experience providing mealtime assistance, your positive feelings will be communicated to them and they will benefit. If you

are frustrated with “the task”, they may feel your discontentment just as easily. Since food and meal times are one of life’s basic pleasures, helping someone is a wonderful way to show you care. *Meals Matter.*

Note: Not all sites involve volunteers in the feeding process and/or you may not be comfortable with feeding a patient. Discuss this with your Volunteer Coordinator. They will go through your Volunteer Assignment Description and ensure you feel ready to provide mealtime assistance to patients.



Assistance such as helping a patient complete their selective menu, opening packages and being a dining companion can really help enhance the patient meal experience and result



in them eating better.

On average, it takes 30 minutes to consume a meal when assistance is provided. The pace at which food is offered sets the tone for the overall mealtime experience. The rate at which food is offered is not only about safety, but about the quality of the time together during the meal. Feeding someone either too slowly or too quickly is not only hazardous; it can also contribute to risky eating/mealtime behaviours (refusing to eat, choking, gagging, etc.).

The next sections will help you understand what is important in the feeding process, whether you provide basic mealtime assistance or are feeding the patient.

Positioning:

Proper positioning is extremely important to prevent choking and improve patient access to their meal. Volunteers are NOT to position patients, but it is your responsibility to ensure that

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you and the patient are positioned properly for meals. During the meal, if the patient's position shifts, seek nursing assistance to have the patient repositioned properly.



1. Patient should be as upright as possible.
2. Patient's head should be upright and tilted slightly forward.
3. Volunteer should be at eye level with the patient.
4. Try to keep the utensil where the patient can see it.

The patient should remain upright for 30 minutes after the meal to reduce the risk of any remaining food or drink residue entering the lungs.

Prior to the Meal (companionship and assisting with feeding):

1. If this is the first time assisting the patient check with the nursing staff to inquire about any special concerns or techniques that you should be aware of.
2. Use N.O.D (Name, Occupation and Duty) to introduce yourself; "Hi, I'm Jessica with Volunteer Resources. I'm here today to assist you with your meal".
3. Ask the patient what they would like to be called and use their name often in conversations and during the meal.
4. Clear the area. Use gloves when removing soiled items and wash hands after removing gloves. Sanitize the area/table where the food will be placed. Wash hands after removing gloves. If needed, turn off distracting noises such as a TV or radio.
5. Check with the patient to ensure that dentures, glasses and/or hearing aids are in place, and if not, ask nursing staff to assist him/her to get them in place.
6. Ensure you wash your hands thoroughly before assisting each patient, before and after glove use or if your hands are visibly soiled. *Follow the AHS Hand Hygiene procedures <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-hand-hygiene-ps-02-policy.pdf>.
7. Ask the patient if they would like a washcloth, hand sanitizer, or hand cleaning wipes before their meal to freshen up. If patients are able to wash their hands at a sink in advance of meal, please encourage them to do so.
8. Sit near the patient. It is best for you to be at his/her eye level, as it allows the patient to be in the best position for swallowing and allows you to observe the patient's swallowing. Adjust the bed or chair to a level that is appropriate seating for you.
9. The patient should be in an upright position to prevent choking and to allow for safe swallowing. If the patient needs to be re-positioned, **DO NOT LIFT THE PATIENT YOURSELF**. Rather, ask nursing staff to properly position the patient for you.
10. Place the meal on the table, or over-bed table (tray delivery and placement may differ between sites). Offer the patient a clothing or shirt protector.

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These pictures show proper positioning for patients for safe and enjoyable eating in bed and in a seated position.



- Sitting upright (90 degrees) in firmly supported chair or bed
- Pillows supporting back or lumbar spine
- Good view of food on table
- Hands on table if possible
- If seated, hips are flexed at 90 degrees and feet placed comfortably on floor (use footstool for position for correct height if necessary)



Occasionally you may be asked to participate in an offering of thanks (saying grace) with the patient before they begin to eat. If you are comfortable, you may take part in the blessing by offering a short word of thanks similar to the example shown here. However, if you are not comfortable participating, you may simply lower your head while the patient offers grace. Please check with your site for further instructions.

Grace Before Meals
Bless this food to our use,
and us to thy service.
Fill our hearts with
grateful praise.
Amen.

During the Meal (companionship only):

Patient independence is important. Respect all individuals and provide assistance only as needed, encouraging independence whenever possible. If required:

1. Ask patient if they would like you to open any packages or cut up their food (as required).
2. During the meal make light, natural conversation, offer positive comments on how good the food looks and smells and encourage food and fluid intake.
3. Encourage meal intake by reminding them of what their choices on the tray are and where they are located.
4. If you have any immediate concerns, discuss with the nurse.



Following the Meal (companionship and assisting with feeding):

1. Offer a facecloth, or wipe the patient's mouth and hands when meal is finished. Remove shirt saver and discard in laundry.
2. Leave the patient in an upright position.
3. Tidy the table or over-bed table.
4. Report to nursing staff the amount of food/drink consumed, any concerns that arose and, if known, any changes from the previous meal.
5. Wash your hands thoroughly.



Reminder:

For patient safety, do NOT bring any outside food or beverage into the facility for patients/residents consumption

Section 8:

Level 2 Trained Volunteers Only

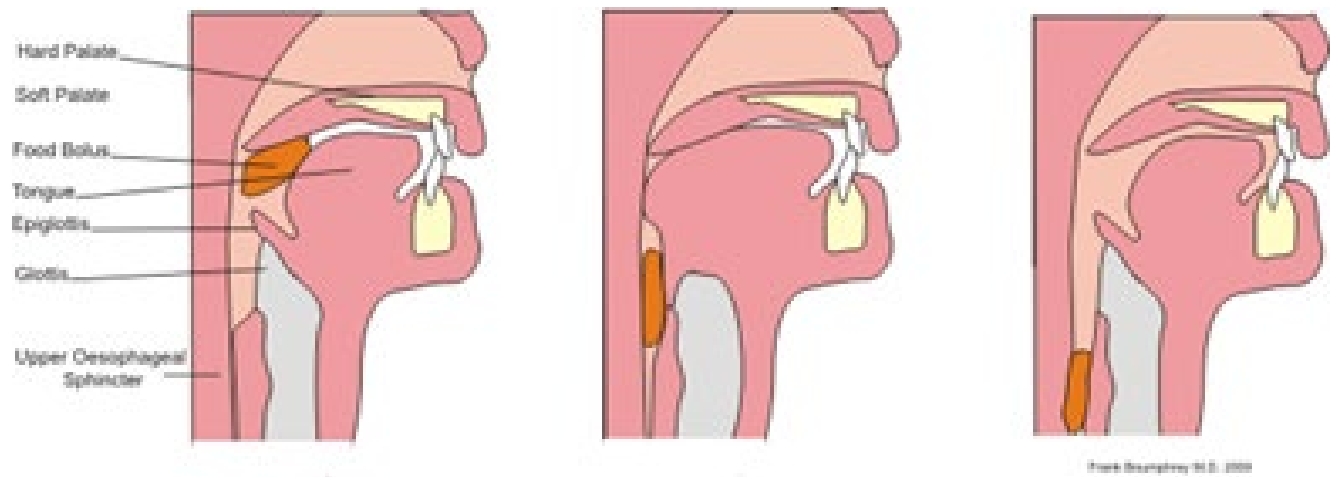
Section 8: Special Techniques for Level 2 Trained Volunteers

NOTE: This section is specific to training Volunteers who will feed patients



Understanding the Swallowing Process:

As mentioned in Section 4, swallowing is a very complex process. Since you will be assisting with feeding patients, it is important you have a good understanding of the process. This will help you to identify potential problems with the patients you are assisting. Swallowing can be divided into 4 phases:



Phase I: Oral Preparatory Phase. Food is chewed and mixed with saliva to form a ball or bolus. The bolus is then positioned on the tongue for transport. Liquids are held in the mouth.

Phase II: Oral Transit Phase. The ball of food is moved towards the back of the mouth with the tongue. This food at the back of the mouth stimulates the nerves that control swallowing.

Phase III: Pharyngeal Phase. This phase is unconscious and automatically controlled. As food is swallowed, the lungs are protected and breathing stops for a second.

Phase IV: Esophageal Phase. In this phase the ball of food is moved from the throat along the esophagus to the stomach by muscle contractions.

The speech language pathologist (SLP), occupational therapist (OT), dietitian (RD), or nursing staff may alert you to certain food adaptations that will help the patient with the feeding process. If you are unsure of what is expected, ask before feeding. Also, if you suspect an error in the foods being served e.g. if a liquid that was previously adapted in another assisted meal, check the patient meal ticket or contact the nursing staff immediately. Volunteers should not be asked to feed patients with known swallowing problems or aspiration/choking risk. If you feel uncomfortable feeding a patient that has been assigned to you, please talk with nursing and they will find you another patient to assist.

It is time to start assisting patients with feeding, what can you do to improve the experience? A lot! See below for some tips:

During the Meal (assisting with feeding):

1. Tell the patient you intend to assist in feeding him/her.
2. Use a clean spoon or fork for each course.
3. Evaluate the temperature of the food before serving. If the patient is cognitive and alert, have them judge the temperature for themselves.
4. Ask the individual if he/she wishes to start with a particular food or drink item and alternate food items unless the patient objects.
5. Offer drinks intermittently throughout the meal. Make sure solid food is swallowed before offering drink items. Encourage slow sips.
6. Encourage the patient to close their lips on the spoon to consume the food rather than scraping the food off with his/her teeth.
7. Encourage as much independence as possible by asking the patient to hold bread and other finger foods to the extent they are able, or by guiding their hand with yours to their mouth. This is referred to as “hand-over-hand to mouth technique”.
8. During the meal make light, natural conversation, offer positive comments on how good the food looks and smells.
9. When a patient or resident is on a modified texture diet or thickened fluids, **do not offer any items other than what is on the tray**. Check with nursing if they are requesting anything that is not on their tray.
10. For patient safety, do not thin foods or beverages. If extra gravy is available on the tray, it can be added to foods for that patient.

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Positioning patients for feeding:



- Back is fully supported by chair or bed.
- Feet flat on the floor when seated
- Make eye contact
- Fork is level with mouth



Technique for Feeding a Patient with Dementia

Dementia is the loss of brain cells through various disease processes which affects a patient's behaviour and nutritional intake. Here are some dementia specific techniques:

- If the patient does not start eating, place a utensil or cup into his/her hand. If more stimulation is needed, place hand-over-hand with the utensil and guide towards the mouth. You may need to do this several times.
- Place only one dish at a time in front of the patient.
- Remove each food dish after completion.
- Restart the eating process several times if necessary.
- Encourage swallowing by providing verbal cues and by gently touching the patient's chin or throat.
- Trigger mouth opening by touching the patient's lip with a spoon of food, mime mouth opening, simply ask the patient to open his/her mouth or by applying light pressure to his/her chin.

Technique for Feeding a Patient who has had a Stroke

A stroke or a cerebral vascular accident (CVA) is caused by impaired blood supply to the brain. There are often communication problems and weakness or paralysis on one side of the body. One side of the mouth will often have diminished strength and feeling.

- In an effort to allow the patient to be as independent as possible, help him/her set up their meal by placing food and utensils on their stronger side; remove lids and cut food into bite-size pieces.
- If the patient has visual impairment, inform him/her of the location of the items on the plate according to a clock, and if/when necessary, turn the plate so the desired items are on his/her stronger side.
- Position yourself on the patient's stronger side.
- Place food on the stronger side of the patient's mouth, but not in the cheek area.
- Place a smaller amount of food into the mouth – no more than a level teaspoon.
- Check for "pocketing" of food, particularly on the weaker side.
- Encourage the patient to sip liquids with every other bite of food to clear any residue that may accumulate on the weaker side.
- Use softer, moister foods as a cleansing agent, alternating these with the drier, more difficult to chew foods.

Section 9: Testimonials

"I worked as a Mealtime Companion for the Lethbridge Regional Hospital for over 2 years and enjoyed getting to know and learn about the people on the ward.... they were all so interesting and had such great stories." ~ Lynne

"Volunteering in mealtime has had a meaningful and positive impact on me. It has given me a sense of achievement and motivation. It is a great way to gain life experience in the real world through hands-on work. Volunteering in mealtime has also impacted me in terms of the diverse range of people I have met. I have developed lasting personal relationships with patients and have learned about people from all walks of life and different environments."
~Natasha

When asked "How does it make you feel when you are getting help at mealtimes", Dennis replied "It makes me feel wanted". When Lacombe youth volunteer, Sarina was asked how she feels assisting, her reply was "It creates a new friendship and relationship. It also builds trust between us." ~ Dennis & Sarina

"The Mealtime Companion program is vital to the health and well-being of patients. Sharing mealtimes encourages happy and healthy eating habits in a positive environment." ~ Suzanne

"Volunteering in the Mealtime Companion program has helped develop my confidence and courage by directly engaging and interacting with patients as well as by being able to observe firsthand the direct positive outcomes of volunteer's actions. This program has allowed volunteers like myself to contribute to and develop a sense of responsibility for our community through developing a collective desire to improve the living conditions of our fellow community members." ~ Harshil

Thank you for all that you do to help our patients!



References:

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