62nd Annual State Health Care Convention & EXPO
WHAT'S IN YOUR FUTURE?

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Atlantic City, New Jersey

Paradigm Shift for Good Nutrition in Long-term care

From Diet Restriction to Permission
"When it comes to Dining, It's not your Grandmas Nursing Home Anymore"

Dr. Nancy Munoz, DCN, MHA, RD, LDN

Objectives

- At the end of this presentation participants will:
  - Understand the impact of conventional LTC meal service on customer satisfaction
  - Be introduced to alternate dining programs for long term-care
  - Increase understanding of role of regulations and innovations in dining programs for long-term care

Future of Long Term Care

- Savvy and well educated customers will demand
  - Fine Dining
  - Concierge Services
  - Healthy Fast Foods from a food court
  - "Brand" name franchises open 24 hours/ day

NM 4

Role of Food and Nutrition in Nutritional Care Quality

- Food and Nutrition - KEY role
- Nutrition & Hydration status may impact
  - Recovery from acute illness
  - Delay wound healing
  - Hospitalization and mortality rates
- Most important – Residents' *Quality of Life*

NM 5

Role of Food and Nutrition in Nutritional Care Quality

- Food for thought
  - Do you know
    - Residents' satisfaction with the food service related to overall satisfaction?

NM 6

Role of Food and Nutrition in Nutritional Care Quality

- Food for thought
  - Do you know?
    - Complaints about food service are common
      - 65%
      - Promote lower intake
      - more depressive symptoms

NM 7

Role of Food and Nutrition in Nutritional Care Quality

- Food for thought
  - Do you know?
    - Most residents can answer simple questions about food & dining preferences

NM 8

Role of Food and Nutrition in Nutritional Care Quality

- Food for thought
  - Do you know when questioned residents indicate
    - Dislike the food served to them
      - Unappetizing
      - Appearance
      - Lack of variety
      - **Failure to address their personal preferences**

NM 9

Is this familiar?

should we continue to provide services in this manner?

NM 10

Breakfast Facts

- Å 80% of Americans eat breakfast on any given day
- Å 92 % of the elderly consume breakfast far more consistently than any other age group
- Å 16% of breakfast eaters choose eggs

NM 11

Role of Food and Nutrition in Nutritional Care Quality

……IMAGINE…….

NM 12

Culture Change Initiative- Dining

- Liberalized diets
- More choices during & between meals
- Emphasis on resident preferences
- Homelike setting during meals
- Allow more flexibility in food service
  - family-style, buffet, finger-foods

NM 13

Choice

Å Provide individualized and personalized dining services

ï Trading trayline meal service for a variety of dining services

ÅBuffet, restaurant, Family Style

ï Increased choice at meal

NM 14

Choice

ÅAre we ready for direct resident access to refrigerators and the kitchen throughout the day?

NM 15

Culture Change Initiative- Dining

- Alternative dining arrangements
  - New to nursing homes
    - Assisted living- a step closer
  - Difficulties with NH survey process
    - Interpretation of federal requirements as applied to these innovations

NM 16

Culture Change Initiative- Dining

- Reality
  - Adhere to restricted diet orders
  - Choices are limited
  - Resident preferences not measured
  - Homelike setting restricted to highest functioning residents
  - Food services still fairly traditional due to cost and concerns about regulations

NM 17

Conventional Dining

- Measure and record meal acceptance
  - Nurse aides consistently overestimate residents' mealtime food and fluid consumption
    - 15% to 20%
    - Residents at risk for malnutrition and dehydration are not identified by staff when examining only a resident's "% eaten"
    - Research
      - The less a resident ate, the more likely staff were to overestimate the resident's consumption

NM 18

Conventional Dining

- Provide assistance
  - Recent report to congress
    - Most facilities do not have enough direct care staff to adequately assist all residents who need assistance during mealtimes
    - CNAs "triage" residents at mealtimes,
      - most functionally and cognitively impaired individuals get the most help

NM 19

Conventional Dining

- Observational Research
  - At risk residents do not consume many calories in-between meals
    - On average ≤ 100 kcal from snacks and supplements
  - Additional foods and fluids- not offered
    - Assistance to encourage consumption
    - RD and MD order to receive snacks or supplements

NM 20

Culture Change Initiative- Dining

"Don't Blame OBRA: The Regulations Aren't in the Way"

Karen Schoeneman 2009
Director of the Division of Nursing Homes at CMS

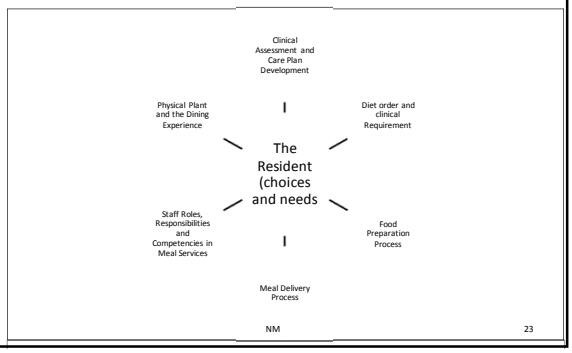
NM 21

Culture Change Initiative- Dining

- http://surveyortraining.cms.hhs.gov/pubs/VideoInformation.aspx?cid=1061
- CMS Broadcast
  - Show only the first 6 minutes

NM 22

The Resident
Core of the Care and Services Provided



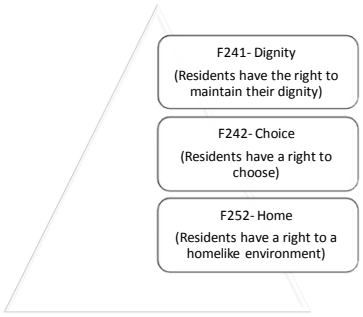
NM 23

12 Guidelines Revised in 2009

- F172 Access and Visitation Rights
- F175 Married Couples
- **F241 Dignity**
- **F242 Self-Determination and Participation**
- F246 Accommodation of Needs
- F247 Notice Before Room or Roommate Change
- **F252 Safe, Clean, Comfortable and Homelike Environment**
- F 255 Private Closet Space
- F256 Adequate and Comfortable Lighting
- F371 Sanitary Conditions
- F461 Resident Rooms
- F463 Resident Call System

NM 24

Regulations



NM 25

F-241- Dignity

- Key to OBRA 1987
  - It takes everyone, all the time, to enhance dignity in every interaction
  - Research
    - Study 160 residents in 40 nursing homes ranked as #1 (importance to them)
    - Good care ranked #6

NM 26

F241- Dignity

- The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality
  - Staff to carryout activities that assist residents to maintain and enhance their self-esteem and self-worth

NM 27

F241- Dignity

Å Promote Dignity

- ï Cloth napkins vs. bibs or clothing protectors except by resident choice
- ï Staff sitting at eye level when assisting residents to eat
- ï Speaking to residents rather than to fellow staff members while with residents

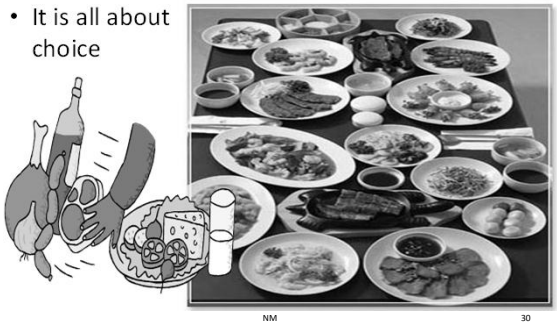
F 241- Dignity

Å Demeaning or Undignified Practices

- ï Uncovered urinary catheter bags
- ï Refusing to comply with a resident's request to receive assistance to the bathroom during meal times
- ï Restricting residents from use of common area restrooms
  - Å Exception made for certain restrooms and for residents who are restricted from common areas

F242- Self Determination and Participation

- It is all about choice



F242- Self Determination and Participation

- Care providers responsible for
  - Obtaining/ honoring resident preferences
- Language added
  - **Choice** over healthcare extends to
    - Method of bathing
    - Schedules (when to wake up/ go to bed), therapy schedule
    - Meals and dining

NM 31

NEW?

- Nothing new, the regulations related to choice of schedule have been in place since the original OBRA regulations were issued in 1990

NM 32

F371-Sanitary Conditions

- Rights of residents to accept food from outside the facility
- Facility is responsible for providing food from approved food sources

NM 33

F252- Environment

- Language is added to explain intent of the word “homelike” in the regulation language
  - Close to that of the environment of a private home as possible, eliminating odors and institutional practices as much as possible
  - Confortable, cozy environment

NM 34

F252- Environment

- The “homelike” word explanation stresses the concept of a setting as close to home as possible

NM 35

F252- Environment

- Home environment …includes a sense of ownership – “I can sit on this couch, I can get something from the refrigerator, hang a picture on my wall, open my front door to a knock or ignore it”

NM 36

F252- Environment

- A sense of feeling at home can be achieved in a nursing home once residents have a sense that
  - They indeed can sit on the nice couch in the lobby,
  - They can keep their bedroom door shut if they wish
  - Many more things that together constitute a sense that I'm at home here, this is my place where I live

MDS 3.0- Section F

Resident _____ Identifier _____ Date _____

Section F Preferences for Customary Routine and Activities

F0200. Should Interview for Daily and Activity Preferences be Conducted? - Attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other

Enter Code ☐
0. No (resident is rarely/never understood and family/significant other not available) → Skip to and complete F0400, Staff Assessment of Daily and Activity Preferences
1. Yes → Continue to F0400, Interview for Daily Preferences

F0400. Interview for Daily Preferences

Show resident the response options and say: *"While you are in this facility..."*

Coding:
1. Very important
2. Somewhat important
3. Not very important
4. Not important at all
5. Important, but can't do or no choice
9. No response or non-responsive

↓ Enter Codes in Boxes

☐	A. how important is it to you to **choose what clothes to wear?**
☐	B. how important is it to you to **take care of your personal belongings or things?**
☐	C. how important is it to you to **choose between a tub bath, shower, bed bath, or sponge bath?**
☐	D. how important is it to you to **have snacks available between meals?**
☐	E. how important is it to you to **choose your own bedtime?**
☐	F. how important is it to you to **have you family or a close friend involved in discussions about your care?**
☐	G. how important is it to you to **be able to use the phone in private?**
☐	H. how important is it to you to **have a place to lock your things to keep them safe?**

American Dietetic Association: Individualized Nutrition Approaches for Older Adults in Healthcare Communities

- Position of the American Dietetic Association
  - Quality of life and nutritional status of older adults residing in health care communities can be enhanced by individualization to less-restrictive diets

American Dietetic Association: Individualized Nutrition Approaches for Older Adults in Healthcare Communities

- The American Dietetic Association advocates for registered dietitians to
  - Assess and evaluate the need for nutrition interventions tailored to each person's medical condition, needs, desires, and rights

Institutional Food Preparation Process

- Dietary department receives diet orders
- Create diet cards, meal tickets and/or enter new information into a host of computer and/or paper-based resident diet recognition systems
- Dietary staff must comply with a host of regulations.
  - infection control and food handling requirements, food temperature and Hazard Analysis and Critical Control Points (HACCP) controls,
  - food storage, and general environmental sanitation

Institutional Food Preparation Process

- Only trained dietary staff control the food preparation process
  - Food production
  - Regulations

Institutional Food Preparation Process

- Traditionally
  - Cook prepares several entrées
  - Planned menu with therapeutic spread sheets
  - Placed on steam table for plating
  - One person plates and another double checks
  - Plated item must match the diet
- Traditionally
  - Tray is slipped into a meal cart
  - Food is transported
- "A wing, the lunch truck is now leaving dietary"

NM 43

Institutional Food Preparation Process

- Meal Delivery Process
  - Once meal carts arrive to destination- care provider serves meals
  - Care givers ensure that residents are "ready for meals"
    - Wake up residents who are sleeping
    - Interrupting activities
    - Imposing a rigid dining schedule
- Meal Delivery Process
  - Residents transported to various locations
  - Some will eat in their room

NM 44

Institutional Food Preparation Process

- Widespread meal tray service part of mainstream institutional home environment
  - Hospitals, schools, prisons
- Efforts to individualize
  - Red napkin or placement to ID resident with DM or at nutritional risk

NM 45

Institutional Food Preparation Process

- CMS Interpretive Guidance F - 252
  - Safe, Clean, Comfortable and Homelike Environment requires homes to strive towards the **elimination of meal trays**

NM 46

The "Dining Experience" Institutional Setting

- Residents find the dining experience
  - Undignified
  - Sterile
  - Part of a daily task that must be accomplished

NM 47

The "Dining Experience" Institutional Setting

- Assistance level provided based upon residents needs and both the ability and availability of trained staff
- Partial vs. Complete assistance is provided
- "Feeders" and "Feeders list"
  - **Institutional label that CMS has identified in its release of Interpretive Guidance changes F-241 (Dignity)**

NM 48

The "Dining Experience" Institutional Setting

- Clothing Protectors (AKA "bibs")
  - Originally designed as a method to preserve resident's dignity by preventing food spills on resident's clothing
  - Routine use of clothing protector is now viewed as an "undignified" practice
    - Release of interpretative guidance F241

NM 49

The "Dining Experience" Institutional Setting

- Undignified (F241)
  - Staff talking to each other at meal time vs. fully engaging the resident
  - Not being attuned to the resident's needs
    - Need to use the rest room before, during, and after meals

NM 50

The "Dining Experience" Institutional Setting

- Meal has been
  - A structured meal process which has been established to help providers deliver meals efficiently
  - comply with existing regulations
- Regulations were not intended to limit resident choices or to reduce resident dignity

NM 51

The "Dining Experience" Institutional Setting

- Meal Plan
  - 3 meals/ day ay planned times
  - Evening snack
  - Meal times are posted and rigidly enforced
  - Choice is based on diet order and alternate foods available at any particular meal service

The "Dining Experience" Institutional Setting

- Choice in dining services
  - Opportunity to express likes/ dislikes
  - Circle menu one day/ week/month in advance
  - Steamtable in the dining room
- Token choice
  - Meal tickets to control food served
  - Autonomy overridden with preferences stated during assessment or a therapeutic diet extension

The "Dining Experience" What's in the future

- F 242 Self-Determination and Participation
  - Providers are required to honor residents choices
    - Schedule, including what time they wish to eat
    - Meal preferences need to be honored

The “Dining Experience” What’s in the future

- Resident rights over food choices and meal schedules are beginning to be reinforced in regulatory guidance

The “Dining Experience” What’s in the future

- F325 Surveyor Interpretative Guidance (9/08)
  - Intent: "*Provides a therapeutic diet that **takes into account** the resident's clinical condition, and preferences, when there is a nutritional indication*"
    - EMPHASIS on resident’s preferences

The “Dining Experience” What’s in the future

- Paradigm shift from restrictive institution to home like environment where the resident exercises choice in every aspect of care
  - Food is an essential component of quality of life
  - Unacceptable or unpalatable diet can lead to poor food and fluid intake
    - Weight loss and under nutrition
    - Spiral of negative health effects

The “Dining Experience” What’s in the future

- 'Person-centered' or 'resident-centered care' is taking over
  - Schedules
  - Menus
  - Dining locations

NM 58

The “Dining Experience” What’s in the future

- Diet related decisions can help
  - Provide nutrient needs
  - Allow alterations contingent on medical conditions
  - Increase enjoyment of food
    - Decrease risk for weight loss and malnutrition and other negative effects of poor nutrition and hydration

NM 59

The “Dining Experience” What’s in the future

- With new guidelines nursing home providers
  - Re-assessing methods by which we can accommodate resident dining in a more person-centered fashion
  - Change will take time
    - Resources might have to be allocated

NM 60

The "Dining Experience" What's in the future

- Perceived and actual barriers exist
  - OBRA 87 requirements are consistent with:
    - Creating a more person-centered meal and dining experience
    - expanding resident choice over meals and meal times

The "Dining Experience" What's in the future

- Getting started
  - Conduct an Organizational Assessment with key participants
    - Residents
    - Department heads
    - Staff
  - Assess compliance with the Interpretive Guidelines
    - Conduct a mock survey to identify where you are in terms of a snapshot of compliance

The "Dining Experience" What's in the future

- Getting started
  - conduct a full operational assessment of the center's dining experience
    - Determine the most cost effective and operationally efficient pathway towards improvement

The "Dining Experience" What's in the future

- Getting started
  - Identify the budgeted dollars to perform any tasks associated with making dining changes
  - Look for ways to re-allocate labor or supply dollars
  - Assess job descriptions
    - May change over time (as you build a better dining program)

NM 64

The "Dining Experience" What's in the future

- Getting started
  - Create an action plan to modify dining practices in small ways
    - Begin with education on the dining requirements
    - Establish goals for how the center will begin to conduct a facility assessment

NM 65

The "Dining Experience" What's in the future

- Getting started
  - Define a balance between innovation and resident freedom and resident safety and nursing home liability
  - Involve attending physicians, medical director and clinical staff in relevant risks in accommodating resident choices in food and dining

NM 66

The "Dining Experience" What's in the future

- Getting started
  - Establish the "dining transformation" team
  - Composed of staff from all levels
    - Include residents of varied cognitive and functional levels and/or their representatives
  - Involved in the decision making process
    - Early and continued involvement of residents, families and staff is critical for ultimate success

NM 67

The "Dining Experience" What's in the future

- Getting started
  - Empower staff to be a change agent in the center
    - Direct and non-direct caregivers
  - Not just another marketing plan
  - First assessment team meeting
    - Include a comprehensive review of the current dining experience
    - Determine some of the aspects of dining and quality of life

NM 68

The "Dining Experience" What's in the future

- Getting started
  - Use quality assurance and quality committee process to determine measuring, monitoring, and progress

NM 69

Transforming The Dining Experience

- Focus on what residents want
  - Satisfaction survey
  - Resident council meeting
  - Informal town-hall meetings
  - Resident committees
  - Family meetings
  - Interdisciplinary meetings
  - The type and number of dining related complaints

Transforming The Dining Experience

- Review data collected
  - What was identified?
  - Meet with residents, loved ones and staff to identify strengths and weaknesses in the food and dining experience
  - Identify where action plan is required
  - Document the progress

Transforming The Dining Experience

- It's all about the food
  - Favorite foods, comfort foods, foods prepared from residents' favorite recipes, foods they chose to eat in their own home, foods that make them look forward to the day…foods that are good for them, from a therapeutic perspective, or foods that they have enjoyed for their whole life even though they may not be the best choice from a medical perspective…

Transforming The Dining Experience

- Knowing which particular foods excite YOUR residents
  - can make the difference between weight loss and decline OR weight maintenance/gain
  - Difference between “food first” vs. a supplement as an intervention

NM 73

Transforming The Dining Experience

- Evaluate risk
  - What is the risk associated with changing policies? procedures? Practices?
    - Allows you to prepare and plan

NM 74

Transforming The Dining Experience

- Balance choice
  - Prior to serving the resident ask: “do you have any therapeutic restrictions”?
    - Enable the resident to make choices
    - Educate
  - Adding a refrigerator to add choice
    - Balanced with food and safety requirements

NM 75

Transforming The Dining Experience

- Increase resident satisfaction
  - Ask resident what they would like to see
  - Staff needs to be aware of the preferences
    - Consistent staff- helpful
  - Deliver on the promise to give residents maximum flexibility in meals and meal times

NM 76

Transforming The Dining Experience

- Program must include cognitively impaired residents
  - Residents must have a voice
  - Spend time with family members and significant others
  - Observe residents intake and habits

NM 77

Transforming The Dining Experience

- Program must include cognitively impaired residents
  - Should not be isolated from the assessment process that takes place with cognitively intact residents

NM 78

Transforming The Dining Experience

- Program must include cognitively impaired residents
  - Staff trained to identify the needs of residents with lower communication ability
  - Observation, history, monitoring of care will provide clues to deliver care

NM 79

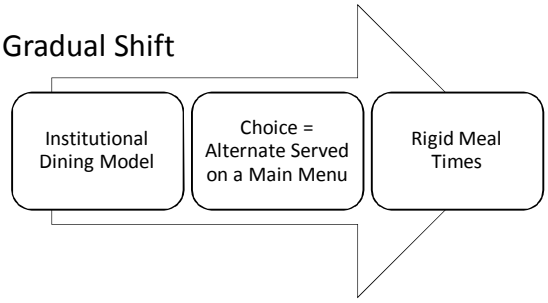
Transforming The Dining Experience

- Patient/ resident directed care
  - Incorporates choice in-light of the clinical assessment of the resident
  - Label of being “non-compliant” should be avoided
    - Discussion of risk and benefits
    - Develop agreed upon plan of care that can be monitored for desired outcomes/ recommendations

NM 80

Creating “Home-Like Dining”

Gradual Shift

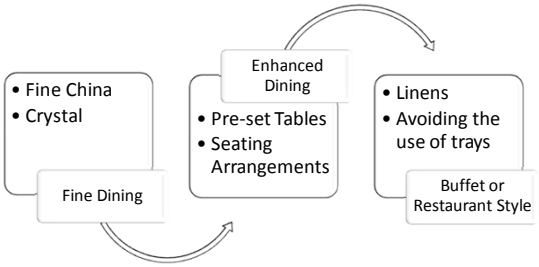


NM 81

Creating “Home-Like Dining”

- Define what makes a center feel like a home
- Staff and residents
  - Assist in the process

Creating “Home-Like Dining”



Creating “Home-Like Dining”

- Start simple
  - Bring the toaster to the dining room to make hot, crisp toast
    - Toast to order
  - Take a small step every day
  - Keep the residents guessing
    - “Give them something to talk about”

Creating “Home-Like Dining”

- Have a staff member share a meal with the residents
  - **When people dine together, they are just people, no longer separated as "residents and staff."**

Krugh and Bowman, 2009

NM 85

Creating “Home-Like Dining”

- Staff Consistency
  - With expanded choices of meals and times job descriptions will change
    - Cross train staff to provide meal services
  - Dietary staff involved in more than just preparing the meal and clean up
  - Paid feeding assistants

NM 86

Creating “Home-Like Dining”

- “All hands on deck”
  - For many centers this has been in place for many years
- Early studies
  - Cost savings in staff retention, reduced meal waste, supplement use/ cost, and increased customer satisfaction

NM 87

Creating “Home-Like Dining”

- Staff availability and accountability
  - Vested in making the dining program successful
  - Open dining requires for all staff to participate in the process

NM 88

Creating “Home-Like Dining”

- Consistent assignments
  - key to consistent meal and service delivery
- While it is challenging to maintain the same staff
  - consistent assignments should be a constant effort

NM 89

Creating “Home-Like Dining”

- Consistent assignments
  - Quality of care very dependent on the degree of staff knowledge of residents personal preferences

NM 90

Creating “Home-Like Dining”

- Cross trained staff
  - Working in a silo can be counter productive to the success of patient centered dining
  - Staff at all levels should understand and be equipped (trained) to provide for residents needs

NM 91

Creating “Home-Like Dining”

- Decentralized meal service
  - Personalized meal service expands the “point of service”
  - Kitchen becomes less of a “command service”
  - Meal service follows the resident
    - Room service
    - Restaurant style
    - Pods of service in various locations
    - Steam table on he nursing units

NM 92

The QI Process and “Home-Like Dining”

- Data from the QI process can be the stimulus to promote change in dining
  - What is your survey history with any of the tags associated with dining?
  - QI data related to food and dining: Food temperatures, compliance to therapeutic diets, customer satisfaction, clinical indicators?

NM 93

The QI Process and "Home-Like Dining"

"If you do what you've always done, you'll get what you've always gotten"

Anthony Robbins
American Advisor to Leaders

NM 94

The QI Process and "Home-Like Dining"

- Use data to ID resident needs based on census and clinical condition
  - MDS data
  - Clinical reports
  - Satisfaction surveys
  - Pre-surveys/ mock surveys
- Conduct baseline assessment
- Create plan with measurable goals/ actions/ dates

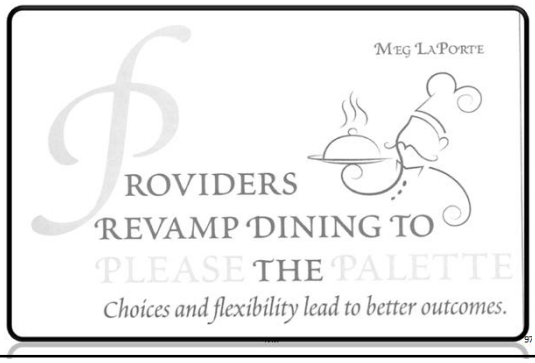
NM 95

Creating "Home-Like Dining"

- Dining education and competency standards
  - Staff need to understand standards
  - Understand how to reach standards
  - Review orientation and training programs related to dining standards
    - Outside nursing and foodservice department
  - Process can appear as "team bonding"
    - Improve morale
    - Food service efficiencies

NM 96

Creating “Home-Like Dining”



NM 97

One cannot think well, love well, sleep well, if one has not dined well

Virginia Woolf, “A Room of One’s Own”

NM 98

Innovations in Dining

- Tables are turned
  - Re-define resident dining
  - Reverse the poor reputation that nursing homes serve bland, tasteless food
  - “Because that is the way it has always been done” is no longer acceptable

NM 99

Innovations in Dining

- Eliminate the trayline
  - Efficient way to deliver meals
  - Can hinder socialization and interactions which are vital for quality of life
  - Limits choice
  - Takes us back 50 years or more

NM 100

Innovations in Dining

- CMS guidance instructs surveyors
  - ID compliance and non compliance in areas of resident choice
    - Daily schedules
    - Home-like environment
    - Food procurement
    - Lighting

NM 101

Innovations in Dining

- CMS' guidance suggests that we do away with
  - Trays during meal service
  - Plastic eating utensils
  - Paper/ plastic dishware
  - Staff standing over residents when providing assistance
  - Staff conversing with each other during meals

NM 102

Innovations in Dining

- Research
  - Centers that adopt resident centered practices are more likely to de-institutionalize meal/ dining services
    - 46% of centers that adopted culture change/ resident centered care have changed while meals are served
    - 22% of traditional centers reported changes in meal service

NM 103

Innovations in Dining

- Long-term care providers are moving forward implementing new programs
- 2004 Survey by CDC
  - 89% of Centers in the US used pre-plated/ trayline style dining service

NM 104

Innovations in Dining

- 2010 Commonwealth Survey
  - 29% of facilities have implemented a less institutional approach to dining
  - Restaurant, family, buffet style and expanded meal tines

NM 105

Innovations in Dining

Å Research

- ï Family style dining coup-led with encouragement and praise for residents with dementia resulted in increased participation in eating and communication
- ï Another family style dining program resulted in increased quality of life and body weight

NM 106

Å Canadian study

- ï Looked at steamtable/ buffet style and a homelike dining environment optimized energy intake in residents at nutritional risk and low BMI

NM 107

Innovations in Dining

Å Dining Models-Family Style

- ï Providing food in serving bowls
- ï Enable residents to serve themselves as they did in their own home
- ï Used in Green House homes and nursing facilities
- ï Allows the residents to serve themselves as much or as little as they want
- ï Encourages resident friendships

NM 108

Innovations in Dining

- Dining Models- Buffet Style
  - Entails the use of steam tables and chafing dishes
  - Residents select their food items items
  - In some cases residents are served meals at the table after staff have plated them
  - Adds variety to the resident's day
    - Summer brunch, Holiday feast

NM 109

Innovations in Dining

- Dining Models- Home Style
  - Designed to resemble experiences the residents had when they lived in their home

NM 110

Innovations in Dining

Dining Models- Home Style

- Features include:
  - The use of small tables to seat 4 or 8 residents
  - Tablecloths, table decorations
  - China, and silverware (no plastic)

Dining Models- Home Style

- Reduction of background noise, clutter and activities that distract from the dining experience
- Person appropriate background music.

NM 111

Innovations in Dining

Å Dining Models- Table Side (Restaurant Style)

- ï Residents are seated at tables of 5-8 people
- ï Choose their meals form a menu of items
- ï Orders are taken, and the resident is served by the center staff
- ï Introduce choice and gain loyalty

NM 112

Innovations in Dining

Å Dining Models- Café or Bistro

- ï Accomplished as the center starts its transformation or as an add-on to an existing program
- ï An area of the facility is used to place small tables and chairs, and a counter is installed where the residents order items such as coffee, tea, bagels, sandwiches, or salads

NM 113

Innovations in Dining

Å Dining Models- Room Service

- ï Similar to a hotel room service dining
- ï Typically complements another dining style
  - ÅCan be sued to serve residents who are unable to travel to the dining rooms or do not wish to dine with others
- ï Some facilities maintain room service 24 hours/ day 7 days per week
  - Åother just use the service during regular meal times

NM 114

Innovations in Dining

- Dining Models- Neighborhood
  - Residents eat in smaller dining rooms in their neighborhoods
  - Allows them to sleep until they wake up and eat when they want
  - Kitchenettes or full kitchens with shared decentralized production kitchens are placed between 2 neighborhoods are installed

NM 115

Innovations in Dining

- Dining Models- Staff Dining with Residents
  - Implemented to build relationships between staff and residents
  - Opens the opportunity for friendship to form between residents and those caring for them

NM 116

Take Action

- While there are different ways to drive culture change in your centers- few are as influential as upgrading the dining experience
  - Mealtime is an important time in the day of our residents…
- Improving the dining experience can foster resident independence…. Increased nutritional status…. Improve quality of life….

NM 117

What can you do different tomorrow?

- Conduct satisfaction surveys- Use a standardized form to *interview residents* about their food service satisfaction & preferences
- Start observing/ evaluating the meal delivery in your centers
- Start to identify barriers to converting resident centered initiatives into daily care practice (staffing, tray delivery times, dining locations)

NM 118

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References/ Resources

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References/ Resources

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