It’s All About the Food

Improving Satisfaction

By; Sam Ousey, RD
Vice President, HM Composite, Inc.
The Meal as an Event!

Daily Event

“One Cannot think well, love well, sleep well, If one has not dined well.”
Virginia Wolf
“Let Food Be Your Medicine”

Hippocrates
Food is the heart of our home...and most often one of our life’s daily pleasures. When we enhance the dining experience of our elders, we nourish their souls, as well as their bodies. (Bump 2004-2005)
“Meals and events associated with meals are a potential source of exquisitely meaningful and gratifying activity, offering sensory and social stimulation, pleasure, and a sense of productivity and autonomy.”

Zitka Zgola, OT(C)
Bon Appetite

- The invitation to the meal
- The greetings, conversations, and other social aspects of the occasion
- Consumption of the food
  - Dignity
  - Pleasure
The Dining Experience involves all the senses and can be an incredibly rich life experience.

- Taste
- Color
- Aroma
- Presentation
- Food Texture
- Sound
Food

- Wholesomeness
- Digestibility
- Nutritional Value
End of the meal

- Clearing the plates
- Personal Hygiene
- Washing the dishes
Deep desire for choice

- Diet liberalization
- Dining with others
- Improvement of dining ambience
- Creative dining programs
- Resident involvement in meal planning
Possible reasons why resident will slowly starve

- Defect in cooking
- Defect in choice
- Defect in eating opportunities
- Defect of the appetite in the patient

“Yet these are generally comprehended in the one sweeping ascertain that the patient has no appetite.”
Florence Nightingale
Moving from Traditional to Transformational
What does your Dining Program Look like?

QI your Dining Program:

• Environment
• Service
• Feeding assistance
• Same old tray service
• Same time same menu
Customization Step 1
Dining Committee

- Get to know your client
- Discover what your residents enjoy or desire
- Reveal the palette of your residents’ tastes
- Be attentive and flexible to suggestions
Customization Step 2
Dashboard for decision making

- Compliance
- Courtesy
- Cuisine
- Customization
Quality Planning

- Mission statements
- Focus groups/Dining Advisory Committee
- Client satisfaction
- Family/Community involvement
Safety and regulatory compliance are non-negotiable

Design your Policies and Procedures: Lays foundation for the dining program
Courtesly

- Customer satisfaction
- Respect for the customers needs
- Flexibility
- Partnership
- Defining the Dining Department
Cuisine

- Wholesome and delicious food the client desires
- Cost effective
- Seek culinary expertise
- Variety
- Freshness
Menus and Nutritional Adequacy: F363

- Meet the nutritional needs of the resident in accordance with recommended dietary allowances of Food and Nutrition Board of the National Research Council
- Be prepared in advance
- Be followed
Customization Part 3

- Creativity
- Innovation
- “Win – Win” solutions!
- Hours of service and staffing
- Memory and aging
Define The Dining Experience

- Restaurant
- Buffet
- Family-Style
- Room Service
- Café within the facility
- Select menus
- Snack Carts
- CCCC California Coalition for Culture Change
  - http://www.calculturechange.org
  - Person Directed Dining Pilot Project
Special Touches
Restaurant Style
Critical component for dining in the culture change movement!

- A well trained staff
- Attractive food and individualized menus
- Making the dining room the destination
- Atmosphere of dining room
- Dining trends of younger rehab residents
Buffet

- Casual and Fun – “Foodtainment”!
- Greater control of choice
- Made to order cooking stations
- Reduces stress on production staff
Considerations

- Staffing
- Mobility of resident
- Ability to make decisions
- Equipment
- Food cost
- Presentation
- Food safety
- Technology
Possibilities

- Partner with Activities & Nursing
- Consider Holiday and Theme Menus
- Involve residents with table settings & centerpieces
Other Dining Options

- Room service
- Full service
- Neighborhood dining
Dining Environment

- Table settings
- Glare from outside
- Noise level
- Décor
- Service staff
- Smells
- Socialization Levels
The intent in the interpretive guidance for F 325 states that care and services be consistent with the resident's comprehensive assessment and that the therapeutic diet takes into consideration the clinical condition.
Resident goals are resident specific!
The Plan of Care:

- “I” format: Powerful
- Risk to benefit
- Approaches are resident voiced
Tag F325 states: Residents voiced dislikes, preferences and portion size should be incorporated into the plan of care.
Real food over supplements
Diet liberalization –
A new standard of practice

The ADA in 2002 released a position paper on diet liberalization called, “Liberalized Diets for Older Adults in Long-term care”
Appetite is often enhanced by appealing aroma, flavor and appearance of food.
Avoidable VS. Unavoidable

Is weight loss automatically considered a deficiency?

- Poor care vs good care
- Needs vs goals
- Facility practice and policy
Where it all goes wrong!
Ongoing nutritional decline

- Down grade in texture
- Unassisted meal service
- Not accommodating of food preferences
- Not involving resident
- Not involving front-line care givers
- Not involving family
CMS supports Culture Change

- It is how we approach with policy and procedure.
- Mission statements
- Proactive, not reactive
- Monitor risk, not decline
- Reduction in poor outcomes
Build the foundation before you launch a new program

- Design around the residents needs and desires
- Build your new dining program with regulations at the forefront
- Be ready before you take the launch
- Small steps-Incremental changes
Quality Improvement = Survey Success!

CLUES to Survey Success

Quality Improvement Consulting
for your Dietary Department

"Sam the Sleuth" wants to help you find Survey Success for your facility

Sam Ousey, RD
Inspection • Evaluation • Report • Solutions

Contact Sam Today to set up your QIC:

408-893-5763 or 916-364-5300
Sam.Ousey@hmcomposite.com
www.hmcomposite.com
Questions?
It’s All About the Food

Improving Satisfaction

By; Sam Ousey, RD
Vice President, HM Composite, Inc.

916-364-5300 www.hmcomposite.com