It's All About the Food

тм

Improving Satisfaction

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



The Meal as an Event!

Daily Event

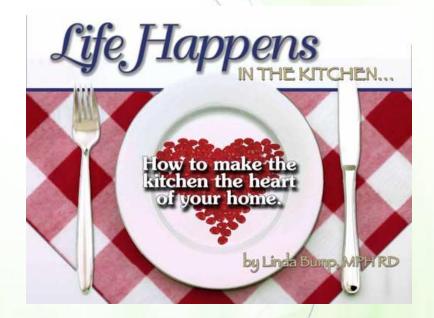
"One Cannot think well, love well, sleep well, If one has not dined well." Virginia Wolf

"Let Food Be Your Medicine"

Hippocrates

Dining With Dignity *"Life Happens In The Kitchen"*

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)

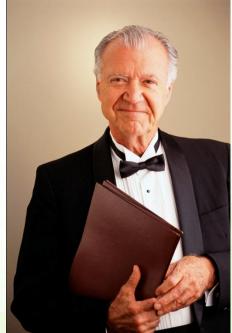


Restore the Joy of Dining

- "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

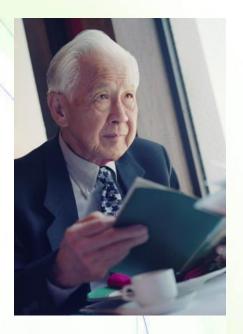


End of the meal

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:

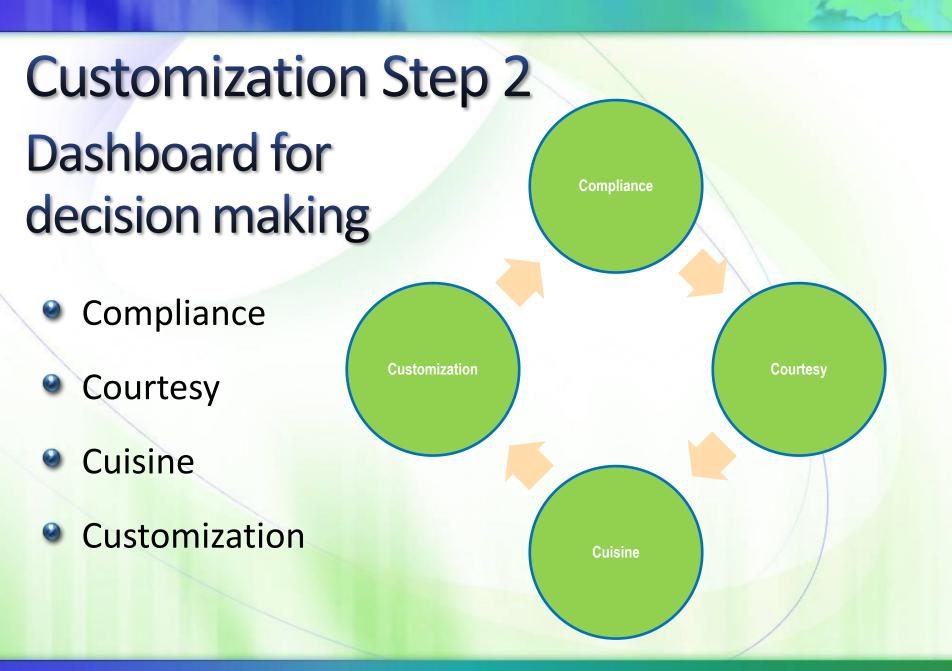
- Environment
- •Service
- Feeding assistance
- Same old tray service
- Same time same menu



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





Quality Planning

- Mission statements
- Focus groups/Dining Advisory Committee
- Client satisfaction
- Family/Community involvement

Compliance

- Safety and regulatory compliance are non-negotiable
 - Design your Policies and Procedures: Lays foundation for the dining program

Courtesy

- 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





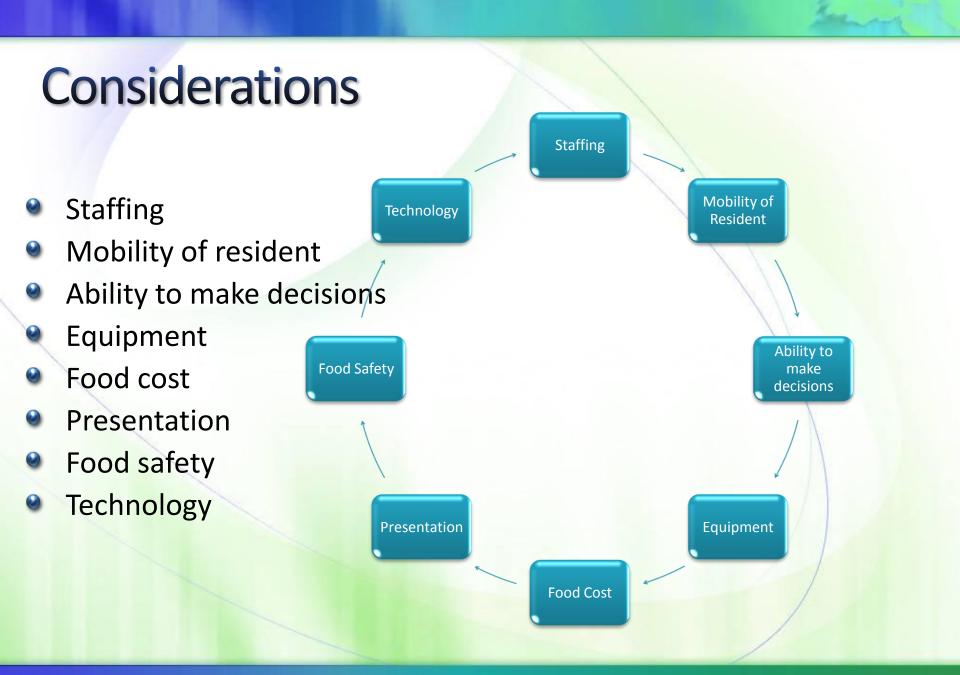
Restaurant Style Critical component for dining in the culture change movement!

- 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

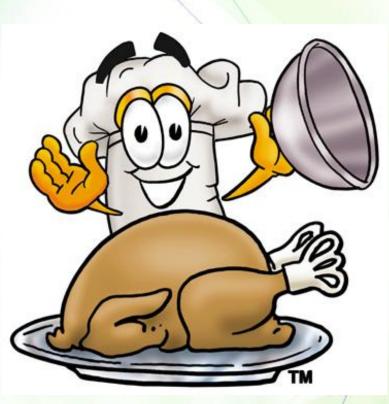
- Casual and Fun "Foodtainment"!
- Greater control of choice
- Made to order cooking stations
- Reduces stress on production staff





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



Food and dining issues and CMS Regulations

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"

F 325 Environmental Factors Section

 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!



Questions?

It's All About the Food

Improving Satisfaction

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



916-364-5300 www.hmcomposite.com

тм