# Recommendations for Successful Dining Rooms

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**Introduction / Purpose:**

It is often said that the kitchen is the heart of the home. The communion around food has meaning in every culture around the globe. Kitchens are used for meals but also in between meals for snacks, or chatting over a cup of coffee. These spaces also provide sensory stimulus to residents of the home as well as a natural place for personal interaction. Relationships are built and sustained in kitchens.

**Scale - Large versus Small Spaces: What are the Impacts on Perception?**

A challenge that many facilities wrestle with is the size of space and deciding how to use it in the most effective way possible. Some skilled care facilities have one large room where a majority of the activities take place, and this is commonly the dining room. Here residents gather for meals three times a day, crafts, maybe even television, worship services and other large group activities. Staff may be open to adding "residential touches" to these rooms but are often reluctant to switch out these spaces for several smaller ones because the multipurpose room has become a major component of the life of the nursing home.

Staff will often say, "Oh, we can't make that smaller, we'll never be able to get everyone in here." Or, "we have to have that large room, because at Christmas the children come and sing to the residents." The big question is, "Do we design the spaces around one or two days of the year, or do we design for the other 363 days when a residential pattern of life would imply small groups that support family and meaningful one-on-one connections being made at a personal level?"

Gerontological research has taught us that residents who have a loss of vision or hearing will function better when information is closer to them. We bend down to make eye contact and to speak at a closer range so a resident can see, hear, and

actually receive and respond to communication. A large room brings with it lots of auditory and visual stimulation, much of which can make it difficult for older adults to accurately single out the information that is important to them. This is especially true at meal time when there is the clanking of plates and glasses and the presence of an abundance of staff bustling around to tend to residents' needs. When there is so much going on and a resident doesn't see very well or hear very well, then what is the quality of that information that they are receiving? Meal times should be pleasurable experiences, but are they really enjoyable for residents? It would seem that we assume that these functional needs disappear when the children's choir comes at Christmas, or when a large group of the residents eat a meal in a big space at one time because no one is complaining much and the need for socialization is obviously important.

Example of a common "large institutional" dining room. In many facilities, the dining room is a large space with non-descript finishes and furnishings. Photo from Migette Kaup.

**Overview of Key Spatial Issues:**

The components of a dining space that is familiar should mimic the amenities and features of a residential setting. First, the dining spaces should be sized for a manageable number of people. This can vary, but having over 20 people in a space to dine is not residential. A dining space with a kitchen area would be advisable for resident use. These spaces could be visually open to each other but have a distinctive character to assist residents with their orientation to the function and relationship of these areas to the home environment. Staff work areas could also be incorporated into these spaces with small desks and file drawers for staff use without creating an institutional nurses' desk.

**Plan the Interior Environment Carefully**

Selection of furnishings is critical. While it is desirable to have a residential appearance, be careful that furniture that is placed in these spaces complies with the required regulatory standards for maximum flame-spread ratings. Items that have

fabric or upholstery must meet minimum standards for health care environments; this includes both seating and window coverings. Selections for health care appropriate furnishings with a residential appeal are much broader today than even just a few years ago when many options were limited to institutional items with vinylized patterned fabric.

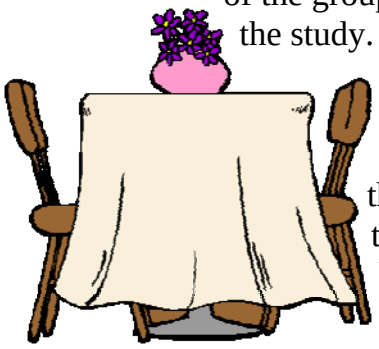
Furniture in the dining room should be structurally sound. Residents exert a considerable amount of force on the arms as they rise. Chairs that have an arm that is integral with the leg are commonly more stable than arms that are attached only to the seat. Casters can aid in mobility, but should be used with ***extreme*** caution. If carpeting is used in the dining space and casters are desired to ease the ability for residents to scoot up to or away from the table, it is strongly recommended that only the back two legs have casters. A chair can quickly slip away from a resident with balance problems, resulting in injury. Resilient floors (such as wood-grained vinyl flooring) and chairs with metal glides are often a safer choice. Seat heights should allow for residents to touch the floor without cutting the blood-flow at the back of their legs.

Tables should be selected carefully as well. Wooden tables are certainly more residential, but may not be as durable as tables with a laminate finish. Tipping is also a concern. Tables with four corner legs won't tip but are not very flexible for seating arrangements, especially if the tables are grouped together for different occasions. If center bases are used, they should be commercial grade with enough span at the bottom of the base to prevent the table from tipping over if a resident uses the edge of the table to "push up" from his/her chair. It is nice to have a variety of table sizes to accommodate mixes of 2, 4, or 6 residents at a single table.

Use color carefully; some lighter colors are difficult for older eyes to detect. Contrast is the key to good depth perception, especially between the plate and the placemat or table, and the table edge and the floor below. The colors used should be residential in their appearance. Bright "hospitality" type colors can date and loose their appeal rather quickly. Select interior finishes carefully. Like furnishings, interior finishes, including wallpaper borders and wall coverings, must comply with minimum code standards for flame-spread ratings. Clean-ability and durability are also critical. If carpeting is used, it should have a moisture proof backing that prevents any liquid from penetrating beyond the surface fibers (so any soiling can be thoroughly cleaned).

## Atmosphere

The atmosphere created in the dining room can have a huge impact on the residents. A study was done to determine the impact of meal ambiance and resident health in a Dutch nursing home (Mathey et al., 2001). The study found that simple changes had an impact on the body weight of residents in the experimental group. The average weight of the group increased during the study. The changes in ambiance were tablecloths and flowers placed on the tables just prior to meal service, background music, more staff available for assistance, a variety of beverages continuously available, and an evening meal of sandwiches freshly prepared based on resident preference instead of pre-made sandwiches (Mathey et. al, 2001). There are numerous components to the dining room atmosphere. The paragraphs that follow will explore a few of these considerations.



Each resident has the right to dine with whomever they choose. Assigning seats in the dining room takes away resident control and can limit social interaction between residents. Nobody would enjoy eating lunch in the exact same spot each day if they were surrounded by strangers or people whose company is not enjoyable. During a recent workshop with dietary managers, one mentioned that everyone sits in the same spots everyday and they cannot get people to mix together. As long as residents know they have the option to change places, even if they choose to stay in these seats, they will appreciate having the option.

Most people would get bored eating in the same dining environment every meal, every day. Offer residents some variety by having different dining environments. A quiet dining area for a few family and friends, room service, or a picnic area make nice additions to the normal dining area.

- At Larksfield Place in Wichita, Kansas residents have the option of eating in the dining area or going to the upscale restaurant or the café area.

Many homes have found using a small table decoration can stimulate conversation between residents and adds atmosphere to the dining room. The decorations should be small enough that they do not block the view of those seated at the table.

- At Chapman Valley Manor, residents worked with volunteers to make table decorations each month. The decorations always corresponded with the season or a holiday in that month. They included everything from pop can firecrackers to terra cotta pot turkeys. Those residents who enjoyed crafts loved making the

decorations, and the decorations were enjoyed by all of the residents and visitors.

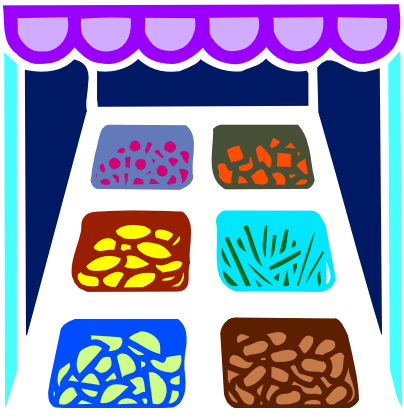
There is mixed information about the use of music during mealtimes. Some suggest it is helpful in increasing appetite in residents with dementia (Ragneskog et al., 1996), but others feel the music may be distracting or even confusing to some residents (Zgola & Bordillon, 2001). If music is played during mealtime make sure it is not so loud that it is difficult for residents to take part in conversation. The music choice should also be determined by residents, not staff, since taste in music varies widely.

How many people have a medicine cart wheeling through the dining room or overhead paging at their home? Probably none. In order to create a relaxing mealtime the use of these items should be avoided or at least very limited. The noises in the dining room can be distracting to residents and may take away from the dining experience.

## Ch-Ch-Changin'

What should the dining experience be? "A positive dining experience should foster independence, promote self-esteem, and make the resident as comfortable and safe as possible, while providing a nourishing, pleasant meal..." (Speroff et al., 2005, p.292). During a recent visit to one nursing home, a resident told a PEAK-Ed staff member, "I should not have to wait for my birthday or a holiday to eat what I want." The resident is right! While resident choice and birthday meals are a step in the right direction, the opportunities to eat preferred foods should be a daily occurrence. There are many different methods for transforming dining. The dining programs that are successful have less to do with style of dining chosen and more to do with the autonomy, dignity, and control given back to residents. Some styles will require more planning and resources to implement, but all provide benefits that outweigh the costs. The sections that follow will provide an overview of some dining styles.

### Buffet



Homes that have adopted buffet style dining typically have a few choices for meat, vegetables, starch, bread and dessert. Residents have the opportunity to go through the buffet line making selections with or without staff assistance. Some residents do not wish to go through the line, so they give a staff member information about what

they would like. The staff member then fills their plates and delivers them to the table. While this is not a type of dining that is associated with home it does offer full choice over types of food and the portion taken. Everyone has been to a buffet restaurant and been enticed by the choices. Buffets allow nursing homes to meet the needs of multiple residents with very different food preferences.

There will be initial costs for equipment. Once the buffet is set up, homes report a decrease in the number of supplements being used, and some report reduced food costs due to decreased plate waste. Over time these savings can pay for the initial costs of the program. Some homes have been able to purchase used equipment or have received donations from the community.

- The maintenance staff at the Dooley Center in Atchison, Kansas have attached trays to walkers so that residents who need the device to ambulate still have the independence of going through the line on their own. Several of these modified walkers are available in the dining room.

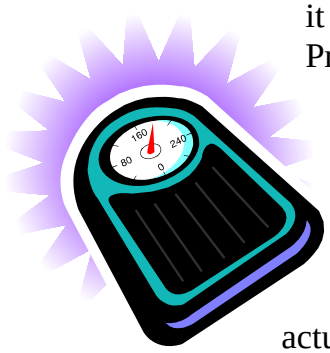
Concerns over how to accommodate special diets and regulations are common with buffet dining. At Lincoln Park Health Center in New Jersey, all residents, except those who require tube feeding, can be accommodated by the buffet line. To ensure residents are getting the appropriate foods and preparation style, staff members are trained and stationed on the buffet line. Part of their job is to identify the special diet of each resident and explain that diet to the resident to assist the resident in selecting his/her meal. Chopped, fine chopped, and pureed foods are prepared right on the buffet line as the residents make selections (Weisberg, 2005). Many Kansas nursing homes have adopted buffet dining and find it quite successful.

**Did you know?**

A set of guidelines has been prepared by KDOA for buffet dining. They offer information on food and resident safety as well as policies and procedures. The guidelines can be found at www.agingkansas.org/kdoa/lce/facts_newsltr/April2005.pdf.

- At Presbyterian Manor in Parsons, Kansas, residents have enjoyed a large range of choices since the implementation of buffet dining in 2002. When they switched to buffet dining, they also increased the dining time for each meal to two hours. The buffet began offering two entrees, but

it quickly expanded and began offering three entree choices per meal. While they did report increased food costs at first, the savings of over $1,000 per month on supplements helped balance it out. At the time Presbyterian Manor shared their story no residents were taking supplements due to weight loss. There was actually even some weight gain.

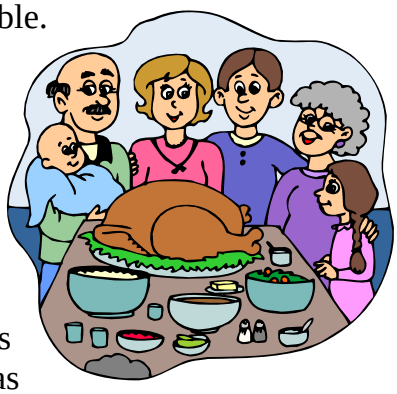


- Residents at Hillsboro Community Medical Center in Hillsboro, Kansas are delighted to be smelling food again. In April 2006, the home began using buffet dining, and residents have been commenting on how wonderful it is to enjoy the aromas and "see their choices." Prior to buffet dining, the food was prepared in the kitchen and pre-plated. In the process, the smells of cooking food were lost to the residents. The change has created opportunities for more interaction between the elders and staff members. Residents start with a complete salad bar, proceed to the main buffet and finish off the meal with something tasty from the dessert bar.

- At Medicalodge in Eureka, Kansas, residents enjoy a variety of meal choices at the "Sunrise to Supper Buffet." Residents have decreased weight loss and increased quality of life because the buffet offers a "dining opportunity instead of a cafeteria experience."

## Family Style

Think of a Sunday dinner around the kitchen table. Everyone is passing dishes to the left. Wait, or is it to the right? No matter the direction, everyone is given the opportunity to receive serving dishes and take as much or as little of each item as they choose. Family style dining in the nursing home is done the same way.



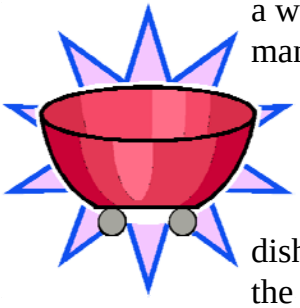
Family style dining has been shown to sustain physical ability and weight as well as improve quality of life (Nijs et al., 2006). The study divided nursing home residents into two groups. The control group continued dining as usual with pre-plated food served on a tray, residents wore bibs, and no tablecloth covered the dining table. For the intervention group, family style meals were served. During these meals residents chose items from serving bowls on the table, serving themselves when

possible. The tables each had a tablecloth and a flower arrangement. Staff members sat at the table and assisted residents with eating and conversation. After six months those in the intervention group maintained physical performance, weight and quality of life. Those in the control group showed declines in all areas. The study also shows that family style dining can be implemented without extra staff, increased workload, or meal costs (Nijs et al., 2006).

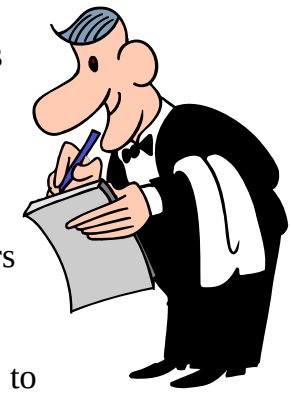
Concerns about this type of dining include contamination, food temperatures, and the inability of some residents to hold and pass the serving dishes. The concerns over holding and passing dishes can be overcome by placing staff members at the tables with residents. The staff members can guide the flow of dishes as well as stimulate conversation. Special serving dishes are available to keep food at the proper temperature. Check with a supply company to see the options.

- Residents at Cheney Golden Age Home in Cheney, Kansas have been enjoying family style dining for about a year. Residents assist one another in passing the dishes around the table and dishing out portions. The staff has noticed that residents are coming to the dining room earlier for meals and lingering longer because of the conversations taking place around the tables. The food budget and waste did increase at first while staff figured out the appropriate amounts of food to be put out in serving dishes and residents got used to the style. To maintain food temperatures they do not put serving dishes out until the table is full. Residents clean their hands upon entering the dining room for sanitation purposes. The change was not easy at first, but patterns soon emerged that make it work well now.

A few other homes have tried family style dining but report that as the acuity level of residents decreases they are unable to pass the dishes and serve themselves. It was suggested at a workshop for dietary managers that serving dishes with wheels could be purchased or made so that residents who could not lift the dishes could slide them to the next person.



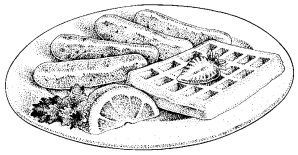
## Restaurant Style



"Are you ready to order?" "What would you like for dinner?" Questions like this are frequent in a home that has adopted restaurant style dining. Staff members take the food orders of residents around the table. The orders are typically chosen off a menu. There are different ways to present menu items to residents. Some homes have a printed menu that residents choose from, while

others bring the two choices to the table allowing the resident to see both before choosing. A picture of each dish could be taken and shown to residents as another option. Staff members fill plates and bring them out to residents. Staff provide waitress type service throughout the meal. Restaurant style dining provides residents control over what they eat but does not provide the opportunity to choose the amount taken.

- At Meadowlark Hills in Manhattan, Kansas residents are welcomed to the table by the household homemaker. She visits with each resident individually to learn his/her preference for the meal. The residents awake to the aroma of breakfast cooking in the household since each resident chooses his/her own breakfast and it is prepared in the household kitchen.



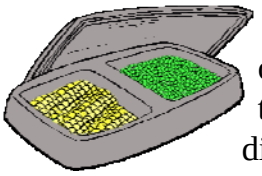
For the other two meals residents have a choice between items which are prepared in the main kitchen and brought into the household. The household homemaker then plates the food, and it is served to the residents. If residents want something that is not on the menu, staff work with the residents to find something they would like to eat. The individual households also have the option to order take out, go out or prepare their own meal. During one visit to Meadowlark an entire household was found outside enjoying a BBQ!

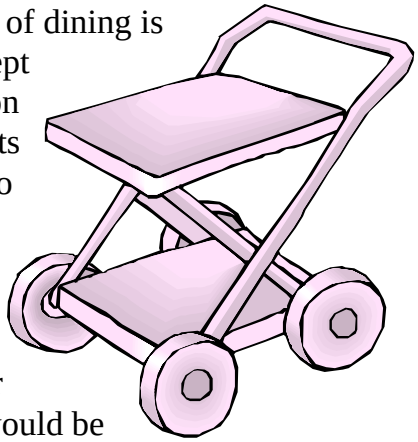
- The "Whistle Stop Café" is the place to be at Pratt Regional Living Center in Pratt, Kansas. The café offers restaurant style dining to residents and is open from 7-9 am for breakfast, 11 am-1 pm for lunch and 5-7 pm for dinner.

## Russian and French Styles

Russian and French styles of dining are not as common, and little literature could be found on them. The part of these styles that is the most important for the nursing home environment is the ability for residents to see their options. Many times residents are offered choices but find it difficult to decide when they can not see and smell each choice. Our eyes and nose have incredible power over our appetite!

Russian style is a type of service where staff members bring choices to residents in divided serving dishes (Bump, 2004). It could also be referred to as modified family style with wait service. Each serving dish has two choices; for example, a dish could have green beans on one side and corn on the other. The divided dish gives residents the opportunity to see both choices prior to making a decision. The resident would then be served the individual portion from the tray. While this style gives visual cues it does not give residents control over portion size.





The French style of dining is very similar except food is brought on carts and residents provide input into the amount of each item served. Each cart would have two choices. For example, there would be a pan of meatloaf and a pan of chicken casserole. Residents would then determine which dish they wanted and could choose the portion they wanted.

With both styles concerns arise about maintaining proper temperatures and food waste. There are serving dishes available that can keep the food at the appropriate temperature for table-side service. When residents take only what they want to eat they are more likely to eat it all which reduces plate waste. The food left in the pan or serving tray can be promptly returned to the kitchen and refrigerated.

While no examples of nursing homes using this style of dining could be found, the style can be experienced at some restaurants. These styles give control over the meal back to residents but do not highlight the weaknesses of residents. Even those who would be unable to pass a serving bowl or scoop their own portion can take part with these dining styles.

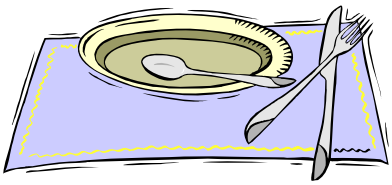
## 4 or 5 Meal Plans

With the four or five a day meal plan residents have multiple options for dining times. These typically start with a continental breakfast, followed by a large hot breakfast, small lunch, a late afternoon heavy meal and a small evening meal. The small meals served at lunch time and in the evening are substantial snacks. This type of plan ensures solid meal options are offered frequently throughout the day, so whenever the resident chooses to eat, the nursing home is always compliant with the time between meals regulation.

Bump (2004) cautions that some residents will still want to have three big meals each day. She recommends accommodating all by "offering extended meal times as well as offering lunch items at brunch" (Bump, 2004, p. 32). Always be prepared to experiment in order to find out what best meets the residents' needs.

- At Larksfield Place in Wichita, Kansas residents are offered meals four times per day. They have been using this dining style for many years, and it is well received by residents. During a recent visit to Larksfield Place, residents were observed sitting at small tables engaged in conversation while enjoying what looked like breakfast fit for a king. A resident told a PEAK-Ed staff member, "The food is as good as the conversation." The

first meal is a continental breakfast served in the resident's room starting around 7:30 am. The largest meal of the day is served at 10:30 am. Dinner is then served at 4:00 with a twilight meal following at 7:30 pm. This type of dining has led to reduced plate waste, decreased unintentional weight loss and even resulted in a little weight gain. One of the outcomes most enjoyed by staff is the more leisurely pace in the mornings since they do not rush to get everyone up and to breakfast at once. Larksfield Place tried a five meal a day plan but found the residents were unhappy with eating all the time and plate waste increased.



### Experiencing Dining Styles Activity

Have small groups of staff members and interested residents consider dining styles in more detail. Assign each group a different dining style to brainstorm additional pros and cons associated with it. Each group should serve the other groups a meal using this style of dining (if this is not possible the group could role play serving the meal using the style). The important part is that each person is able to experience the service type of each style.

## Food For Thought

There are many considerations when making changes to the dietary program. Some of these include the needs/abilities of residents, food/equipment/staffing budgets, physical plan, and regulations. *Life Happens in the Kitchen: How to Make the Kitchen the Heart of the Home* by Linda Bump has great information and exercises to help with considering the options and assuring continued success.

Prior to selecting a dining style involve residents, staff and family members in discussions. Share information about each style and let the desires of the residents guide the decision. No matter which style is used it will be necessary to expand the meal times in the home. "Rigid meal times with no opportunity for individualization are incompatible with enhanced dining" (Bump, 2004, p. 27). Open dining times are a way to ease into larger changes in the home.

There are benefits to be seen with each of the styles of dining. The results that can be expected with most enhancements include: decreased waste, supplement costs, medications costs, and improved clinical outcomes (Bump, 2004). Do not forget to collect baseline data prior to making the change so the resident outcomes can be measured.

With any style it will still be necessary to monitor residents, especially those with dementia or special dining needs, to make sure nutritional requirements are met. Residents that need special diets should be advised on appropriate choices and given options that meet their needs, but ultimately the decision of what to eat

should be theirs. The American Dietetic Association has recently released a position paper in support of liberalizing diets because of their impact on quality of life and nutritional status (Niedert, 2004). The complete position is available at www.eatright.org. When it comes to dining some homes are finding creative ways to help residents manage their own diets.

- Residents with diabetes who live in the Cedar Houses at the Cedars in McPherson, Kansas use a star system to gather information about the carbohydrates in the foods served. Foods with 15 grams of carbohydrates per serving are written in red and have one star next to them. Two stars on the menu indicates 30 grams. Residents can choose what they would like to eat at meals and can count the number of stars to help them follow their recommended diet (Kansas Department on Aging, 2006).

No matter which dining style is used it is still impotant to consider the atmosphere of the dining area. Convivium, the meal experience in the Green House Project®, is about good fresh food, conversation and a well prepared environment which often includes flowers and music (greenhouseproject.com). Convivium provides a complete experience, can occur with any dining style and should be among the goals of every dining program.

It may be a lot of work to transform the home's dining program but with opportunities for positive results why not take the plunge? If changing dining can improve the lives of residents then there is no better way to spend time and money.

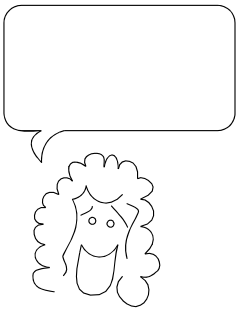
## Staff Training

When trying to change the dining program of the home, staff must receive training. This training needs to go beyond the required information about hand washing and food temperatures into how to create a pleasurable dining experience. The experience of dining includes everything from choosing meals, preparation, presentation, consumption, conversation and clean-up. "The key to hospitality and service is training" (Zgola & Bordillon, 2001, p. 27). Since one of the goals for changing dining is to give residents back the pleasure that surrounds meal time it is necessary to take a look at the training currently being provided to staff. In most homes staff training has little to do with hospitality or service. This has to change in order to transform dining.

A recent study introduced family style dining to nursing home residents with dementia to determine its effect on participation and communication during mealtimes. The study found that both participation and communication improved with the introduction, but when the CNA was given training on how to

prompt and praise residents the improvements were even greater (Altus et al., 2002). The training provided to staff has a powerful impact on the experience for residents. However, the staff trained for this study chose to go back to the old way following the study. No information about their reasons for doing this could be found.

There are many ways to train staff members beyond in-services. Many nursing home staff members have said they prefer interactive training to lectures. Experience is the best teacher. By using aging simulations and mock meals, staff members will gain the empathy necessary to provide a caring, supportive environment. Since time and resources are limited, being creative with training is a must. Many restaurants are making changes in the way they provide training to employees, and nursing homes could follow their lead. Hard Rock Café is using comic books to train staff members. The comic books are created for each position and contain the important information in bullet points with edgy humor (Popp, 2006). Pal's Sudden Service has begun using technology to train staff members. They are putting training materials into podcasts. This allows the materials to be up to date (Popp, 2006). It also allows training to be done quickly and at the convenience of each person. Some of the staff training could be provided as video clips on the computer or short slide presentations offered when the person clocks in.



When designing training for staff it is necessary to think about the home's culture and the needs of employees, as well as what will capture the employees' interest. Involve staff members in developing and presenting training materials. Training to enhance the dining experience should not be limited to just dietary staff members. Creating the dining experience requires the time and attention of all staff members on all shifts. Training does not have to be rigid or dull to be effective. Be creative and have fun!

- Parkside Homes in Hillsboro, Kansas has developed action teams to address changes in dining. The teams for dining originally included human resources, hostess training, supply, operations/enhanced dining and involvement. When the groups were created their role was to determine what they would need to get from where they were to where they wanted to be. The teams now focus on dealing with problems that arise and observing to see if modifications are needed to continue improving. The teams also identify the training needs of the households and have a role in providing that training as appropriate.

It has been recommended by several

homes that all staff, not just dietary, be certified in food preparation and handling. This would ensure that the activity person making snacks or the CNA serving a late breakfast to a resident would have the knowledge necessary to ensure safety.

## Case Study: Five Star Dining

*At Hill Country Community's Blue Ridge Home, the administrator decided the dining program should be similar to that of the local country club. Many residents are members of the club and report that they always enjoy the dining experience there. The administrator holds a meeting with staff members and tells them that starting Friday they will be serving meals like a five star restaurant. Staff members are issued white cloths to drape over their arms and told that only the best customer service and etiquette will be accepted. Staff are very confused and feel unsure about what they are supposed to do.*

*At the Red Mountain Heights Home in the same CCRC they are also switching to five star restaurant style dining. Realizing that many of those who will be providing waiter/waitress services to the residents have never had the five star experience, the administrator drew the names of five employees to join her for dinner at the country club. Throughout the meal she visits with staff members about how to bring the atmosphere back to the home with them. Once back at work, the staff members decide to serve a meal to the rest of the staff to share the experience. The administrator also invites a speaker to share etiquette tips and table manners with the staff members. Staff members are excited and begin discussing other strategies for improving meal times.*

What are the strengths or weaknesses of each home's dining change?

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What additional training might have been helpful for each home?

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In what other situations might the experiences of the staff members and the residents differ causing imbalance?

_____

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## A Recipe for Change

**Ingredients**

1 Group Brainstorming
1 Part Plan Development
1 Part Modification
1 Part Observation, Research, Resources
1 Part Implementation

**Preheat** by brainstorming with group of residents, staff, and family members. Ask what dining would look like if money and time were not factors. **Mix** together ideas, observations from inside the home and visits to other homes, and as many resources as the group can handle. Let ideas **rise** during plan development. **Combine** items from the brainstorming phase along with observations and resources. **Roll out** the changes by implementing the plan. **Serve** to residents. Tweak as necessary **to taste**. **Store** recipe in a handy location for constant re-evaluation and ingredient changes.

**Cook time**: Homes will vary, but this takes a while. Have patience and determination.

**Yield**: A home full of happy, well fed residents.

## Regulations

There are many regulations that have an impact on dining. However, none of these regulations prevent the kinds of changes described in this module. The intent of the dining regulations is to ensure positive outcomes for residents; therefore, they are very supportive of changes in dining. As with any changes in the nursing home, it is recommended that regulators be included in the planning process. They are a wonderful, willing source of information. Having regulators on the planning team can avoid problems later.


## Conclusion

Making changes to the dining program in the nursing home can bring back the pleasure surrounding mealtimes. Offering choice in dining may do more than improve the dining program. When residents are served food they do not enjoy, they are dissatisfied with their overall care (Kayser-Jones, 1996). Giving residents back choice in dining may lead to increased satisfaction overall. The benefits of changing the dining program may be seen throughout the home.

# Projects

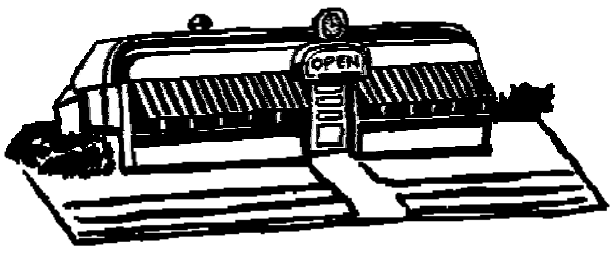
**1. <u>Cookbook</u>:**
Take the time to visit with each resident to find out about their favorite recipes. Ask residents for copies of their favorite recipes. Families can assist by bringing in recipes. Residents could work together with staff to divide the recipes into categories. The recipes should then be used by the kitchen. The menu should note whose recipe is being served, for example Mary's Greenbean Casserole or Jim's BBQ Beef. This gives residents the opportunity to continue enjoying their favorite recipes and sharing them with friends.


*Assessment and evaluation*: Since many nursing homes have told us that resident council meetings often center around food complaints, pay attention to the comments in the council meetings to see if residents mention the new menu items. The number of negative comments may not decrease, but the positive comments should increase if the recipes are successful. Plate waste could also be measured as another way to determine the effect of the new recipes. If effective there should be reduced plate waste.

**2. <u>Plate Presentation</u>:**
Take a look at the menu for a week coming up next month. In groups, divide the meals up so each group has 1 breakfast, 1 lunch, and 1 supper. The groups should then talk over the menu and the substitutions to see what ideas they can come up with for improving presentation. Remember to use the keys presented in the module. Prepare the plates using these ideas when the meal is served. It may be helpful to make up a model plate so everyone helping to prepare plates knows what the meal is supposed to look like.

*Assessment and evaluation*: To determine the effect of presentation, measure the amount of plate waste for each meal served during the menu week chosen. Check to see if there is a difference in waste on the days the keys of plate presentation are used. Plate presentation should make the meals more appetizing and decrease plate waste.

**3. <u>Dining Experience</u>:**
Identify a restaurant that offers exceptional customer service and take a few staff members there to eat. The staff members could be determined in a number of ways but drawing names out of a basket would be an easy, fair way to choose. After the meal ask staff



members to share their feelings and thoughts about the experience. What did they like or dislike? Have staff members discuss strategies for implementing some of the things they experienced into meal times at the nursing home. Have staff members discuss what these changes might mean for the residents.

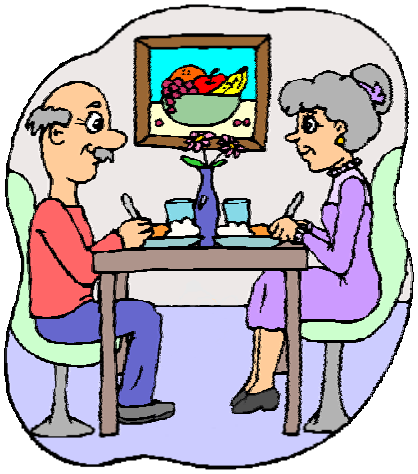
Another way to do something like this that could be shared with a larger group of staff members would be to have someone come to the home and provide a workshop on customer service in a fun experiential way. This training could be provided by a local college that has a program in customer service or hotel and restaurant management.

*Assessment and evaluation*: After staff members have experienced the kind of customer service they should be providing residents and have implemented these concepts, the dining satisfaction of residents should increase. Doing a small satisfaction survey prior to making changes and repeating it after the changes would provide the necessary information to see if it has worked.

**4. <u>New Atmosphere</u>**: Identify one of the ideas presented in the atmosphere section of this module. Work as a team to create a way to improve this aspect of the dining experience. Implement the idea.

*Assessment and evaluation*: After the idea has been implemented, observe the residents during meal time. Watch for resident/resident and staff/resident interactions. For some of the changes, reduction in plate waste or agitated behaviors could be observed.

Example: Music: To determine the effect music has on residents during meal time, set up a small study. Observe dining room interactions several times during a week (observe during all meals of the day). Watch the interactions that occur during meal time. Keep track of plate waste and agitated behaviors. Repeat the process the next week but play classical music softly during the meal. The next week the process could be repeated playing another type of music (the music should be something the residents would enjoy). Once the time period is over, look over the information collected to see the effects of meal time music and perhaps which type of music is the most beneficial.



# Post-test

*The pre- and post-tests included with this module are optional. The questions provide information about the materials to be covered and can be used for learning self-evaluation. At some future date, these tests may be used as a part of a continuing education requirement.*

1. Which activity is the most effective, accessible, and manageable health promoting activity for nursing home residents?
    A. Socialization with peers
    B. Walks outside the nursing home
    C. Meal times
    D. Relaxation exercise

2. Which residents do not benefit from good oral care?
    A. Those with no teeth or dentures
    B. Those with dentures
    C. Those who are capable of caring for their own teeth
    D. All residents benefit from oral care

3. Which of the following outcomes have been reported as dining styles have changed?
    A. Increased weight loss
    B. Continued increases in food costs
    C. Decreased supplement use
    D. Increased use of medications

4. Select the true statement about Russian style dining.
    A. Russian style is only available in Russian Tea Rooms.
    B. Two food items are presented on a divided serving tray brought to the table.
    C. Food is served on porcelain plates.
    D. Glasses that are used for alcoholic beverages are broken against the wall after the beverage is consumed.

5. The keys to food presentation include: (circle all that apply)
    A. Similar food colors on a plate
    B. Interesting food arrangement
    C. A variety of textures
    D. Multiple garnishes on each dish

6. The appearance of food is not as important for those residents needing texture-modified diets.
    A. True
    B. False

7. 4 /5 meal plans mean:
    A. Residents choose to eat at four meals out of five each day.
    B. Four or five meals (including substantial snacks) are offered throughout the day.
    C. Four or five items must be offered at each meal.
    D. Residents will eat 4/5ths of the food served.

8. Select the reason(s) nursing home residents are at risk for malnourishment:(Circle all that apply)
    A. Decreased ability to taste
    B. Feeling full after consuming less food than when they were younger
    C. Depression
    D. Increased ability to smell

9. Which of the following statements about buffet dining are true?(Circle all that apply)
    A. Residents have control over the items and amount taken.
    B. Those who cannot walk though the buffet line must get pre-plated meals from the kitchen
    C. Special diets cannot be accommodated by a buffet line.
    D. Food temperatures must be monitored to assure food safety practices are being followed.

10. What is family style dining?
    A. When a family eats take-out around the same table
    B. Diners sitting at the same table pass serving dishes to each other
    C. A meal that is cooked by all members of the family
    D. A Sunday dinner with family

# Answers to Pretest, Post-test and Other Activities

## Pretest and Post-test Answers

1. C;  2. D;  3. C;  4. B;  5. B, C;  6. B;  7. B;  8. A, B, C;  9. A, D;  10. B

## Sample answers to Dining Customs Activity on pages 14 and 15.

Tom should be provided with foods that provide him with high amounts of protein without creating conflict with his religious customs.  Since staff should know this information about Tom he should not even have to request this dietary change during Lent.

June wants unagi and the staff have to find a way to make it happen for her.  The staff could check with her family to see if they are going to have unagi or if they know someone who would be willing to share with her.  Another option might be to call a local restaurant to see if it could be ordered for her.  Staff should make note of the day and June's desire to eat unagi in celebration and make sure that next time they are prepared.

Mary may be on a low-sodium diet but she loves her ketchup.  Staff should talk with Mary to let her know that the ketchup contains more sodium than she should be having and explain the consequences that might occur from continuing to consume too much sodium.  Since liberalized diets are becoming accepted in the long-term care industry, staff should also talk to her doctor to see if he/she would be willing to make some changes to her diet. If, after visiting with the staff and her doctor is informed Mary still wants to eat ketchup, then she should be able to.  In addition, staff could also provide other condiment options to see if she might like something else and try to find a ketchup with a lower sodium content.

## Sample Answer to Using the Keys Activity on page 20.

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# Appendix A: The Easiest Garnishes Ever

**Chopped herbs and vegetables**

*Use:*
Parsley
Cilantro
Chives
Carrots
Celery
Tomatoes
Peppers
Onions
And any other number of ingredients

*Good For:*
Slices of meat
Steaks of meat and fish
Chicken breast
Potatoes
Rice
Single colored vegetables
Thick soups

**Dusting powders**

*Use:*
Paprika
Coco
Powdered sugar
Cinnamon
Nutmeg

*Good For:*
Vegetables
Meats
Potatoes
Desserts – particularly after whipped topping

**How to know when there is no need**
Meals with vegetables, meat and starch combined
More than 4 colors already present
A variety of different shapes
Plate seems to be full enough
Meal has colorful sauce

**Sauces in squeeze bottles**

*Use:*
Caramel
Chocolate
White chocolate
Butterscotch
Pureed fruits (like strawberry, canned peaches or mango)
Pureed vegetables (like carrot, spinach or beets)
Pureed herbs, usually mixed with oil

*Good For:*
Fruits go well with some seafood and meats
Decorating the plate before laying on dessert
Swirling on top of ice cream or over other desserts
Decorating the rim of a plate after all food has been arranged
Allows creativity

**Remember . . .**

-Garnishing and presenting food does not have to be difficult. With some practice, you may not even notice the time you spend garnishing, especially if you use these time-savers above.

-Garnishing and presenting food does not have to be intricate. Even a simple effort will be enough to tell the person that you are serving that you are thinking about them and they are important.

-Have fun with garnishes. Be creative, and improvise to come up with better ways to garnish. The possibilities are endless.

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