

Making Mealtime Magic



Respecting Resident's Rights to Make Choices in Food and Dining

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Making Mealtime Magic With Person Centered Dining

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Making Mealtime Magic



Respecting Resident's Rights to Make Choices in Food and Dining Inservice Slides

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Making Mealtime Magic



**Respecting Resident's Rights to
Make Choices in Food and Dining**

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Goals of Dining Services

1. Provide an outstanding dining experience to residents
2. Provide a nutritionally-balanced meals
3. Encourage individual choice
4. Assure compliance with federal regulations



Objectives

1. Discuss ways to improve resident meal satisfaction
2. Learn ways to create a superior dining experience for our residents
 - Create a warm and comfortable environment
 - Provide proper assistance if it is needed



Individual Choice

Resident's have the right to choose:

- What they eat
- When they eat
- Who they eat with
- Where they eat
- When they eat



Resident's Rights

- By federal regulation, each resident has the right to “a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.”
- Choice in dining is part of a dignified existence and self-determination.



Learning Resident's Choices

- Admission conferences, interviews by staff
- Care plan meetings
- Ask resident and family
- Revisit choices periodically



Accommodating Preferences

Some facilities are changing the way they operate to add more choice in food and dining.

- Open dining
- Select or restaurant-style menus
- Buffet dining
- Special meal/food events
- Dessert and beverage carts



Accommodating Residents Choices

- Allow residents to sleep and provide a late breakfast
- Serve continental breakfast rather than a full breakfast for those who prefer a small breakfast
- Have beverages and snacks available 24/7
- Give each resident the option of where to dine and who to dine with
- Accommodate requests for small or large portions at meals
- Include resident's choice menus regularly



Accommodating Residents Preferences

We need to look at our facility's meal service with a fresh new view, and question everything we do to be sure we are accommodating resident's choices

- “If you keep on doing what you've always done, you'll keep on getting what you've always gotten!”
- We must learn to think “outside of the box”



Resident's Rights and Special Diets

- Residents have the right to refuse any diet, including a therapeutic diet or a texture-modified diet
- The key to recognizing the resident's right to make choices *is to educate them on the risks and benefits and document that you have educated them on the risks and benefits of their choices*



Therapeutic Diets in Long-Term Care

- Experts believe that in many cases, special diets and texture-modified diets are not needed by residents in long-term care
- Decisions regarding use of therapeutic diets in a facility should be made jointly by the Administrator, RD, DON, and Medical Director, and in cooperation with the attending physician



What? No Therapeutic Diets?

- Research does not support the benefits of NAS or NCS diets for the frail elderly
- Most experts believe that quality of life and a resident's right to choose take precedence over the benefits of a therapeutic diet



Texture-Modified Diets

- Pureed diet and thickened liquids are often refused by residents or result in a decreased intake, which could contribute to malnutrition and dehydration
- Evidence to document the benefits of these diets and liquid consistencies is limited
- We need to evaluate residents for dysphagia and make a decision on diet and consistency modification with the resident, *after discussing risks and benefits and documenting conversations in the medical record.*



Changing Facility Protocols

- Individual staff members should not make choices that affect facility policies regarding use of therapeutic diets and texture-modified diets
- If a facility makes a decision to change the way they handle therapeutic diets or texture-modified diets, it should be done thoughtfully, with changes in policy written and all pertinent disciplines involved in the conversation



Case Study

- The doctor has ordered a carbohydrate controlled diet for Mrs. Smith.
- Mrs. Smith complains about not getting sugar with her coffee and wants to eat donuts at the facility's morning coffee and donut activity.
- How should the facility handle this?



What About the Annual Survey?

- The survey team will evaluate to make sure each resident has made an educated decision related to discontinuing a therapeutic diet
- The survey team will take note that the facility has respected the resident's right to choose
- The survey team should be comfortable with the decision if conversations and outcomes of those conversations are properly documented in the medical record and the care plan adjusted accordingly



Potential Citations

- F-tag 151 (Resident's rights). The facility could be cited if you don't change the diet to respect the resident's right to choose
- F-tag 325 (Nutrition). The facility could be cited if you don't provide a therapeutic diet when there are nutritional problems
- F-tag 367 (Therapeutic Diet). The facility could be cited if the resident has a therapeutic diet order and the diet is not delivered to the resident according to the menu



How to Avoid Citations

- Document all conversations with the resident and/or family in the medical record as appropriate
- Revise the care plan to reflect the informed choice
- Revisit this choice at subsequent care plan meetings
- Revise the plan or care as necessary, with the resident's input



Summary

- Honoring a resident's right to make choices definitely applies to the issue of therapeutic and texture-modified diets
- Proper documentation can help assure compliance to federal regulations regarding food and nutrition services

Making Mealtimes Magic



Respecting Resident's Rights to Make Choices in Food and Dining Inservice Presenter's Notes

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**Making Mealtime Magic
With Person Centered Dining**

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Hello and thank you for coming! By show of hands, how many of you are from the Nursing Department? How many of you are from the dietary department?

Our objectives today will be to:

Understand the resident's right to make choices.

Learn how we can encourage choice in food and dining but still prevent citations during our annual survey.

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Goals of Dining Services

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Meals are one of the most important events of the day for residents. They are far more than nourishment, they are a time to socialize, relax, and exercise choices.

As a facility we need to be sure that we:

- Provide an outstanding dining experience for our residents
- Provide a nutritionally-balanced meal

At the same time, the federal regulations that we operate under say that residents have choice in how they spend their time, whether or not they accept recommended treatment, and what, where, and when they eat. According to regulations, a resident has the right to refuse a therapeutic or texture-modified diet and/or specific foods that they don't like.

As a facility, we need to recognize the right of residents to make those choices and be able to show that we have implemented a system to educate residents about the risks and benefits of their choices and then given them the right to choose how they will live their lives.

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Objectives


1. Discuss ways to improve resident meal satisfaction
2. Learn ways to create a superior dining experience for our residents
 - Create a warm and comfortable environment
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Our objectives today will be to learn how to:

- Improve resident meal satisfaction.
- Work as a team to create a wonderful dining experience for our residents by creating a comfortable dining environment with proper meal assistance, and improving food quality and presentation.

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Individual Choice

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Think about your life when you are at home. You have the ability to make choices about dining, so it only makes sense that our residents should be able to do the same thing.

Residents should be able to choose what they want to eat at any given time, which means that some choices should be available at each meal and snack.

They should also be able to choose their dining location and the people they dine with. And to some extent, they should be able to choose when they eat.

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Resident's Rights

- By federal regulation, each resident has the right to “a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.”
- Choice in dining is part of a dignified existence and self-determination.

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Resident's rights are written into the federal regulations that we operate under.

When the annual survey team comes in to the facility, they are observing to make sure the facility respects our residents' rights.

If violations are noted, the facility can receive a citation (deficiency) and corrective action will need to be taken.

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Learning Resident's Choices

- Admission conferences, interviews by staff
- Care plan meetings
- Ask resident and family
- Revisit choices periodically


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When residents are admitted we should be talk to them (or to their family) about their normal habits, including what time they eat meals, if they prefer to eat alone in their room or in the dining room, what foods and beverages they prefer, and other details related to their food habits and preferences.

These preferences should be revisited periodically by asking the resident and/or their family and discussing the subject at periodic care plan meetings.

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Accommodating Preferences

Some facilities are changing the way they operate to add more choice in food and dining.

- Open dining
- Select or restaurant-style menus
- Buffet dining
- Special meal/food events
- Dessert and beverage carts

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Options for accommodating preferences might include:


- Open dining: Keeping the dining room open for longer periods at each meal to accommodate early risers, late risers, those who prefer to dine earlier or later, for example.
- Select or restaurant-style menus: Give residents several options to choose from, either a select menu or a restaurant-style menu, where the kitchen provides several entrees, sides, etc. at each meal for residents to choose from.
- Buffet dining: Provide an open buffet line for residents to make their own selections of each item.
- Special meal/food events: Occasions like holiday meals (St. Patrick's Day corned beef, for example), Super Bowl tailgate party, Ladies afternoon tea party, etc.
- Dessert and beverage carts circulated throughout dining room, with different choices daily

New dining programs such as these require planning, manpower, and money!

Initiate a conversation about what types of programs your facility offers to accommodate choices in dining.

If appropriate, encourage the conversation to progress to what the facility **COULD** be doing.

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Accommodating Residents Choices

- Allow residents to sleep and provide a late breakfast
- Serve continental breakfast rather than a full breakfast for those who prefer a small breakfast
- Have beverages and snacks available 24/7
- Give each resident the option of where to dine and who to dine with
- Accommodate requests for small or large portions at meals
- Include resident's choice menus regularly


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There are many ways we can accommodate resident's individual choices when it comes to food and dining. Here are just a few examples of ideas:

- Rather than waking residents for breakfast at a certain time, let them sleep and provide breakfast upon waking.
- Provide a small breakfast (some people prefer only cereal and milk, or toast and juice, for example, rather than a full breakfast).
- Have snacks and beverages available 24/7 in an "open pantry" so residents can help themselves.
- Encourage the resident to choose to dine in his/her room, the main dining room, or other dining rooms if they are available.
- Give residents the option of receiving small portions or large portions.
- Have a "resident' choice" menu that is provided regularly (for example, once a month). Let the resident's council choose the meal.

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Accommodating Residents Preferences

We need to look at our facility's meal service with a fresh new view, and question everything we do to be sure we are accommodating resident's choices

- “If you keep on doing what you've always done, you'll keep on getting what you've always gotten!”
- We must learn to think “outside of the box”

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We need to look at our facility's meal service with a fresh new view, and question everything we do!

If you keep on doing what you've always done, you'll keep on getting what you've always gotten!

The facility dietary department, Medical Director, and administrator should all be involved in planning ways to accommodate more choices in dining.

All disciplines should be involved in the planning process. For example, if open dining at breakfast is considered, nursing needs to be involved in the planning to determine if CNA schedules need to be changed to accommodate dining changes.

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Resident's Rights and Special Diets

- Residents have the right to refuse any diet, including a therapeutic diet or a texture-modified diet
- The key to recognizing the resident's right to make choices *is to educate them on the risks and benefits and document that you have educated them on the risks and benefits of their choices*

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Our residents depend on us to keep their best interests in our thoughts every day.

We may even need to question the diet the doctor ordered if the resident is unhappy with it. If the diet ordered is too restrictive or the resident refuses to eat, a more liberal approach to the diet may be necessary. The facility registered dietitian (RD) should be involved in situations where a resident is unhappy with his/her diet order. The RD can work with the resident to individualize the diet to meet their needs.

You know your residents better than anyone else. If you think there may be a problem, please report it to a supervisor. Examples include: a resident is not eating or drinking as much as he/she normally does; is having difficulty chewing or swallowing; is having difficulty feeding him or her self, etc.

Together we can think “outside of the box” to enhance our residents’ nutritional status and meal enjoyment.

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Therapeutic Diets in Long-Term Care

- Experts believe that in many cases, special diets and texture-modified diets are not needed by residents in long-term care
- Decisions regarding use of therapeutic diets in a facility should be made jointly by the Administrator, RD, DON, and Medical Director, and in cooperation with the attending physician

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Many experts, including the Academy of Nutrition and Dietetics, the American Medical Directors Association, and many collaborating organizations that developed the New Dining Practice Standards, indicate that diets like NCS or NAS may not be needed by residents living in long term health care settings. Some facilities are now offering just regular diets (that are consistent in carbohydrate) and consistency modified diets, such as puree and mechanical soft.

Note to Presenter: it is suggested that you review the Pioneer Network's New Dining Practice Standards and the Academy of Nutrition and Dietetics' Position and Practice Papers on Individualized Nutrition Approaches for Older Adults in Health Care Communities, and then relate what you are doing in your facility to address this issue.

Pioneer Network Food and Dining Clinical Standards Task Force. New Dining Practice Standards. 2011. Available at <http://www.pioneernetwork.net/Providers/DiningPracticeStandards/>. Accessed January 6, 2013.

Academy of Nutrition and Dietetics Position Paper on Individualized Nutrition Approaches for Older Adults in Health Care Communities <http://www.eatright.org/About/Content.aspx?id=8373>. Accessed January 6, 2013.

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What? No Therapeutic Diets?

- Research does not support the benefits of NAS or NCS diets for the frail elderly
- Most experts believe that quality of life and a resident's right to choose take precedence over the benefits of a therapeutic diet


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Note to presenter: A comprehensive discussion of the topic can be found at Pioneer Network Food and Dining Clinical Standards Task Force. New Dining Practice Standards. 2011. Available at <http://www.pioneernetwork.net/Providers/DiningPracticeStandards/>.

Most of us believe that NCS diets are needed for those with diabetes and NAS diets are needed for hypertension. But it turns out that most of the research on these topics was not done on older adults. We really don't know if a diabetic diet controls blood sugar levels in older adults, nor do we know if there are a real benefit to strict control of blood sugar levels in older adults. The same goes for NAS and blood pressure.

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Texture-Modified Diets

- Pureed diet and thickened liquids are often refused by residents or result in a decreased intake, which could contribute to malnutrition and dehydration
- Evidence to document the benefits of these diets and liquid consistencies is limited
- We need to evaluate residents for dysphagia and make a decision on diet and consistency modification with the resident, *after discussing risks and benefits and documenting conversations in the medical record.*

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Note to presenter: Refer to Pioneer Network Food and Dining Clinical Standards Task Force. New Dining Practice Standards. 2011. Available at <http://www.pioneernetwork.net/Providers/DiningPracticeStandards/> for a full discussion of this subject.

All of us have experience residents who don't like pureed diets or thickened liquids. It turns out the evidence to document the benefits of these diets and liquid consistencies is limited. If residents refuse to eat or drink they can lose weight and become dehydrated; in some cases the best course of action might be to return the patient to regular food and liquid consistencies.

This can be done in conjunction with the RD, speech-language pathologist, and physician, and with proper education and documentation of that education. Some facilities prefer to use waivers but if they are used they should be in ADDITION to other documentation in the medical record and care plan. A waiver alone is not adequate documentation.

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Changing Facility Protocols

- Individual staff members should not make choices that affect facility policies regarding use of therapeutic diets and texture-modified diets
- If a facility makes a decision to change the way they handle therapeutic diets or texture-modified diets, it should be done thoughtfully, with changes in policy written and all pertinent disciplines involved in the conversation


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To be clear, individual staff members should not make choices that affect facility policies regarding use of therapeutic diets and texture-modified diets.

If a facility makes a decision to change the way they handle therapeutic diets or texture-modified diets, it should be done thoughtfully, with changes in policy written and all pertinent disciplines involved in the conversation

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Case Study

- The doctor has ordered a carbohydrate controlled diet for Mrs. Smith.
- Mrs. Smith complains about not getting sugar with her coffee and wants to eat donuts at the facility's morning coffee and donut activity.
- How should the facility handle this?

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Note to Presenter: Take a few minutes to discuss this scenario with participants, and determine how these situations should be handled in your facility.

There are many possible outcomes to this scenario. The resident might decide, after counseling, that she prefers to stay on the carbohydrate controlled diet. She might decide to receive a regular diet. As part of a regular diet, she might prefer to receive sugar in her coffee but to receive other beverages sweetened artificially.

Suggestions include:

- Counsel Mrs. Smith on the risks/benefits of changing her diet to regular.
- Give Mrs. Smith the option of discontinuing her carbohydrate controlled diet and changing her diet to regular. Let her know that she can still select sugar substitutes for other beverages and fruit for dessert if that is her preference.
- If her preference is the regular diet, write a request to the doctor diet order to discontinue the carbohydrate controlled diet at the resident's request.
- Document education and outcome of the conversations in Mrs. Smith's medical record.

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What About the Annual Survey?

- The survey team will evaluate to make sure each resident has made an educated decision related to discontinuing a therapeutic diet
- The survey team will take note that the facility has respected the resident's right to choose
- The survey team should be comfortable with the decision if conversations and outcomes of those conversations are properly documented in the medical record and the care plan adjusted accordingly

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The survey team is always looking for a facility to honor a resident's right to choose.

However, they also want to be sure that the resident has made an informed choice and that facility gave the resident the information needed to make an informed choice.

There is no guarantee that the facility will not be cited, but proper documentation can help assure that the survey teams knows the resident was given a choice, educated on the risks versus benefits, and involved in making the decision.

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Potential Citations

- F-tag 151 (Resident's rights). The facility could be cited if you don't change the diet to respect the resident's right to choose
- F-tag 325 (Nutrition). The facility could be cited if you don't provide a therapeutic diet when there are nutritional problems
- F-tag 367 (Therapeutic Diet). The facility could be cited if the resident has a therapeutic diet order and the diet is not delivered to the resident according to the menu


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As you know, every year we have a state survey. When it comes to nutrition and dining services, the job of surveyors is to determine if the meals are palatable, attractive, nutritious and meet the individual needs of each resident. There are several potential citations (F-tags) that could result from this scenario. This slide lists a few of them. It is up to each facility to determine that their counseling and interventions have met the requirements of the regulations

Note to presenter: Appendix PP, which outlines F tags and provides interpretive guidance for the F tags, can be found at Centers for Medicare and Medicaid Services. State Operations Manual. Appendix PP - Guidance to Surveyors for Long Term Care Facilities, Rev 70 (1-7-11). Available at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.

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How to Avoid Citations

- Document all conversations with the resident and/or family in the medical record as appropriate
- Revise the care plan to reflect the informed choice
- Revisit this choice at subsequent care plan meetings
- Revise the plan or care as necessary, with the resident's input

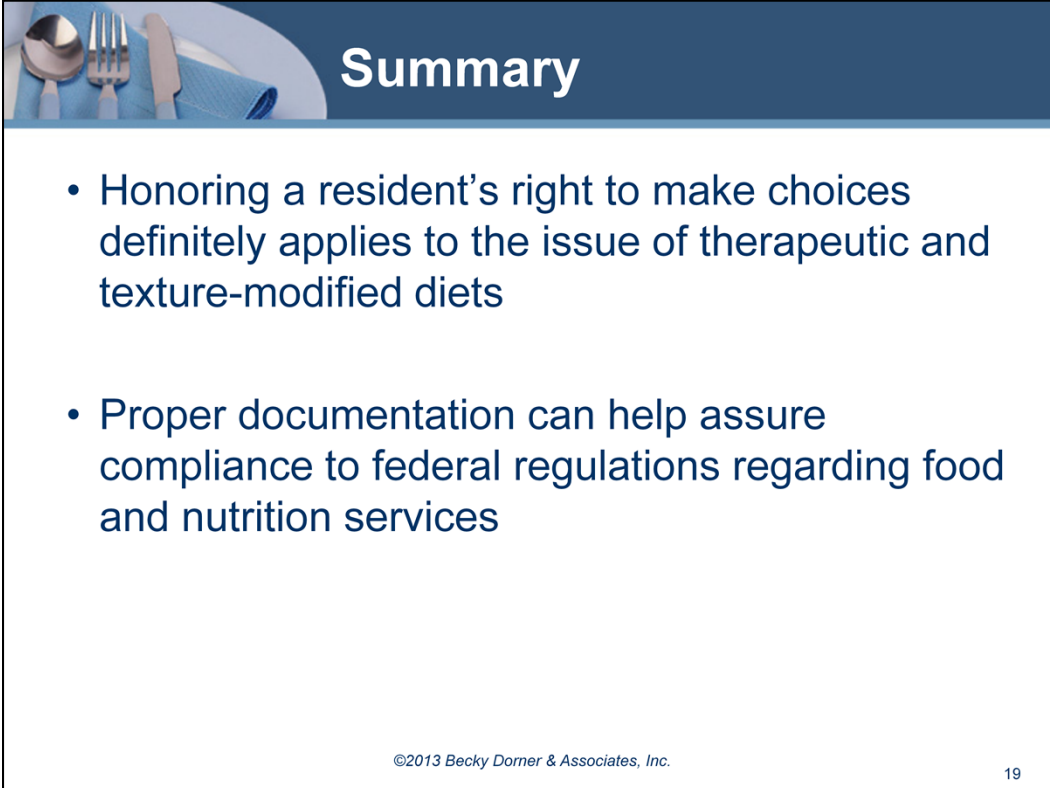
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Proper documentation is the key to preventing citations.

- Document all conversations with the resident and/or family in the medical record as appropriate.
- Revise the care plan to reflect the informed choice.
- Revisit this choice at subsequent care plan meetings.
- Revise the plan or care as necessary, with the resident's input.

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Summary

- Honoring a resident's right to make choices definitely applies to the issue of therapeutic and texture-modified diets
- Proper documentation can help assure compliance to federal regulations regarding food and nutrition services

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Residents have the right to make choices about what they eat, where they eat, and who they dine with.

To assure residents' quality of life and compliance with federal regulations, facilities should include residents in decisions about food and nutrition.

It is extremely important to offer residents as many choices as possible when it comes to meal time:

Provide choices of what to eat, when to eat and who to eat with.

We all want choices in life, and we need to offer as many choices as we can to our residents. Mealtime is one time we can easily give them a choice. Choices can have a dramatic affect on how well residents eat, how they socialize, how happy they are, and how healthy they are.

Our job at every meal is to be sure:

- Appropriate dishes and flatware are available
- Water is offered with the meal
- Meals are attractive, palatable, at the appropriate temperature, and delivered on time
- Substitutes arrive quickly after requested (within 5-10 minutes)
- Diet cards, portion sizes, preferences and condiment requests are honored
- Seasoning is added as requested or appropriate at the meal

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Respecting Resident's Rights to Make Choices in Food and Dining Inservice Handouts

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Accommodating Residents Preferences

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- Most experts believe that quality of life and a resident's right to choose take precedence over the benefits of a therapeutic diet

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Texture-Modified Diets

- Pureed diet and thickened liquids are often refused by residents or result in a decreased intake, which could contribute to malnutrition and dehydration
- Evidence to document the benefits of these diets and liquid consistencies is limited
- We need to evaluate residents for dysphagia and make a decision on diet and consistency modification with the resident, *after discussing risks and benefits and documenting conversations in the medical record.*


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Changing Facility Protocols

- Individual staff members should not make choices that affect facility policies regarding use of therapeutic diets and texture-modified diets
- If a facility makes a decision to change the way they handle therapeutic diets or texture-modified diets, it should be done thoughtfully, with changes in policy written and all pertinent disciplines involved in the conversation

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Case Study

- The doctor has ordered a carbohydrate controlled diet for Mrs. Smith.
- Mrs. Smith complains about not getting sugar with her coffee and wants to eat donuts at the facility's morning coffee and donut activity.
- How should the facility handle this?

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What About the Annual Survey?

- The survey team will evaluate to make sure each resident has made an educated decision related to discontinuing a therapeutic diet
- The survey team will take note that the facility has respected the resident's right to choose
- The survey team should be comfortable with the decision if conversations and outcomes of those conversations are properly documented in the medical record and the care plan adjusted accordingly


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Potential Citations

- F-tag 151 (Resident's rights). The facility could be cited if you don't change the diet to respect the resident's right to choose
- F-tag 325 (Nutrition). The facility could be cited if you don't provide a therapeutic diet when there are nutritional problems
- F-tag 367 (Therapeutic Diet). The facility could be cited if the resident has a therapeutic diet order and the diet is not delivered to the resident according to the menu

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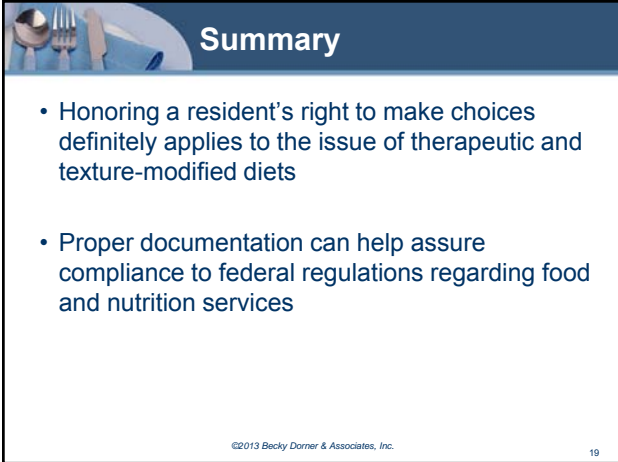


How to Avoid Citations

- Document all conversations with the resident and/or family in the medical record as appropriate
- Revise the care plan to reflect the informed choice
- Revisit this choice at subsequent care plan meetings
- Revise the plan or care as necessary, with the resident's input

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Summary

- Honoring a resident's right to make choices definitely applies to the issue of therapeutic and texture-modified diets
- Proper documentation can help assure compliance to federal regulations regarding food and nutrition services

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