

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



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

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

Instructions

Slides for the Inservice:

- The slides can be shown on computer or projected on a screen using a data projector.
- You can show the slides directly from the Acrobat file by simply clicking on the icon that looks like a computer screen. Or you can go to the tool bar and click on "View" and "Full Screen" to show the slides on your screen.
- Then click the down arrow button or the page down button on your keyboard.

Presenter's Notes for the Inservice:

- Review the presenter's notes prior to presenting the slides.
- The presenter's notes offer additional information not included on the slides, suggestions for how to present some of the information, and activities you may want to incorporate.

Handouts for the Inservice:

- Simply copy the handouts and the pre/post tests for participants.
- Do not provide the answer key for the pre/post tests.
- You can choose to give the test before and after the training, or just after the training to determine the effectiveness of your inservice and whether or not additional training is needed.

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Slides

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Objectives

1. Learn how to honor residents' rights to make choices related to food and diet
2. Learn what to do to comply with federal regulations regarding food and nutrition services
3. Learn how you can offer residents choices at meal times



Goals of Dining Services

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



Dining Staff Should

- Provide excellent service
- Serve attractive, palatable meals at the appropriate temperature
- Serve meals on time
- Honor diet preferences, portion sizes, and condiment requests
- Assure appropriate dishes and flatware are available
- Offer water with meals
- Serve other food options quickly when requested



Individual Choice

Resident's have the right to choose:

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



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 Choices

Facilities are changing the way they operate to add more choices in food and dining

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



Accommodating Choices

- Allow residents to sleep in and provide a late breakfast
- Serve continental 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 choice” menus regularly



Accommodating Choices

- “If you keep on doing what you’ve always done, you’ll keep on getting what you’ve always gotten!”
- Take a fresh new view at meal service to make sure resident’s needs are being met
- 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
- Refer to the RDN if a resident is not eating well or is unhappy with their diet



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, RDN, 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
- Residents with dysphagia should be evaluated and risks and benefits of potential consistency modification discussed with the resident



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 staff 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 should be comfortable with the decision if:
 - conversations about the resident's right to choose and outcomes of those conversations are properly documented in the medical record
 - the care plan is adjusted accordingly



Potential Citations

- Resident's rights. The facility could be cited if the diet is not changed to respect the resident's right to choose
- Nutrition. The facility could be cited if a therapeutic diet is not provided when there are nutritional problems
- 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 care plan 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
- 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

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



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Presenter's Notes

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




Presenter Note: There are separate inservices on Providing a Superior Dining Experience and Producing Food that Entices Customers.

Audience: Nursing staff, nursing assistants/aides, food service/dining staff

Welcome to our inservice on Respecting Resident's Rights to Make Choices in Food and Dining.

Presenter Note (Optional): Before we get started, let's test your knowledge with a short pre-test.

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



Objectives

1. Learn how to honor residents' rights to make choices related to food and diet
2. Learn what to do to comply with federal regulations regarding food and nutrition services
3. Learn how you can offer residents choices at meal times

Our objectives today will be to learn how to:

1. Learn how to honor residents' rights to make choices related to food and diet.
2. Learn what to do to comply with federal regulations regarding food and nutrition services.
3. Learn how you can offer residents choices at meal times.

We can work as a team to create a wonderful dining experience for our residents/customers by honoring their rights to make choices related to food and dining.

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



Goals of Dining Services

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

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

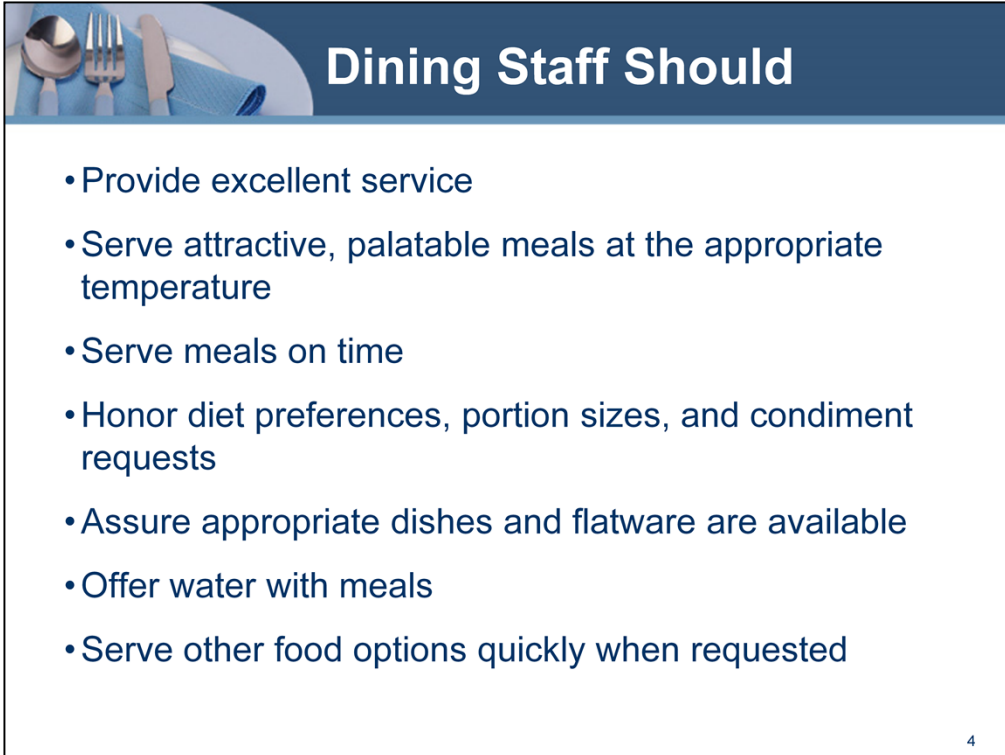
As a facility we need to be sure that we:

1. Provide an outstanding dining experience for our residents/customers.
2. Provide nutritionally-balanced meals.
3. Encourage individual choice.
4. Assure compliance with state and federal regulations.

Federal regulations require us to provide our residents with choices in how they spend their time, whether or not they accept recommended treatment, and what, where, and when they eat. 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 rights of residents to make those choices. We also need to show that we have implemented a system to educate residents about the risks and benefits of their choices, and we have then given them the right to choose how they will live their lives.

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



The image shows a presentation slide titled "Dining Staff Should". The title is in white text on a dark blue background. To the left of the title is a photograph of a silver spoon, fork, and knife resting on a blue napkin. Below the title, there is a list of seven bullet points in blue text. The slide number "4" is in the bottom right corner.


Dining Staff Should

- Provide excellent service
- Serve attractive, palatable meals at the appropriate temperature
- Serve meals on time
- Honor diet preferences, portion sizes, and condiment requests
- Assure appropriate dishes and flatware are available
- Offer water with meals
- Serve other food options quickly when requested

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Our job at every meal is to assure:

- That we provide excellent service.
- Meals are attractive, palatable, at the appropriate temperature, and delivered on time.
- Diet preferences, portion sizes, and condiment requests are honored. Seasoning is added as requested or appropriate at the meal.
- Appropriate dishes and flatware are available.
- Water is offered with the meal, at the appropriate consistency.
*Residents with fluid restriction may have limits to fluids provided
- Serve other food options quickly after requested (within 5-10 minutes).



Individual Choice

Resident's have the right to choose:

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

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But even more important is that we need to promote the resident's right to have choices.

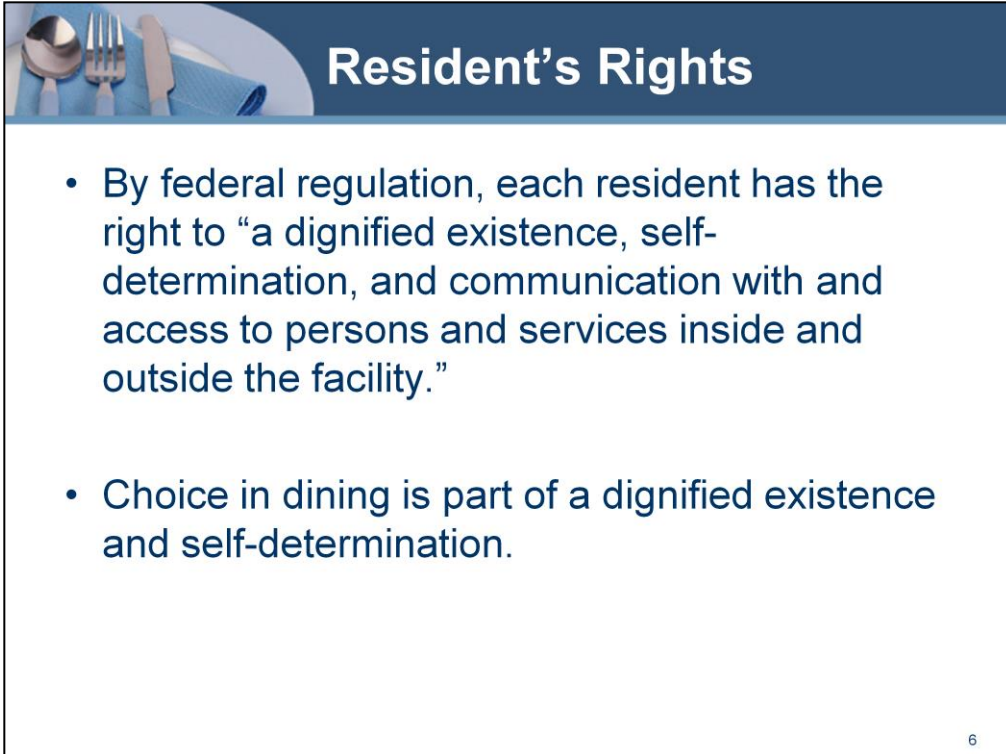
Resident's have the right to choose:

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

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 and how they dine (dining styles such as buffet or restaurant style).

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

A graphic titled "Resident's Rights" featuring a blue background with a white header. On the left, there is a photograph of a silver spoon, fork, and knife resting on a blue napkin. The title "Resident's Rights" is written in white, bold, sans-serif font. Below the header, two bullet points are listed in a dark blue font. A small number "6" is located in the bottom right corner of the graphic.

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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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.” This is a direct quote from the federal regulations.

Choice in dining is part of a dignified existence and self-determination.

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.

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



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 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 care plan meetings.

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



Accommodating Choices

Facilities are changing the way they operate to add more choices in food and dining

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


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Centers for Medicare/Medicaid Services is requiring facilities to offer more choices at meal time. This may include more options for accommodating food preferences such as:

- 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 (Super Bowl tailgate party, Ladies afternoon tea party, etc.)
- Dessert and beverage carts circulated throughout dining room, with different choices daily

Presenter Note: 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.

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



Accommodating Choices


- Allow residents to sleep in and provide a late breakfast
- Serve continental 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 choice” menus regularly

9

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

- Rather than waking residents for breakfast at a certain time, let them sleep and provide breakfast upon waking (natural awakening).
- Provide a small breakfast (some people prefer only cereal and milk, or toast and juice, for example, rather than a full breakfast).
- Have beverages and snacks available 24/7 in an “open pantry” so residents can help themselves.
- Encourage residents to choose to dine in the main dining room, or other dining rooms if they are available, or in their own rooms if that is their preference (these residents should be monitored during meal time to assure they are eating and swallowing safely).
- Give residents the option of who to dine with.
- Give residents the option of receiving small portions or large portions at meal time.
- Have a “resident' choice” menu that is provided regularly (for example, once a month). Let the resident's council choose the meal.

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



Accommodating Choices

- “If you keep on doing what you’ve always done, you’ll keep on getting what you’ve always gotten!”
- Take a fresh new view at meal service to make sure resident’s needs are being met
- Learn to think “outside of the box”

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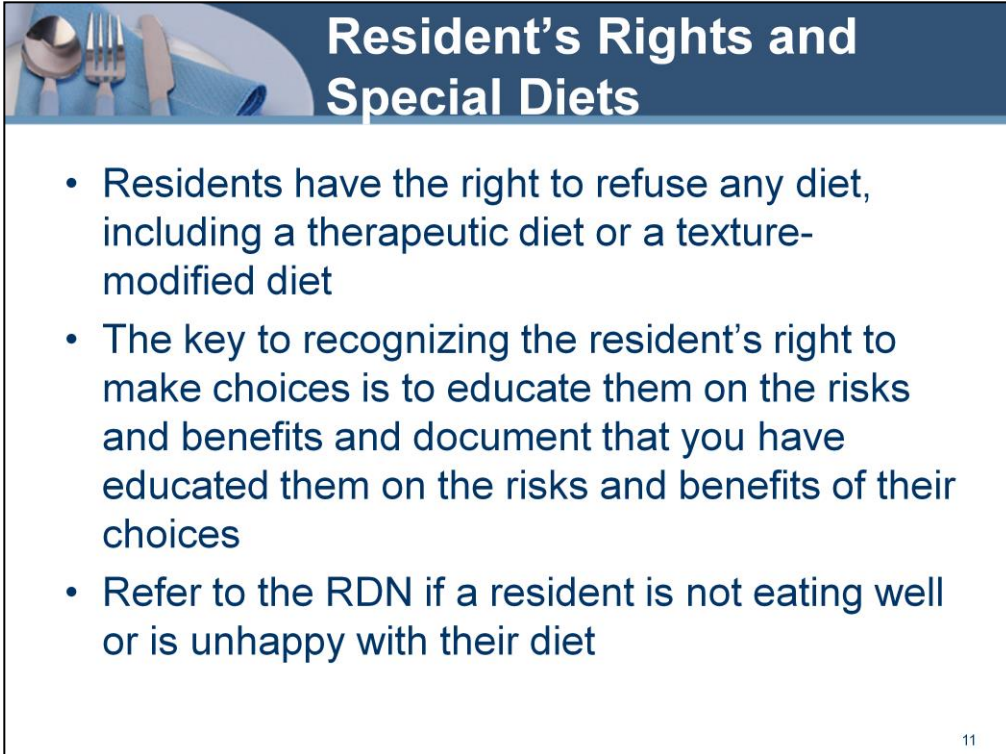
If you keep on doing what you’ve always done, you’ll keep on getting what you’ve always gotten!

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

It’s time to learn to think “outside of the box” when it comes to dining services.

The facility administrator , dining/food service department, DON, and nursing staff should all be involved in planning ways to accommodate more choices in dining. For example, if open dining at breakfast is considered, nursing needs to be involved in the planning to determine if nursing assistant’s/aide’s schedules need to be changed to accommodate dining changes.

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

A graphic with a dark blue header containing the title "Resident's Rights and Special Diets" in white. To the left of the title is an image of a silver spoon, fork, and knife on a white plate with a blue napkin. Below the header is a white box with a thin black border containing three bullet points in blue text. The number "11" is in the bottom right corner of the white 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
- Refer to the RDN if a resident is not eating well or is unhappy with their diet

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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.*

Our residents depend on us to meet their best interests. 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 nutritionist (RDN) should be involved in situations where a resident is unhappy with his/her diet order. The RDN 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 who 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.

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



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, RDN, DON, and Medical Director, and in cooperation with the attending physician

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Experts believe that in many cases, special diets and texture-modified diets are not needed by residents in long-term care.

These experts, include the Academy of Nutrition and Dietetics, the American Medical Directors Association, and many collaborating organizations that developed the Pioneer Network New Dining Practice Standards. 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.

Decisions regarding use of therapeutic diets in a facility should be made jointly by the Administrator, RDN, DON, and Medical Director, and in cooperation with the attending physician.

Presenter Note: 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.
- Academy of Nutrition and Dietetics Position Paper on Individualized Nutrition Approaches for Older Adults in Health Care Communities.



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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Most people believe that No Concentrated Sweets (NCS) diets are needed for older adults with diabetes and No Added Salt (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 real benefits to strict control of blood sugar levels in older adults. The same goes for NAS diets and blood pressure.

Most experts agree that quality of life and a resident's right to choose take precedence over the benefits of a therapeutic diet. We can alter medications as needed to control blood sugars or blood pressures and allow older people to enjoy their food and preserve the pleasure of eating.

Presenter Note: 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 <https://www.pioneernetwork.net/Providers/DiningPracticeStandards/>.

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



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
- Residents with dysphagia should be evaluated and risks and benefits of potential consistency modification discussed with the resident

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

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*. This can be done in conjunction with the RDN, 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.

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.

Presenter Note: Refer to Pioneer Network Food and Dining Clinical Standards Task Force. New Dining Practice Standards. 2011.

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



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 staff handle this?


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Presenter Note: 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 to discontinue the carbohydrate controlled diet and order a regular diet at the resident's request.
- Document education and outcome of the conversations in Mrs. Smith's medical record.
- Monitor Mrs. Smith's blood sugar levels as ordered by the physician and provide medications/insulin as ordered.



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 should be comfortable with the decision if:
 - conversations about the resident's right to choose and outcomes of those conversations are properly documented in the medical record
 - the care plan is 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 the facility gave the resident the information needed to make an informed choice.

- 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.

There is no guarantee that the facility will not be cited, but proper documentation can help assure that the survey team knows the resident was given a choice, educated on the risks versus benefits, and involved in making the decision, and that all of this is documented in the resident's medical record.

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



Potential Citations

- Resident's rights. The facility could be cited if the diet is not changed to respect the resident's right to choose
- Nutrition. The facility could be cited if a therapeutic diet is not provided when there are nutritional problems
- 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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When it comes to nutrition and dining services, the surveyors' job is to determine if the meals are palatable, attractive, nutritious and meet the individual needs of each resident. There are several potential citations that could result from this scenario:

- Resident's rights. The facility could be cited if the diet is not changed to respect the resident's right to choose.
- Nutrition. The facility could be cited if a therapeutic diet is not provided when there are nutritional problems.
- 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.

It is up to each facility to determine that their counseling and interventions have met the requirements of the regulations.

Presenter Note: Refer to CMS State Operations Manual. Appendix PP - Guidance to Surveyors for Long Term Care Facilities which outlines F tags and provides interpretive guidance for the F tags. It can be found on the Centers for Medicare and Medicaid Services website.

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



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 care plan 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 care plan as necessary, with the resident's input.

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



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
- 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

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- 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.
- To assure residents' quality of life and compliance with federal regulations, facilities should include residents in decisions about food and nutrition.
- Residents have the right to make choices about what they eat, where they eat, and who they dine with.
- Offer residents as many choices as possible when it comes to meal time. Choices can have a dramatic affect on how well residents eat, how they socialize, how happy they are, and how healthy they are.

Presenter Notes:

Questions and Answers.

Optional: Post-test.


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



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Handouts

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



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Objectives


1. Learn how to honor residents' rights to make choices related to food and diet
2. Learn what to do to comply with federal regulations regarding food and nutrition services
3. Learn how you can offer residents choices at meal times



Goals of Dining Services

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


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Dining Staff Should

- Provide excellent service
- Serve attractive, palatable meals at the appropriate temperature
- Serve meals on time
- Honor diet preferences, portion sizes, and condiment requests
- Assure appropriate dishes and flatware are available
- Offer water with meals
- Serve other food options quickly when requested

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Individual Choice

Residents have the right to choose:

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

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



Learning Resident's Choices

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

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Accommodating Choices

Facilities are changing the way they operate to add more choices in food and dining

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

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Accommodating Choices

- Allow residents to sleep in and provide a late breakfast
- Serve continental 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 choice" menus regularly


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Accommodating Choices

- "If you keep on doing what you've always done, you'll keep on getting what you've always gotten!"
- Take a fresh new view at meal service to make sure resident's needs are being met
- Learn to think "outside of the box"

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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
- Refer to the RDN if a resident is not eating well or is unhappy with their diet

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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, RDN, DON, and Medical Director, and in cooperation with the attending physician

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



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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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
- Residents with dysphagia should be evaluated and risks and benefits of potential consistency modification discussed with the resident


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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 staff 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 should be comfortable with the decision if:
 - conversations about the resident's right to choose and outcomes of those conversations are properly documented in the medical record
 - the care plan is adjusted accordingly


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Potential Citations

- Resident's rights. The facility could be cited if the diet is not changed to respect the resident's right to choose
- Nutrition. The facility could be cited if a therapeutic diet is not provided when there are nutritional problems
- 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 care plan as necessary, with the resident's input

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



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
- 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

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

Pre/Post Test

True/False (*Circle your choice*)

1. We should honor a resident's portion size and condiment requests.
True False
2. Choice in dining is not considered part of a resident's right to a dignified existence and self-determination.
True False
3. Residents have the right to refuse any diet, including a therapeutic diet or a texture-modified diet.
True False
4. It is not our responsibility to educate residents on the risks and benefits of their choices.
True False
5. Refer to the RDN if a resident is not eating well or is unhappy with their diet.
True False
6. Most experts believe that quality of life and a resident's right to choose should not interfere with therapeutic diet orders.
True False
7. Residents with dysphagia should always receive a consistency modified diet for safe swallowing.
True False
8. The survey team will evaluate to make sure each resident has made an educated decision related to discontinuing a therapeutic diet.
True False
9. Honoring a resident's right to make choices does not apply to the issue of therapeutic and texture-modified diets.
True False
10. Offer residents as many choices as possible when it comes to meal time: choices of what to eat, when to eat and who to eat with.
True False

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

Pre/Post Test Answer Key

1. True
2. False
3. True
4. False
5. True
6. False
7. False
8. True
9. False
10. True