

What's New in Long-Term Care Dining?

Nadine A. Pfeiffer, BSN, RN, Denise A. Rogers, Michelle R. Roseman, NHA, MBA, Leslie C. Jarema, NHA, Aimee Reimann, NHA, and Debbie Combs-Jones, MT, MHA

Throughout the years, nursing homes have traditionally been viewed as medically oriented with rigid schedules and limited choices, decorated with institutional-type furnishings and stark white painted walls. Visitors were few. In many cases these views were validated by actual practice. But in the early 1990s, the “medical model” nursing homes began to change as a few culture change philosophies emerged. Facilities started implementing innovative concepts, which are called “enhancements” in North Carolina, to make these facilities more home-like.

The term “culture change” has become synonymous with “environmental transformation” in the realm of culture-change enthusiasts. The concepts are now many, but they all have the same goal. They all implement an enhancement that transforms the medical model into a more home-like model, thus improving resident quality of life. Some opt to follow the named philosophies in their entirety, while others opt to base the changes on a particular model, altered to suit their facility’s individual needs or goals.

One of the original culture-change philosophies was the Eden Alternative,¹ started by Dr. William Thomas. This philosophy focuses on 10 principles to incorporate staff empowerment with team building and to then use plants, animals, and visits by children as the enhancements to complete the environmental transformation of the facility into a more natural and less “institu-

tional” human habitat. This philosophy focuses on improving the quality of life and quality of care for residents and staff.

The WellSpring Model^{2,3} was started in 1994 and focuses on a collaborative effort between several nursing homes to cross-train and form a coalition. The homes in this coalition pay a licensing fee and monthly fee to the WellSpring Alliance, which supplies all training materials, clinical training experts, a data reporting system, and technical support during the implementation process. Spearheaded by a nurse practitioner, all staff are trained in eight quality of care modules, and they are managed in each home by a coordinator. Care resource teams, comprised of various staff members, are developed in each home to devise and implement culture-change strategies. The coalition-member homes share the costs of the program. There is continuous review of performance

“The ability to choose your own food, socialize with friends, interact with attentive staff members, and enjoy a delicious and healthy meal provides a dignity unmatched by most other services.”

Nadine A. Pfeiffer, BSN, RN, is a Nurse Consultant for the North Carolina Division of Facility Services. She can be reached at Nadine.Pfeiffer@ncmail.net or 801 Biggs Drive, Raleigh, NC 27603. Telephone: 919-733-7461.

Denise A. Rogers, is a Long Term Care Ombudsman/Elder Rights Specialist in the North Carolina Division of Aging and Adult Services. She can be reached at Denise.Rogers@ncmail.net or 693 Palmer Drive, Raleigh, NC 27603. Telephone: 919-733-8395.

Michelle R. Roseman, NHA, MBA, is the Executive Director of Abernethy Laurels. She can be reached at MRoseman@uchas.org or 102 Leonard Ave, Newton, NC 28658. Telephone: 828-464-8260.

Leslie C. Jarema, NHA, is Director of Health Services at The Forest at Duke. She can be reached at leslie@forestduke.com or 2701 Pickett Road, Durham, NC 27705. Telephone: 919-490-8000.

Aimee Reimann, NHA, is the Administrator at the Lutheran Home–Winston-Salem. She can be reached at 5350 Old Walkertown Road, Winston-Salem, NC 27105. Telephone: 336-595-2166.

Debbie Combs-Jones, MT, MHA, is the Executive Director of the Moses Cone Extended Care Center. She can be reached at debbie-combs-jones@mosesccone.com or 1131 North Church Street, Greensboro, North Carolina 27401. Telephone: 336-832-8300.

data related to resident outcomes in a variety of areas. This model focuses on the quality of care aspect of culture change.

The Pioneer Network⁴ is yet another model for culture change. It informally began in 1992 with educational sessions on culture change. The first organized meeting of the movement was held in 1997, and in 2000 the Pioneer Network was officially named and took on its general mission of being a network of people dedicated to facilitating deep-system culture change. This concept directs each nursing home to acknowledge that culture change is an on-going process, base their enhancements on a core set of values, establish a clear vision for change, and establish a mission statement. The implementation of best practices tailored to individual needs is also stressed.

The concept of Person-Centered Planning^{5,6} was initiated by the husband and wife team of Eric and Margie Haider (administrator and Director of Nursing at Crestview Nursing Home in Missouri). In 1998, they began a pilot project adopting person-centered planning into the long-term care setting. This philosophy focuses on each individual and offers more freedom, choices, and independence. This model puts the person in the center and provides more individualized care that is in the best interest of the person.

There are six critical components of person-centered planning: (1) supporting personal satisfaction in the lives of residents; (2) creating individualized living spaces; (3) empowering staff as advocates for the residents; (4) respecting individual life patterns, preferences, and needs; (5) providing opportunity for personal growth, development, and contribution; and (6) fostering a connection to the greater community.

According to data from the 2005 North Carolina Nursing Home license renewal applications, 54% of the facilities across North Carolina have self-reported that they embrace these care philosophies, and 19% of those facilities (73) have reported implementing innovations in the dining experience. The following are some best practice dining enhancements that stem from a divergence from the medical model and signify a transformation into true culture change in long-term care.

Best Practice Dining Enhancements in Long-Term Care

Creating a positive mealtime is a balancing act secured through attention to detail, compassion for the residents, and culinary expertise. At Abernethy Laurels in Netwon, North Carolina, the dining experience involves delicious food served by attentive wait staff and is combined with an inviting atmosphere that allows social interaction. In September of 2004, the age-old tray style dining service was replaced by a more personal table side dining program. Residents enter into a remodeled dining room filled with warmth and friendliness, eager to partake in the fare offered by Executive Chef Eddie Williams and his staff. Residents are free to choose from a menu of entrees and side items based on their individual preferences. Meals are served by friendly staff members who engage each resident in informal conversation, while remaining attentive to the individual needs of the diners. This conversation promotes social interaction, as

May I Serve You, Please?

Ted W. Goins, Jr.

A growing number of healthcare professionals are climbing on the bandwagon of "culture change" in long-term care. Resident-centered care and services are replacing the old, institutional, assembly-line approach of the past. Residents get a voice and vote in how they live. A collaborative, team philosophy is replacing the autocratic model. Those who have embraced these changes have created a much better home in which people can live and work. Facilities who don't change will not thrive, and may not even survive.



Lutheran Home–Hickory residents, families, and staff are excited about buffet dining.

Some of the more notable innovations are occurring in food service. The old system is dying: a system characterized by meals served at 7:00 am, 12:00 pm, and 5:00 pm; residents receive the meal the dietician planned whether they like it or not (with few alternates); meals served from a central kitchen in institutional, dome-covered plates often with luke-warm "hot" food, and luke-warm "cold" food. Meals have been served in the worst traditions of institutionalization, encouraged, if not mandated by punitive federal regulations.

A new day is dawning. Resident-centered care is opening eyes and attitudes. Healthcare professionals, state regulators, and others have joined in asking, "Why can't we do this a new way?" The answer is now "why not!"

Lutheran Home–Hickory is a wonderful example. With support from a Long-Term Care Enhancement grant from the state of North Carolina, the Lutheran Home has transformed a once institutional dining room into a "restaurant." Gone are the institutional colors, observation windows from two halls and a nursing station, and trays delivered from a distant kitchen. All have been replaced with a warm décor, wooden blinds to soften the windows, and a restaurant-style buffet at wheelchair height. Depressing, dark, coffee mugs for all liquids have been replaced with clear cups so

continued on page 289

well as offers an insight into the condition and health of each resident. This daily interaction re-connects the staff member with the resident, allowing for specific requirements to be identified and met, while creating an atmosphere of compassion.

In specific instances where a pureed meal is required, the Pureed Food Enhancement Program (PFEP) offers visually appealing and delicious choices. In days gone by, pureed foods were prepared on-site with a blender. This method created a situation where caloric content, nutritional value, taste, color, and texture were compromised. The mechanical alteration resulted in a bland, shapeless, unappetizing meal being served to residents to fulfill the need for pureed food. Residents often will not eat a meal they cannot recognize. Therefore, residents did not meet their individual dietary requirements, sustenance needs, or morale buoyancy. The PFEP presents pureed meals with uncompromised taste, formed in the shapes and colors of the items being served, with measured calories and nutritional values necessary for the well-being of the resident. Imagine a pureed pork chop, in the shape and color of a pork chop that looks so close to its non-pureed counterpart that the resident uses her fork to cut around what appears to be a bone. Spirits can be uplifted through serving a meal containing identifiable items that possess an enticing and aromatic flavor like other tablemates enjoy.

Since instituting table-side dining services, Abernethy Laurels has experienced a phenomenal rise in resident satisfaction with the food quality and atmosphere. Weight loss has been reduced and malnutrition is non-existent. The ability to choose your own food, socialize with friends, interact with attentive staff members, and enjoy a delicious and healthy meal provides a dignity unmatched by most other services. The dining experience is one more example of Abernethy Laurels' mission to "...add life to years."

The Forest at Duke, a continuing care retirement community in Durham, North Carolina, recently completed an addition/renovation project. Thirty-four adult care apartments were added and integrated into the existing Health Care Center. The project created six neighborhoods connected to an interior street with shared common spaces in a virtual village environment. Each neighborhood serves residents with a different set of care needs.

The creation of the new and innovative Health and Wellness Center gave The Forest at Duke the opportunity to offer more normalization of the dining experience in a long-term care setting. Each "neighborhood" has its own "restaurant" with individualized themes and décor. The secured special care unit, *The Riviera*, has a Mediterranean style "outside" café, *Niko's Bistro*. The intermediate special care unit, *Regency Square*, serves its residents in the Italian themed, *Denali's*. The skilled residents in the *Olsen* neighborhood dine in *The Metro*, an American "restaurant." Residents in the *Biltmore*, who have both medical and cognitive challenges, eat in their own home, 1950s-styled kitchen. *Carlton* residents enjoy their meals in an art deco restaurant, *The Gatsby*. *La Maison*, a country French restaurant accommodates the *Holbrook* neighborhood.

Each restaurant has natural lighting and a garden view to

continued from page 288

people know what they're drinking. It's the little things that make the difference.

Residents are served their drink of choice and the soup of the day, while they await their meal. Residents then visit the buffet and order what they desire. If resident still has a lifelong aversion to broccoli and orders a double helping of mac 'n cheese—go for it! No one should mandate when and what an older adult should eat.

"No one should mandate when and what an older adult should eat."

The transition has not been easy. In its new approach to redesigning the dining experience, Lutheran Home–Hickory started with lunch, and plans to include breakfast and dinner. Staff members, and even some residents, have found it difficult to discard 43 years of tradition. Persistence pays off. Staff is working to take the same and other dining innovations to the smaller units, including two Alzheimer's-type units, in the 204-bed facility.

The best measure of success came when Administrator Amber McIntosh and the team responsible for the transformation were called to the dining room one day at lunch. The residents, who sought some assistance from activity staff, had prepared an entire meal for the team as a sign of their appreciation. A resident spokesperson reduced the entire team to tears as she thanked them for sharing dignity and a beautiful place to eat. The state of North Carolina can take a great measure of credit through the Long-Term Care Enhancement grant that made this possible.

Meal times are another issue being addressed at Hickory and in many other long-term care facilities. Meal times were set like clockwork, literally. How many of us like to sleep-in occasionally, or finish watching that movie before eating supper? In the nursing home of old you ate at 7:00 am, 12:00 pm, and 5:00 pm, period! Some facilities are finding ways to bend over backward to give residents what they want when they want it. Lutheran Home–Hickory even has a colorful snack cart that makes the rounds of the building. Care for a Moon Pie and a Coke? Now that's livin'!

Lutheran Home–Hickory has helped lead the change/charge for Lutheran Services for the Aging's five nursing facilities and two retirement communities. Each facility

continued on page 290

enhance the dining experience. Signage including the menu of the day is clearly visible for cueing and wayfinding. Elegant table settings are provided, as well as lounge areas that include stocked bars for pre-dining activities. Assistive device rooms are provided to promote the facility's policy of seating all residents in dining room chairs during mealtime. Color coordinated linen napkins and attractive décor are provided, as well as dinner music.

For residents who have been identified to have weight loss, aromatherapy is used to stimulate the appetite. Essential oils known to increase appetite are sprayed in the dining area prior to the meal being served. Research studies are demonstrating the effectiveness of aromatherapy in successfully increasing weight in residents with dementia.⁸ The *Biltmore* residents are stimulated by the aroma of coffee, toast, and baked goods cooking in their own kitchen.

For those residents requiring a pureed diet, efforts are made to present them in an attractive way by the use of "food molds" that simulate the food item that has been pureed. To ensure the quality of the food served, they are taste-tested at each meal.

To further encourage independence, choice, socialization, and offer flexibility, any resident in the Health and Wellness Center may dine in any of the "restaurants." Additionally, they may invite family members or friends from outside to join them for meals.

At Rex Rehabilitation and Nursing Care Center in Raleigh, North Carolina, scenic wall murals in several areas have enhanced that facility.⁷ Susan Watkins, a restorative nurse, started the transformation by painting her small windowless office with a view of an arched Mediterranean villa balcony over red-tiled roofs that are cascading down hills to a deep blue ocean. With resident input, a beach scene resembling the North Carolina Outer Banks was painted in the big dining room. This mural includes a lighthouse, seagulls, a fishing boat (a resident's request), and a couple seated on a beach. The industrial kitchen in one corner was transformed to look like a crab shack, which made the freezer fit nicely. One wall in a windowless room, which was once a big storage room, now has a huge painted window with a view of the mountains. This pleases the residents who were fond of the mountains. On another wall, a stone fireplace is painted that looks so real one can almost feel the warmth from the fire. The Rehab dining area was turned into a realistic looking French café, and another dining area was turned into a beautiful garden room with a painted gate, stone wall, fountain, and trellis. These murals have made a change in the atmosphere in which the residents gather and eat. They no longer are looking at white walls, but at color, at pleasing scenes, which conjure up memories of favorite pastimes and pleasant experiences.

When Moses Cone Extended Care Center in Greensboro North Carolina, began the Eden Alternative journey in 2002, the first thing they wanted to do was to bring the smell of grandmother's kitchen back to their residents. Since they weren't blessed with the money to re-design their kitchen, they resorted to use of a little ingenuity to achieve their goal and the

continued from page 289

is on their own culture change path, learning from each other and from other innovators. The small 20-bed assisted living residence at Trinity Oaks Retirement Community in Salisbury has installed a buffet serving table to replace another institutional system. Although the dining room is too small for at-the-table choices, residents tell the staff what they desire, and staff serves it from the buffet in the adjoining



Trinity Oaks' Assisted Living residents enjoy dining together.

serving kitchen. This system provides a personalized restaurant-style service, which benefits the residents by adding choices and accommodating preferences. The aroma from the buffet can also help with residents' appetites. This system is an example of how elders and staff can overcome space and other limitations to create a much more enjoyable dining experience. Innovations can work in every nursing and assisted living facility.

Food and nutrition are important for every age. We all enjoy a tasty meal in a comfortable environment. No one has to give that up. The future of long-term care may depend on our ability to offer these important quality of life dimensions.

Ted W. Goins, Jr., is President and CEO of Lutheran Services for the Aging, Inc. He is an active advocate for North Carolina's elders and nursing homes. He can be reached at tgoins@lsanc.net or PO Box 947, Salisbury, NC 28145. Telephone: 704-637-2870.



Wall mural in the dining room at the Rex Rehabilitation and Nursing Care Center

result was fantastic. They created a small buffet cart that can be placed directly in the dining room. The buffet brings the wonderful smells, which normally stay in the kitchen, out to the residents. The residents can look and smell the selections at each meal and decide what and how much they want to eat. The resident is then escorted to a seat where he/she receives waited service, enjoys the meal, visits with friends, and requests “seconds” if desired.

The buffet and its wonderful aromas have been extremely successful with residents, and they also netted three unexpected benefits. The aromas increased the residents’ appetites, which resulted in a drop in weight loss and an increase in the desire of residents to socialize in the dining room. The third, and perhaps the best, benefit was actually an impact on their visitors. Visitors now regularly come to the Moses Cone Extended Care facility at mealtime, view the buffet, select a meal, and sit with the residents for the type of family gathering they used to experience in their younger days.

The Lutheran Home–Winston-Salem has had remarkable success using flavor enhancers to increase both the enjoyment and levels of food consumption. A large proportion of persons over the age of 65 have smell and/or taste losses sometimes caused by normal aging that can impair nutritional status. There are also many medical conditions that have been reported to cause smell and taste losses in the elderly. These conditions include cancer, Alzheimer’s disease, Parkinson’s disease, and viral infections. A reduced sense of smell and taste can sometimes

be combated by adding flavor enhancers to foods.⁹

Flavor enhancer is defined as a substance that increases the pleasantness of the flavor of another substance. Enhancing food flavors can help our elders maintain appetite and food enjoyment. Long-term care facilities are using flavor enhancers during their cooking process to complement the food product. Some examples of how we are enhancing flavors of foods include using bullion cubes to make sauces and gravies meatier or by using fruit extracts to enhance gelatins or fruit-flavored desserts.

Summary

A number of long-term care facilities in North Carolina have adopted ways to improve the dining experience for long-term care residents. Wall murals and dining room themes help to create a pleasant atmosphere that also might stimulate resident imagination. Aroma therapies are also positive stimulants that increase the appetite and pleasure in eating. Flavor and food presentation are probably some of the most obvious modifications. We can all understand the desire to have our food taste and look good. There are probably even more ideas that could make eating in a nursing home more pleasant and home-like. Efforts like these are critical to stemming weight loss among residents and also to maintaining resident independence to the extent possible. We hope more facilities across the state will use and build on these ideas as they try to maximize their residents’ quality of life. **NCMedJ**

REFERENCES

- 1 Thomas WH. Life Worth Living: How Someone You Love Can Still Enjoy Life in a Nursing Home: The Eden Alternative in Action. VanderWyk & Burnham, Action, Massachusetts. 1996.
- 2 Brown, K. Is Wellspring the enhancement answer? North Carolina Coalition for Long-Term Care Enhancement Newsletter, Spring 2003;4(1):1-3.
- 3 On site visit to Lutheran Home–Albemarle, NC. April 7, 2005.
- 4 Pioneer Network website, <http://www.pioneenetwork.net>. Accessed July 13, 2005.
- 5 National Long-Term Care Ombudsman Resource Center. Resident-Centered Care. Missouri. TDOA Ombudsman Program, January 2002. Available at www.ltombudsman.org. Accessed July 13, 2005.
- 6 Young V. Innovative home lets people take control of their lives. St. Louis Post Dispatch. October 17, 2002. Available at: <http://www.stltoday.com/stltoday/news/special/neglected.nsf/0/7B2DCFD5C3217A4886256C56000444EF?OpenDocument>. Accessed July 28, 2005.
- 7 Rogers D. Murals make it home. North Carolina Coalition for Long-Term Care Enhancement Newsletter Fall/Winter 2004;5(2):1.
- 8 Hall MC, Farnell J. Scents-ible solution. Aiken, SC. 2003.
- 9 Schiffman SS. Taste and smell losses in normal aging and disease. JAMA 1997;278(16):1357-1362.