

Long-Term Care Survey Alert

QUALITY OF CARE: Dish Up Positive Outcomes With a Top-Notch Restorative Dining Program

Experts share inside tips for helping residents with eating.

Looking for a way to improve residents' quality of life and safety, rein in weight loss, and free up staff? Spend time in the dining room to identify candidates for a restorative dining program, suggests **Cheryl Field RN, MSN, CRRN**, senior healthcare specialist with PointRight in Lexington, Mass. Identify people who have trouble feeding themselves, as well as those who appear poorly positioned or seem to be tiring during the meal, she adds. Then assess them further and develop an individualized restorative program.

3 Pointers Help Ensure Success

A three-prong approach will make sure your restorative program makes the grade with residents and families, as well as surveyors and payment auditors.

1. Develop resident-specific, measurable goals. They don't have to be fancy to get the job done, however. For example, "you might write a goal [stating] Mr. S will feed himself using (filling in the blank for the adaptive equipment)," says Field. Or suppose a resident has difficulty sitting up during the meal. You might write a goal stating that the resident will be able to sit upright for the first five minutes of the meal and consume 25 to 40 percent of his meal, Field suggests. Make sure to specify a particular postural cushion, lift in the chair, or weighted spoon the resident will use, she instructs.

Another goal might be that the resident will maintain a steady rate of self-feeding with cues of "take a bite" every 30 seconds.

A restorative dining program can also have psychosocial goals to improve mood and dignity. "What better way to improve someone's self-esteem" than to help him regain or maintain his ability to feed himself, says **Rita Roedel, RN**, national director of clinical reimbursement at Extencicare Health Services Inc. in Milwaukee.

2. Think outside the box. For example, you might use a visual cue where you provide an index card with cues to "bite, chew, swallow, repeat" that the person reads as he eats. "That might work better for some people" than auditory cues, Field says. The idea is to try different environmental modifications and other strategies until you find one that helps the resident meet the restorative goal.

3. Follow the individualized plan during mealtime. "The aid has to know the restorative plan for the four people at her or his table," Field notes. (You can count restorative in Section P3 if a group has no more than four residents per supervising helper or caregiver, according to the RAI User's Manual.) For example, "maybe one resident has an index card telling him what to do," she says. A second resident may need to perform a "dry swallow" in between taking solids and liquids. "Another one may be using a new adaptive tool." The nursing aid may provide another resident only five minutes of cueing and encouragement as part of the restorative program. Then when the resident tires, the aid assists the person to eat the rest of his meal for nutritional purposes, says Field.