

Long-Term Care Survey Alert

Quality of Life: Boost A Resident's Enjoyment Of Food: Avoid A 'Cookie Cutter' Approach To Meals

Keep your weight loss QI/QM in the healthy range.

Food can provide not only physical nourishment but also social enjoyment and a connection to a person's past traditions and routines. On the other hand, it can become a constant battleground where staff are cajoling and fretting and measuring food to get residents to eat more.

The good news: Three simple strategies can help ensure that mealtimes are a highlight of residents' daily lives.

Strategy No. 1: Do a thorough assessment at admission to determine a resident's dietary routines and preferences. The dietitian or clinical team member should find out "how, where and when the person ate -- and what she ate," advises **Sheryl Rosenfield, RN**, a consultant with **Zimmet Healthcare Services Group** in Morganville, NJ. Keep in mind that people tend to like to eat familiar foods, she adds.

Tip: To help ensure residents did have their favorite foods, one culture-change facility allowed them to "shop" online for groceries, which could be delivered to the facility, reports **Katy O'Connor, PT**, also a consultant with Zimmet Healthcare Services. One resident would order buttermilk biscuits and milk for an evening meal because that's what she'd always had for dinner at home.

Use the dietary assessment to make the most of the resident's best meal, which in many nursing homes is breakfast. Some residents may prefer to be served in bed for that meal, Rosenfield says. So make sure facility policy requires CNAs to help the residents get cleaned up and comfortable for the meal -- and that the food is hot enough.

Strategy No. 2: Provide a pleasant dining room experience that allows people options for meeting their individual socialization needs. For example, Rosenfield recently visited a subacute facility that opened up a new small dining room with small round tables and a huge flat-screen TV to accommodate about 20 residents at a time. "The dining room is set up to allow residents to have guests, be social or watch the news during meals," she says.

Strategy No. 3: Help residents stay or get off thickened liquids and pureed diets, if possible. Mechanically altered diets tend to diminish a person's enjoyment of food -- and can cause the person to feel like the odd man out in the dining room. Facilities should thus evaluate whether a resident really requires this dietary approach, O'Connor advises. The speech-language pathologist can evaluate whether the person can swallow safely by using positioning techniques, adaptive equipment and various types of non-mechanically altered foods. The occupational therapist may also be able to do the evaluation, as some states offer swallowing certification, O'Connor adds.

Resource: See "Residents Refusing Thickened Liquids? Try These Simple Workarounds," in the July 2007 Long-Term Care Survey Alert. You can access all past issues through the free Online Subscription Service. To sign up, call 1-800-874-9180. You will still receive paper copies of the newsletter monthly.