

Action Pact, Inc.

Ask Pact

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More Culture Change and Dining

Linda Bump, MPH, RD, LD, our dietary expert and author of the Action Pact workbook, Life Happens in the Kitchen offers some thoughts on the logistics of choice.

"Ask Pact" is our own question-and-answer column where people can ask their Culture Change questions and have them answered by our seasoned team of trainers and educators. You may find some topics here that are relevant to you - if not, feel free to Ask Pact!

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Dear Pact,

We are trying to offer more menu items and give residents choices for their meals. However, we are struggling with how to make residents aware of their options. Sometimes the aides don't seem to know some of the menu options until mealtime so they can't let the residents know ahead of time. In some cases, residents are not being told of all the choices or they struggle with the process of choosing from a verbal list of foods. What good is offering alternative meal items if no one knows they are there? Any suggestions on how to remedy the situation?

Gina

Dear Gina,

The source is a good place to start. Residents should be involved in deciding

the menu and which alternatives will be offered. Staff should note their contributions to the process and learn individual residents' preferences. This will give you a good starting point for going over the meal's options.

The best way to ensure each resident's preferences are honored is the way that works best for each resident, and this will rarely be the same way for each resident in the facility.

Of course, regulations require the posting of the menu for the week in a space accessible for resident view, but even that simple regulation requires consideration of proper height, proper size and proper type to ensure readability for the largest number of residents. Best practice has become to also post alternates on the menu for the week, but posting the alternates for the day in a prominent accessible place is also acceptable in many states.

Depending on the style of service, the facility commitment to honoring preference and residents' abilities, individual residents' preferences can be

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Dining, continued

sought in a variety of ways.

Some facilities share the entire week's menu individually with a resident or family at the beginning of the week and encourage choice for the week at that time. Others offer the next day's menu individually with the opportunity for more timely choice. Of course, this advance selection requires the ability to choose and communicate choice in this manner, and is subject to "change of mind" at point of service.

Some offer point of service choice from a restaurant style menu, others with a table tent menu, and others with verbal choice. Again, the right way is the way that each resident can best exercise their choice in a meaningful way.

Buffet service and family style service offer inherent choice, but it is not meaningful choice if the resident is overwhelmed by the process. Their enjoyment of the meal can be distracted by the choice process. The service style that offers the most facilitated choice is the waited table service style where true choice of two like food group items is offered, food by food, at tableside by a wait staff committed to encouraging intake. In this service style, the resident can even try a bite before choosing, kind of like the little pink spoon at Baskin-Robbins.

The traditional facility may still be collecting resident preferences upon admission, updating them at care conference, and sending trays with selection based on dislikes expressed in the preference system. While meeting the regulations, that system does not meet the expectations of choice in a facility truly committed to resident-centered care. At the least, a facility could consider adding point of service choice of beverage, bread, salad and dessert with the "pre-plating" only of entrée items served banquet style to the resident.

It's true, some residents may find point of service choice overwhelming, whether written or a verbal list of the menu's options. However, a staff member who knows the resident well from consistently caring for the resident can make selections for the resident based on that knowledge and experience when the resident cannot express his or her preferences in other ways. For other residents, a full menu selection may be the best choice. Most best practices will lie somewhere in between these two extremes in a manner honoring resident dignity.