


Person-Centered Dining: Innovations in Dietary Services

by | James H. Collins, PhD

A photograph of an elderly woman with short, wavy grey hair, smiling warmly. She is wearing a bright red blazer over a patterned blouse. She is holding a white plate with a portion of food. In the foreground, there are several glass bowls containing different types of food, including what looks like shrimp and cubed meat. The background shows a kitchen or dining area with windows and a framed picture on the wall.

Hundreds of long-term care facilities across the country are becoming pioneers in one of the most exciting trends in health care today—person-centered care—and it is slowly but surely becoming the gold standard of care. Although person-centered care involves changes in every department, some of the most exciting and innovative changes are taking place in dietary services. In fact, the kitchen is now being seen as the very heart of the facility. This is creating quite a buzz among all dietary staff including dietary managers, registered dietitians, chefs and cooks, who are celebrating new and creative ideas in dining services. As a result, they are taking dining standards in long-term care to an all-time high by preparing, presenting, and serving foods that range from home-style to restaurant style while leaving the institutional qualities out of dietary services.

Person-Centered Care: A Brief Introduction

Person-centered care is a refreshing new philosophy that places the resident at the center of the care process and is replacing the traditional medical model of care, which places tasks, duties, schedules, and regimens before the resident. It is also known as “person-first care” and has been trickling through many long-term care facilities in the United States for the past decade. Only now is it receiving the attention it deserves. Person-centered care focuses on the preferences and values of the resident and places

great emphasis on individual needs, tastes, and lifestyles. Residents are treated like adults who have rich histories and have purpose in life. The facility is not seen as a care center, but as a home where adults live and wish to fulfill their lives on a daily basis in meaningful and significant ways. Finally, staff try to see the world through the eyes of the resident and in doing so, take on completely different perspective in how care is delivered, in the dining experience, and in social events and activities. After all, at the end of the day, what do residents want most? Great food and a social life.

The Importance of Food

Food has been an integral part of human history and will remain an important aspect of the human experience. Hippocrates said over 2,000 years ago “Let food be your medicine.” It was true then and it remains the same today—people love food, not only due to the psychological and emotional pleasure of enjoying it, but food nourishes and heals the body, and is a powerful symbol of nurturing, love, and celebration. Food means many things to many people, but a common image that comes to mind regarding food is the notion of “home.” Prior to requiring long-term care, people lived independently and made home-cooked meals that gave them and their family great comfort and satisfaction. They had their cherished recipes, favorite holiday meals, and traditions passed down through generations of family members. In fact, food is so important, that it often is the highlight of the day for many residents, and it is most certainly the height of any holiday or event. What would Thanksgiving, the Fourth of July, or weddings be without food?

Getting Started: Ask Residents What They Want!

Many long-term care facilities have a pre-set, company menu that they use as a guideline for dietary services and meal-planning. Since person-centered care focuses on what the resident wants, the best place to start is to ask each resident in the facility what he or she would like to see on the dietary menu each month. Although facilities already collect resident’s likes and dislikes, they may be rarely used. In order to prevent this from occurring, create a survey or questionnaire and spend a day or two researching the types of food that the residents want to eat. They may be in the mood for foods that they haven’t told anyone about, or their tastes may change. One thing is for sure—

residents want choices, and person-centered dining offers them as many choices as possible. This is one of the most exciting aspects of person-centered dining, because the possibilities and opportunities for creativity are endless. It is also important to find out how the residents would like food served in the facility. Some of the most creative and innovative methods for serving food include the use of buffets and steam tables, restaurant style dining, fine dining, family style dining, room service, 24-hour dining, and even drive-through dining. The time that food is served is something that should be addressed through the survey or questionnaire. Some residents like to eat at the crack of dawn, while others like to sleep in and have breakfast in bed.

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served and flexible schedules for dining, it’s time to order these foods and the types of equipment necessary to serve them.

Trends in Person-Centered Dining

Some of the most interesting and effective changes in person-centered dining taking place in long-term care include food preferences and choices, presentation of food, how food is served and innovative dining styles, flexible meal times, and the liberalized diet. Person-centered care is about resident choice and preference concerning everything, including food. Many residents run the risk of unintended weight loss and malnutrition; therefore, it is important that they eat what they want, when they want, and how much they want. Under-nutrition can lead to further health problems including vulnerability to infection, delays in wound healing, impaired physical and cognitive function, and reduced rates of drug metabolism. The point is, food choice is important.

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The Food Itself

Think about the endless possibilities concerning the types of food that can be prepared and served in long-term care today. From succulent meats and seafoods, to farm-fresh fruits, vegetables and dairy products, rich pasta dishes, fresh salads, and creative desserts, dietary specialists can use their culinary skills in new and innovative ways. By shopping for the best quality foods at the best prices, dietary specialists can make dining in long-term care as inviting and comforting as eating at home or as special and elegant as eating in a restaurant.

Presentation of Food

Presentation of food is becoming more creative and exciting in long-term care. People eat with their eyes first, so how the food looks influences how it is perceived to taste



and how much it is enjoyed. Food should be fresh, colorful, and appetizing. Meats should be juicy and tender; vegetables and fruits crisp and colorful. It should be presented beautifully on the plate with colorful garnishes. Plates can be brushed with sauces or sprinkled with paprika to make the meal more festive and attractive. After all, this is not an *eating* experience—it is a *dining* experience.

Innovative Dining Styles:

Buffet, Restaurant Style, Fine Dining, Family Style, Room Service, 24-Hour Dining, and Drive-Through Dining

Food is being served in fresh, new ways and person-centered dining styles are really raising the bar in dietary services. One effective way to please the crowd is to offer a breakfast, lunch, or dinner buffet. A basic requirement is a steam table that passes state safety and sanitary regulations and a dietary specialist to serve during meals. Most ambulatory residents can serve themselves, while other residents who require assistance can go through the buffet line with a dining room employee. Buffets are a great way to present and serve food. Who would not enjoy a

breakfast buffet with scrambled eggs, hash browns, sausage or bacon, fresh fruit, toast, oatmeal, and pancakes or waffles?

Restaurant style dining and fine dining offers adults a familiar way to enjoy lunch and dinner. Employees assume the role of host or hostess and waiter or waitress. Kitchen employees wear formal kitchen outfits, such as chef's hats, black pants, and chef's double-breasted jackets. Residents order from menus placed at every table as employees take their orders. While waiting for the main course, residents can enjoy fresh bread on the table as well as soup or salad before the meal. Water, soft drinks, and coffee should flow throughout each meal, and cups and glasses should be refilled at the resident's request. The dining room can take

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on the feel of service and relaxation that people derive from being in a restaurant or experiencing fine dining.

A very innovative and intimate style of dining that is being enjoyed in numerous facilities is family style dining. This type of food service may work best in person-centered facilities that have broken down long hallways into neighborhoods of six to eight residents, who eat together in their own dining room. The idea behind family style dining is to serve the group of residents platters and serving bowls of food, just like they had at home. For example, an employee can serve a lasagna, salad, and loaf of Italian bread at a large dining room table and residents can either serve themselves or be served—just like home. Turn on some music on the radio or the football game on Sunday afternoon on the television and it starts to feel more and more like home.

Most long-term care facilities offer meals in the resident's room, but fail to call it or more importantly “treat” it like room service. The connotation of “room service” is much more pleasant than simply eating in one's room. Room ser-

vice is provided when requested and always with a smile. Many people enjoy eating their meal in front of the television and watching their favorite shows in the privacy of their own room. This is one of the benefits of person-centered care—integrating home life and personal lifestyles into the facility.

Besides room service, food should be available to residents 24 hours a day. The kitchen is never closed at home, so why should it be closed in the facility? Many person-centered facilities have become creative in making sure that food is available 24 hours a day. Some facilities have built small kitchenettes on each unit or wing in the building and have stocked it with food that residents would want to eat any time of the day. To ensure that food is available 24 hours a day, snacks such as fresh fruit, vegetables, yogurt, ice cream, cookies, soups, deli meats and bread, and other items can be kept in a small refrigerator that staff, family, and residents have access to throughout the day and night. The kitchenette can also have a coffee pot, microwave oven, and cupboards stocked with snacks such as microwave popcorn, chips and pretzels, hot and cold cereals, and pudding and gelatin. The availability of these foods makes snacking around the clock a possibility, whether it's an afternoon snack or a late-night bite.

Service During Meals

The chef is only as good as the service in the dining room. Person-centered dining involves not only good food and creative ways to prepare it—great service is a must. Dietary specialists must provide great customer service in the dining room and be very attentive to the needs of residents during mealtimes. Polite and courteous service with a personal touch can enhance the overall dining experience. Servers who get to know their residents can provide service the way residents want to be served.

Flexible and Extended Meal Times

Another vital part of person-centered dining involves expanding meal times and allowing for flexibility when residents wish to eat. Extended meal times offer greater choice and flexibility for residents, especially in the morning. For instance, not every resident enjoys waking up early. Therefore, breakfast that is served either restaurant style in the dining room or buffet style between 7:30 a.m. and 9:30 a.m. offers late risers a fresh breakfast on their own schedule. The same is true with lunch. Although most residents will choose to eat around the noon hour, there are those

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who may want to eat a little early or later in the afternoon. Some residents get hungry not long after breakfast, but find that they must wait until lunch is served as scheduled. A flexible lunch time would solve this problem and can be served between 11:30 a.m. and 1:30 p.m. And finally, those residents who enjoy an “early bird” dinner can be served at 4:30 p.m., while those preferring a later dinner can eat around 6 p.m. The point is that the facility offers choice and is no longer rigid concerning meal times.

The Role of Leadership in Person-Centered Dining

The best dietary ideas may never materialize unless leadership and management invest their time, efforts, energy, and attitudes into the program and then pass their ideas onto their staff through motivational inservice training. Person-centered care requires new roles for leadership—don’t manage employees—steer them in the right direction through positive attitudes and lots of training and education. Firing up employees to carry out the ideas discussed in this article will not be difficult if leadership and management buy into them, believe in them, and have a strong desire to pass them onto their employees. Leadership must support person-centered dining changes and ask their employees for their input and ideas every step of the way—from the beginning of the process—through every change that is made in dietary services. Leaders also need to embrace and encourage originality and creativity among their staff. Employees will only be limited by their own creativity or by leadership that doesn’t value their skills. Let the creativity flow. Allow employees to be their best.

Inservice Training: Content and Attitudes

Education and training are the lifeblood of every department in the facility, and it is an absolute must in the dietary department concerning person-centered dining. What information needs to be passed onto the staff? First and foremost, the idea of person-centered care should be discussed and understood. It is less a model of care and more of a philosophy about providing the kind of care that residents want. The ideas presented in this article are basic concepts that can be shared with the staff. This article is only the tip of the iceberg, and dietary managers are encouraged to research person-centered care more thoroughly. Although the content of inservice training is important, attitudes are very important to talk about with employees. Being creative and innovative requires positive attitudes about person-centered dining. Changing dietary services means changing the way employees think about the residents they serve and long-term care in general.



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Final Words

Some of the ideas in this article may sound crazy and some healthcare professionals may read this and think that person-centered dining will cost too much or is too complicated. Others may worry about regulations. Person-centered care and dining are part of a larger shift in long-term care known as culture change. As a part of culture change, traditional dietary services are becoming a thing of the past. Facilities are replacing the traditional tray line with innovative dining styles such as buffet style dining, restaurant style dining, fine dining and family style dining, room service and 24-hour access to food. While some of these ideas may seem radical, the benefits they offer cannot be ignored. Less food is wasted because residents choose what they want to eat and less food is thrown out. Food costs may either remain the same or decrease slightly, because food choices are more focused. It is important to know that person-centered dining does not have to cost the facility more. Some facilities find that they order fewer dietary supplements or don’t need them at all. Other benefits involve resident health outcomes: increased weight and decreased weight loss, better skin integrity and less skin breakdown, improvement in behavior and mood, and an overall increase in the quality of life. After all, that is what person-centered care and dining is all about—quality of life. ■

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