

Effectively Serving Residents

Without Communal Dining

CULINARY CONNECTION

**KEEP CLIENTS
SAFE AND
WELL
NOURISHED
DURING
COVID-19**

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Skilled nursing and rehabilitation centers continue to be impacted by the pandemic. COVID-19 outbreaks have resulted in elevated mortality, morbidity, and infection rates for centers across the United States. The fragile nature of the resident population, combined with the increased susceptibility from living in a congregate healthcare setting, has required strict protocols to limit COVID-19 exposure and prevent the spread of this deadly virus.

With the elimination of communal dining, older adults living in congregate settings are at an increased risk for malnutrition. Inadequate nutrition can be associated with depression, functional decline, wounds, falls, and even death. Historically, we know that communal dining creates

social experiences that optimize a resident's intake of necessary nutrients.

Based on the facility status, community spread, and state guidance, center restrictions are taking a phased approach to allow some socialization. Dining room occupancy can be achieved by having multiple dining times, limiting the number of individuals at each table, and positioning tables to comply with social distancing mandates. Hand hygiene of the residents is imperative before and after every meal. In addition, regulations require a "terminal cleaning" between each meal period. This entails cleaning and disinfecting all surfaces before

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the next group of residents enters the dining room to help prevent the spread of infection.

What is known regarding residential facilities for older adults is that the COVID-19 challenge is not short-term. History has shown that vaccines take a significant amount of time to develop, be assessed for safety and efficacy, and bring to market.

OPPORTUNITIES FOR FOOD SERVICE

Enhance Tray Presentations

Delays in a vaccine provide food and nutrition departments with the opportunity to take room service to a higher level.

Historically, healthcare food service often utilizes disposables, and there will

always be scenarios where disposables are the best option. For example, food leaving a hospital cafeteria must be placed in a single-use container. Or perhaps current staffing challenges have limited the number of employees available to wash reusable items. Yet, how often are we utilizing precious budget dollars to buy unnecessary disposables?

It is common knowledge that first impressions during foodservice inspections can either positively or negatively impact the outcome of local health, survey, or accreditation kitchen inspections. Curiously, we often don't apply this wisdom when we take care of our patient or resident customers. Leadership is often perplexed at low scores on food satisfaction and industry standard surveys. Yet, how many times do they walk past a patient tray without looking closely at the presentation?

Have daily operations created blind spots so that it does not register if a tray is attractive or not? A food tray is something that most patients and residents eagerly anticipate. When the tray arrives, is their expectation met?

Unsatisfied customers voice their experience via survey scores. These scores are often not the marks we are striving for in healthcare foodservice operations. In long-term care or residential centers, we risk a more severe consequence. Sending a tray or delivering food that does not present well directly impacts nutrient consumption for residents.

Invariably, many operators state that replacing items is not in their budget. These same operations often utilize expensive disposables that are not beneficial to a healthy foodservice program. Using unnecessary single-use products can be like striking a match to budget dollars. Typically, a foodservice operation utilizes some combination of disposable cups, bowls, plates, and trays. By reducing or eliminating non-essential disposables, the money needed to replace worn items that are front and center on the client tray is now available.

For operators utilizing reusable tray-top items, these items must not appear worn or unsightly. In a healthcare setting, these items are

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Enhance Tray Presentations...

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used for three meals a day, seven days a week. This results in items being washed—often in temperatures of 180 degrees or greater—1,000 or more times each year. Check them often for chips, stains, or cracks, as these make dishware unattractive and possibly even dangerous. With the money saved by minimizing disposables, it is feasible to replace the most worn or damaged items each month and only purchase replacement pieces a case or two at a time and gradually rotate them into your inventory.

Create More Appealing Meals

While residents are restricted socially and may be barred from communal dining, we are challenged more than ever to provide appealing and delicious food.

Take a fresh look at your menu items and meal combinations. Does the food look appetizing and smell good? Is the menu nutritionally sound? Are the color combinations attractive? Are items tasty? Are they spiced right for your clientele? Are the portion sizes appropriate? Are hot foods served hot and cold foods served cold? Taking an objective look at your menu combinations may trigger some positive changes. Ultimately, ask yourself, *would that meal appeal to me if I was on the receiving end?* If the answer is no, roll up your sleeves and implement improvements that would change your response. It could be as simple as adding a colorful garnish, or ensuring that not all foods on the plate are the same texture.

If more extensive work is needed, call a team meeting and seek input from your staff. The people who deliver trays to patients or residents may be a great source of client feedback.

Assess Staffing

Another challenge to foodservice operations is how the pandemic has affected staffing. Employees have been quarantined, furloughed, worked extended shifts, and some have even contracted COVID-19. As we continue through the pandemic, we are learning to manage these staffing factors and realize they may change standard operating procedures for the foreseeable future.

All of that said, it's more crucial than ever that the foodservice staff members who interact with patients or residents are pleasant and cheerful. That has always been important, but especially now, individuals in care settings who are not able to receive outside visitors require positive interactions with employees.

Regarding staffing, it's also worth noting that a lack of meal service equipment is frustrating and stressful on an average day.



Assess Staffing...

A challenge to foodservice operations during the pandemic is staffing. Employees have been quarantined, furloughed, worked extended shifts, and some have even contracted COVID-19. As we continue through the pandemic we are learning to manage these staffing factors and realize they may change standard operating procedures for the foreseeable future.

Working short-staffed while lacking proper equipment leaves employees feeling unimportant and dispensable.

Evaluate Meal Delivery Equipment

If an operation is serving food in rooms as they did before the pandemic, changes likely need to occur. Instead of our industry operating as if this is a temporary situation, we need to accept that this environment may be our reality for some time to come. A dining program with a mixture of unmatched tabletop items that have been retrieved from storage or the purchase of cheap

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divided trays to get through the pandemic may seem wise. But this choice does not consider that residents can suffer nutritional compromise related to those decisions. Poor nutrition can result in patient or resident setbacks such as more falls, poor wound healing, increased hospitalizations, and even death.

Meal delivery systems and tray-top items should be available for every bed, regardless of whether there's a pandemic. If a Norovirus outbreak or the flu is rampant, it is common for facilities to feed residents in their rooms to prevent further spread of illness. Having dishes and items needed to execute in-

room dining at any time is prudent.

The 'temporary' mandate has already been in effect for more than six months. While that may sound like a relatively short period of time, meals are typically the activity that brings the most joy to residents each day in congregate settings. We must accept the challenge to think about tray presentation, meal quality, food temperature, and innovation.

Is the ice cream being served melted by the time a patient receives it in their room? Instead of delivering soupy ice cream cups, consider a mobile ice cream shop. A utility cart with bulk ice cream surrounded by dry ice can provide ice cream scooped fresh by foodservice staff. The concept can quickly evolve to the next level by adding brownies, soda, and various toppings. Suddenly, the melted ice cream cup is replaced

with ice cream, a sundae, or a refreshing float.

A mobile beverage service can be provided at meals and, unexpectedly, between meals. Coffee, sodas, ice water, tea, lemonade, and flavored waters are just a starting place for variations that would please your clients and offer more choices. Serving food in individual souffle cups or quiche in 3-inch individual pie shells can help improve the presentation and exceed expectations. Edible flowers are another way to brighten meals. Dessert carts stocked with various covered items that stop at each resident room will enhance the patient experience and improve intake.

SUMMING IT UP

Ultimately, food services can play a critical role in bringing quality of life to residents who are prohibited from communal dining and facing other limitations. We must challenge ourselves to innovate to exceed expectations. In a time where our residents' comfort and contentment may be diminished, providing choices in dining has never been so beneficial. **E**

Create More Appealing Meals...

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- Are items tasty?
- Are they spiced right for your clientele?
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RESOURCES

1. Lee, A., Lee, A., Mrugala, A., Hlebowitsh, K., San Diego, A., Little, M., Genao, L., Buhr, G. (2020). Resident and Family Perspectives on Communal Dining in the Nursing Home. *Journal of the American Medical Directors Association*, 21(3). DOI: <https://doi.org/10.1016/j.jamda.2020.01.073>
2. Centers for Medicare and Medicaid Services, www.cms.gov
3. Centers for Disease Control and Prevention, www.cdc.gov

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- When residents are not allowed to eat in a communal setting, they are at risk for:
 - Depression
 - Malnutrition
 - Both A and B
- How can disposables adversely impact a foodservice operation?
 - Disposables can detract from tray presentation and perceived quality
 - Disposables use money that could be spent for quality reusable items
 - Both A and B
- Besides during the pandemic, are there other times residents should be served meals in their rooms?
 - During facility events
 - During an outbreak of flu or Norovirus
 - At breakfast
- Serving melted ice cream cups _____.
 - Is acceptable because they cannot be kept frozen once pulled from the freezer
 - Makes it easier for patients or residents to eat
 - Will not occur when proper delivery methods are implemented
- What characteristics are important on a patient meal tray?
 - Looks attractive and smells good
 - Is spiced well and is served at the correct temperature
 - Both A and B
- Why would a healthcare center serve anything besides tea, juice, coffee, milk, and water?
 - To give residents more power of choice
 - In case employees want something different to drink
 - If you give a multitude of choices you don't have to provide beverages between meals
- If a facility is providing multiple mealtimes to allow for only one or two residents per table, and tables are socially distanced, what must occur between meal periods?
 - Meal intake for each resident must be documented
 - Terminal cleaning is required
 - Residents must be served on disposable dishes

