Dear Pact,

We’ve heard about the “five meal plan” for enhancing dining and it sounds like a great service to offer our residents, but it also sounds like a logistical nightmare? How do you pull it off?

Thanks,

Terry

Dear Terry,

First of all, you are right – it is a great service to offer residents. But, in no way is it necessary, or even recommended, that facilities in any stage of culture change implement the five-meal plan. It is simply one of many approaches that facilities should consider to achieve the goals of increasing resident choice, individualization and resident satisfaction with dining in long-term care. In fact, some facilities find that anything other than the three-meal plan does not fit their culture or residents’ habits. This five-meal plan choice could be available to any facility, traditional to household, but to be successful, should be considered thoughtfully, and based on resident and family acceptance as determined through learning circles and other team approaches to care.

There are many variations of the five meal plan, but most include a continental breakfast, offered by nursing at the time of rising, a “big” breakfast brunch served from the main kitchen, an early afternoon healthy nourishment often served by activities, the traditional dinner/supper “main” meat and potato meal in the late afternoon from the main kitchen, and a substantial bed time snack often served by nursing as part of the evening routine. The same number of servings from food groups that are used in the traditional three meal/two snack meal plan are used in the five meal plan. This does not change the budget as the same food cost for the day is spread over five meals instead of three.

It’s all about opportunity for resident choice and pleasant dining environment whether at three, four or five meals a day, depending upon the physical plant limitations, and the regulations of the state on alternative meal service. The Action Pact workbook *Life Happens in the Kitchen* offers additional approaches to resident-centered dining at every stage of transformation, and might assist facilities in considering the implementation of resident-centered

Linda Bump, MPH, RD, LD, our dietary expert and author of the Action Pact workbook *Life Happens in the Kitchen* offers some thoughts on alternative dining options and implementation.
Dining, continued

dining practices that are less stressful systemic changes than the five meal plan which, since it impacts on every system in the facility, requires a successful team approach to develop implement successfully.

The high involvement approach to consideration of implementation is essential for its success, whether the facility is committed to culture change or has a more traditional approach. In the absence of teams, high involvement, commitment to resident-centered care, and other features of deep commitment to culture change, the five meal plan may well offer no advantages in satisfaction over the traditional three meal plan, and in fact, may detract from success due to the complexity of the implementation process.

Other earlier efforts can be taken to increase choice, including the addition of a continental breakfast, expanding the breakfast time and/or providing breakfast-to-order one day a week.

All hands on deck dining is a salient feature of many culture changed facilities, and the commitment to assist at meal times, especially with widespread cross training to the dining assistant role, is of significant assistance to achieve positive outcomes in resident-centered dining. Successful implementation of the five-meal plan is best supported by the active involvement of many departments, with dietary, activities, and nursing working together to most effectively serve each of the five meals. Each facility may find a different approach based on their traditional staffing pattern. But the reality is that traditional facilities have always been expected to serve bedtime snacks to many if not all of their residents, at the same staffing ratio they currently implement. So the five-meal plan may simply focus more attention on the traditionally failed practice of the snack cart coming out from the kitchen at 6:30 or 7 and sitting unserved to residents because they are either already in bed or have just finished eating.

The right meal plan for your organization is the meal plan most of your residents prefer. Brainstorming, trial and error, resident input and family involvement will help your team figure out what works best for you.