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posted by Steph Kilen

I don’t think I need to say “the kitchen is the heart of the home and therefore, the heart of culture change.” If you have so much as dunked three toes of interest into culture change, you know that. We know elders should have choice in what foods they eat. (That one is so obvious, it is a little embarrassing that we didn’t do something about it sooner and that other-determined meals served on trays is still the norm for many nursing homes) But, it is important that we think about all the other aspects of having a pleasurable dining experience, not just what elders eat.

Linda Bump, MPH, RD, LD is our guest blogger today and shares her thoughts about the dignities of a dining experience in long-term care:

There is a lot to consider when thinking about how a meal is served, what it is served on or in and how meal service can be adapted to support dining with dignity, regardless of functional ability. Here are a few things to think about:

**DRINKING** - How embarrassing it is to spill, how frustrating to not be able to drink when we are thirsty. Cups that are too heavy, handles that are too small, glasses that are too large or too small to hold tightly and glass too thick or too thin to drink without dripping can challenge elders. When liquids must be thickened for safe consumption, the challenges increase exponentially. So take the time to assess carefully, trial the options, and keep searching for just the right vessel for dignified drinking, as independently as possible.

**STYROFOAM** – It’s not the ware of choice, even when disposables are required for infection control, or preferred for picnics. Yes, they are light-weight, but today’s products often do not hold their shape in the elder’s hands, leading to undignified spills. They do not work well for drinking with weakened muscles, and in some cases may be unsafe as they break off with uncertain bite. If disposables must be used, consider quality products that not only look better, but also support increased intake and independence in dining.

**REAL CHINA** – At home we eat on plates that we have chosen, not cafeteria trays. Consult with residents to find out what’s the right weight for best holding the cup and keeping the plate safely on the table. What color helps to identify food and stimulate appetite? What material won’t chip or break in an unsafe manner? What pattern will remind the elder of wonderful meals at home and make every meal a special meal?

**TRAYS** - Just like wheelchairs are for transportation, trays are for
Dining with Dignity, cont’d

Delivery, not for dining. Delivery of meals to the room may be best accomplished with tray service (think of hotel room service, a lovely tray with linen). But only for residents who truly choose to dine in their room, for their own privacy, not to avoid an atmosphere in the dining room that is not pleasing to them, and certainly not for the convenience of staff rushed for time to assist them to the meal in a gentle manner. Also, place-mats can provide the table definition sought by some residents, adding dignify, even elegance to the dining experience.

CLOTHING PROTECTORS. How is it that our elder’s wear bibs, and even ask for them in dining, while our grandchildren wear bibs most often under protest? Consider large napkins, tucked in or tied, like with a lobster dinner in a fine Boston dining experience. Consider high-necked aprons for the ladies and wide ties for the gentlemen. What an opportunity still exists in our industry for the first company to market a truly dignified “clothing protector”! In the meantime, if “clothing protector” it must be, let’s ban the terrycloth stripes and whites, and seek a dignified design and absorbent material with choices for residents that add fun to the dining experience.

In general, we want to use products and assistance that honors each individual resident’s quality dining experience above all else. Here is an activity that will help your team create that enjoyable experience.

Activity

After reviewing the information in the blog, pose the following questions to the group. You may want to post them on a board so folks can refer back to them. Ask everybody to take 10 minutes to write down their own answers to the questions. Bring the group back together and ask for volunteers to share some of their answers. Once everybody who wanted to share has, see if the group can identify some of the common themes and ideas that came out of the answers. Is there some way you can act on them? Plan another meeting to work on changes.

QUESTIONS

When I think of the dining experience of our residents...

I am most proud of...

I would most like to change...

In a perfect world of unlimited budgets and staff, my dream vision for dining in our home would be...

When I’m old, I want my meals to include....

(Adapted from Action Pact’s workbook Life Happens in the Kitchen by Linda Bump)