

# **Liberalized Diets and the Culture Change Dining Experience Transcript**

## **Slide 0: LIBERALIZED DIETS AND THE CULTURE CHANGE DINING EXPERIENCE**

Good afternoon.

My name is Sharon Hill, and I am the Dietitian Program Manager for the DADS Quality Monitoring Program. Welcome to our THIRD webinar. We are excited to present Liberalized Diets and the Culture Change Dining Experience. This webinar was developed with the approval of the Academy of Nutrition & Dietetics. 1 hour of CPE, Learning Level 2 has been awarded.

If you have questions during the presentation, please use the chat box to type your question. At the end of the presentation, I will read your questions. If we are unable to answer your question during the webinar, we will send answers by email to the attendees.

Now I would like to introduce our speaker: **Cara Buchanan**

### **Cara's Bio:**

Cara is a registered dietitian, licensed in the State of Texas. She joined the Quality Monitoring Program for the Dallas-Fort Worth area, Region 3, in 2012.

She earned a Bachelor of Science degree in Dietetics and Institutional Administration from Texas Woman's University, in Denton, Texas and completed the Coordinated Program in Nutrition and Dietetics from Texas Christian University, in Fort Worth, Texas .

Cara began practicing as a clinical dietitian at Baylor All Saints Medical Center in Ft Worth. She has worked in numerous healthcare settings, including acute care, rehabilitation, wellness, nutrition education and counseling in Fort Worth.

Cara has enjoyed volunteering in her community, enhancing the quality of life for others.

Cara is a member of Academy of Nutrition and Dietetics.

Cara: "Hello Everyone! And thank you for joining us today.

## **Slide 1: Liberalized Diets and the Culture Change Dining Experience**

As we begin today's presentation, try to imagine your Doctor has just put you on a diet. Now, how does that make you feel?

Now imagine you have been moved out of your home (probably from the hospital) into a strange place, with unknown caregivers. Food doesn't taste the same as you are used to...and then you find out you are on a restricted diet. Doctor's Orders! On top of that you HAVE to eat breakfast at 7:00 am, lunch at 11:30, and dinner at 5:00. Many people living in nursing homes experience a similar scenario.

In 2002, the American Dietetic Association published its first position paper on liberalizing diets for older adults in long-term care facilities. With research and revisions over the years, the latest position paper was published in October 2010.

It is the position of the Academy of Nutrition and Dietetics that the quality of life and nutritional status of older adults residing in health care communities can be enhanced by individualization to less-restrictive diets.

## Slide 2: Objectives

Our objectives today will be to:

- Review types of therapeutic diets and identify the results of using restrictive diets with elderly residents
- Describe nutrition interventions to liberalized diets and to prevent weight loss
- Share strategies to implement culture change into meal service

## Slide 3: The Challenge

Weight Loss is serious in the elderly: Significant weight loss can lead to death regardless of other conditions. After age 79, average body weight decreases in both healthy and sick people.

Anorexia in the Elderly includes:

- Feeling full very quickly
- Turned off by large servings of food on the plate
- Double portions do not work

Elderly who lose weight typically lose:

- 75% fat
- 25% muscle and then
- Regain as 85% fat and 15% muscle
- Fat Frail is as bad as Skinny Frail
- THERAPEUTIC/RESTRICTIVE DIETS IN THE ELDERLY OFTEN LEAD TO FAT FRAIL.

## Slide 4: Risk Factors for Weight Loss

Now let's identify some very significant risk factors for weight loss. This SLIDE is an easy way to help remember the risk factors since the first letter of each factor spells meals on wheels.

Some **Medications**: such as Antidepressants & antipsychotics can cause increased confusion or sedation; Antihistamines can cause change in taste; Anti-inflammatory medicines, antibiotics, and chemotherapy can cause nausea/vomiting; Iron and pain medications can cause constipation and stomach upset.

Also **Emotional Problems**: such as **Depression** can cause decreased appetite. Depression is the #1 cause of weight loss in people in nursing homes who are elderly.

**Anorexia:** is loss of appetite with impaired taste, increased feeling of fullness, and may describe the person who eats less than 75% of meals. Double portions will not help this condition!

Don't forget **Late-life paranoia:** Many elderly people have psychotic disorders such as confusion/dementia.

And don't forget **Swallowing Disorders:** such as Dysphagia and not being able to swallow, choking, or enlarged tongue—which may require food texture changes and/or thickened liquids.

**Oral Problems:** Dental disease or dental caries, tooth loss, poor fitting dentures/ non-use of dentures can decrease food consumption. **Poor oral hygiene can affect the taste of food.**

**Nosocomial Infections:** "hospital borne" infections like TB, MRSA

\*These and other infections, fevers, and wounds/pressure ulcers cause increased energy needs in this stressed state and increase nutritional requirements.

**Wandering:** and other dementia related behaviors need to be addressed. Wandering can increase nutritional requirements & individuals with dementia may not realize they are hungry or when they last ate.

**Enteric Problems:** Not able to absorb the nutrients from food or food intolerance such as an allergy to milk.

**Eating Problems:** An inability to feed themselves or not receiving needed assistance.

**Low Salt, Low Cholesterol Diets:** therapeutic diets, mechanical/restricted diets the person dislikes/refuses to eat.

**Social Problems:** food preferences, isolation, eating environment, including table-mates.

**Others** to consider are: Chronic pain, History of Weight Loss, Nausea/Vomiting/diarrhea , Urinary Tract Infection, Bedfast/Dependent, Dehydration, Diabetes, Terminal/End Stage Illness

## **Slide 5: What Restrictive Diets Do**

Restrictive diets are frequently too low in calories, bland in taste, and unappealing. 50% of people living in nursing homes who are underweight are on a restricted diet.

Then we have Therapeutic Diet Failure, which means "A diet cannot be EFFECTIVE if it is not eaten."

Therapeutic diets are not bad...just not as effective in the elderly. Weight loss can lead to mortality more quickly than most disease processes.

## **Slide 6: Diabetic Diets**

Research shows that there is NO evidence to support a No Concentrated Sweets diet order.

The Diabetic diet makes no difference in glucose control in nursing homes

Most nursing homes use monthly menus that follow a 3-4 month cycle.

So in nursing homes: Regular diet is appropriate for most people with diabetes:

- Offer consistent meal times – no skipped meals
- Make sure consistent calories, CHO, Protein are calculated in each menu and they get the same amount at each B – L – D each day.
- Also offer standardized portion sizes

ONCE PEOPLE WITH DIABETES ARE ALLOWED TO EAT WHATEVER THEY LIKE, THEY STOP CHEATING.

### **Slide 7: Cardiac/Cholesterol Diets**

Cardiac Medications may cause decreased appetite:

While the risk of heart disease related to cholesterol decreases after 65, the risk of malnutrition increases after age 65.

The relationship between cholesterol and heart attacks/death disappears after age 85.

- Low Cholesterol diets are not necessary in LTC
- Serving more fruits and vegetables would be beneficial

### **Slide 8: Low Sodium Diets**

Low Sodium diets are:

- Often bland and tasteless and in addition,
- Elderly have fewer taste receptors on the tongue
- Remember that processed food, such as macaroni and cheese and frozen entrees have a lot of sodium added.

### **Slide 9: Renal Diets**

Renal diets are the most restrictive; limiting or eliminating salt and favorite foods like potatoes, milk, and orange juice.

Food Service tends to serve the same food repeatedly, mainly due to being afraid of making a mistake w/ the diet.

Dialysis, fatigue, medications, or medical condition may cause lack of appetite resulting in decreased food intake.

LEAD IN: Liberalizing diets does NOT mean an automatic removal of all therapeutic diets.

SO WHAT CAN BE DONE TO IMPROVE FOOD INTAKE AND ELIMINATE WEIGHT LOSS?

## Slide 10: Prevention of Weight Loss

First we can:

1. Interview individuals and family members to determine food preferences.

THIS IS THE FIRST INTERVENTION

This is done by the dietitian or Dietary Manager, but anyone can tell the Dietary Manager if a resident does not like a particular food. Next we might

2. Eliminate dietary restrictions. This is decided by the physician and dietitian. (Liberalizing diets). And then a third intervention would be:
3. Trying different textures of food. Again, as I stated earlier,

ONE THING THAT DOESN'T WORK: DOUBLE PORTIONS!

There are 3 levels of assistance:

1. Giving verbal prompts – anyone can do this
2. Physical guidance – by trained staff
3. Actual feeding – by trained staff

## Slide 11: Prevention of Weight Loss: Dining

Since food nourishes the spirit as well as the body, meal satisfaction can help prevent weight loss and other health problems.

<<A **handout, Best Practice Dining/Meal Service Techniques** is available with this webinar >>

### Dining Service

1. The food is at the appropriate temperature, it smells good, and it looks good. **The pureed foods are not mixed all together.**
2. Remember Menu variety makes meals more interesting. The individual is encouraged to eat some of each food on the plate.
3. Preferences of dining companions: having someone the person likes seated at the table while eating.
4. Make sure prompt, personal cheerful assistance is given, such as cutting up the food, opening the beverages, adding salt, pepper & butter to food.
5. Allow sufficient time to eat.
6. Positioning the person so they can reach the table and their plate comfortably.
7. Serving everyone at the table together and plates removed from trays to provide a home-like atmosphere.

## Slide 12: Prevention of Weight Loss: Family support, nutrition therapy

**Family support** can be increased by:

1. Asking the family what the person's food preferences are
2. Assisting the individual with meals as needed
3. Encouraging family to bring food/snacks from home

What can staff do? Be an Extra set of eyes & ears.

- Encourage the person to consume the food.
- Offer Positive comments. Let staff know how important they are and that they really do make a difference.

#### **Nutritional therapy:**

- Encourage the person to consume the between meal snacks that are Offered, including the liquid nutritional supplements.
- Help the individual to drink as needed,
- Encourage in a positive manner rather than asking if the person would Like to drink the supplement...usually the answer is NO!
- Inform the nurse if the individual does not drink or eat the supplements.

(Example: when you see supplements lined up on the windowsill.)

The Academy of Nutrition & Dietetics offers additional information about liberalizing diets, referenced in the Position Paper: Individualized Nutrition Approaches for Older Adults in Health Care Communities.

**NOW THAT we have discussed Liberalized Diets-we will discuss CULTURE CHANGE!**

#### **Slide 13: DADS & Culture Change**

The Texas Department of Aging and Disability Services (DADS) is dedicated to transforming the culture in nursing homes by affirming the dignity and value of each individual and the caregivers who provide support for them.

WHILE THERE ARE MANY FACETS OF CULTURE CHANGE such as:

- PERSON IN CONTROL OF HOW DAY IS SPENT AND CHOOSING

ACTIVITIES; also remember

- EMPOWERING STAFF AND OFFERING CONSISTENCY OF ASSIGNMENTS is very important, too!

Today, WE ARE GOING TO CONCENTRATE ON THE NUTRITIONAL ASPECTS OF CULTURE CHANGE

For nursing homes committed to culture change, rethinking the food service is a good starting point.

#### **Slide 14: The Dining Experience: Culture Change Goals**

Implementing culture change requires goals and how to carry out those goals.

You might Ask: What would you like to accomplish by implementing culture change in your facility? Is it...

- Easy access to food like at home
- To create a pleasant dining experience: Things like:
  - Ambience
  - Noise level
  - Attractive tables

Or maybe you want to

Increase choices: such as

- Food quality
- Expanded meal times
- Different Types of meal service

Remember Meal time is great opportunity to socialize.

Another important goal would be to:

Improve dignity: This can be done by

- Personalized assistance with eating,
- Honor food preferences, and then by asking
- Does eating on Food trays or using Bibs honor dignity?

Another goal might be to:

Improve outcomes, such as:

- Improved appetites, less food waste, less supplement use,
- No weight loss. Those are always important goals.

## **Slide 15: The Dining Experience: Getting Started**

Once you have decided on your goals, it is important to have a PLAN

Use input from a Committee to develop that plan

Questions to consider:

- Would you eat here?
- How close is the meal service to the meal service we use at home?
- Is it functional or personal?

- What would be the benefits of changing the process?
- What would you change?
- How can we honor personal choice and dignity?
- What resources do we provide to assist all parties?

After planning, of course it is time to:

DO: Put the Plan into action: maybe you will redecorate, improve food quality, or offer a new meal service

Then it is time to assess or

STUDY: After 30 days review if and how the changes are working

Has Weight Loss decreased? How much food is left uneaten?

And then:

ACT: Revise the plan or add to it to bring dignity, choice, comfort, and support to individuals and staff

### **Slide 16: The Dining Experience: Implementing the Plan**

Culture Change Involves so much more than re-decorating the dining room..

Use resident council meetings to discuss menus and meal service

Think about who makes up the “community” culturally?

And try regional menus and include ethnic favorites

For Menus: Consult w/ your registered dietitian about menu choices. Food vendors also have dietitians that could help adjust your menus.

Then there are Ways to make the food more appealing:

- Arrange food so it looks appetizing on plate
- Serve comfort foods: such as meatloaf, macaroni & cheese, or soup
- Serve an alternate as a second choice

Some providers have hired a chef to improve food quality, individualize service, and honor preferences

The RESULTS include: residents eating more, feeding themselves, weight gain, improved quality of life, regulatory compliance/support, reduced food waste

### **Slide 17: The Dining Experience: Implementing the Plan**

For food preparation and meal service, think about:

- Are food preferences honored? Do some people want to eat at different times from scheduled meals?
- Are Dietary staff trained on correct portion sizes, food textures, and cooking techniques?
- Observe your dining room: is it homelike? Do the individuals receive the assistance they need?
- Or Would Dining rooms in each “neighborhood” instead of a main dining room work for your facility?
- One type of meal service uses a Select Menu w/ at least 2 choices of entrees. Sandwiches, cold plates, and soup are always available
- Then there are: Flexible Meal Schedules: such as Breakfast from 7-9 instead of everyone up and in dining room at 7. This is also easier on your staff.

### **Slide 18: The Dining Experience: Dining Alternatives**

Next we will review several dining alternatives

Of course, the standard meal service is 3 meals plus a bedtime snack. Other types of meal service include:

- 5 meals a day: As an example continental breakfast from (6-8), a substantial brunch at (11), snack at (2), dinner at (5), and a bedtime snack at (8). Next is:
- Restaurant-style: This is a meal in served in courses, and staff serve as “waitresses”. This may or may not include select menus; if not staff tells choices of entrée or the alternate. The choices can be printed on menu at the table. Next is
- Buffet-style: includes several choices. Individuals go through line or have staff retrieve tray if unable
- Family-style dining is: Placing Serving dishes on tables...and everyone can eat as much or as little as preferred. Then there is the
- Select menu: (At least 2 choices of entrees. Sandwiches, cold plates, and soup are always available.) Can be used with a Traditional meal service or restaurant-style
- Extended hours: We discussed previously. Staffing needs to be addressed with both flexible meal schedules and again how this type of meal service may be easier on staff.

### **Slide 19: Hydration**

As people age, they lose their thirst perception, which places them at risk for dehydration.

It is IMPORTANT: Provide many hydration opportunities during the day. This includes:

- multiple beverages w/ meals
- beverage stations for those able to move about independently
- hydration/snack carts that make rounds several times/day

Remember to Approach positively:

If you ask, “would you like something to drink?”—the answer will almost always be NO.

Instead a better response might be:

- Mr. Jones would you like tea or lemonade?
- Ms. Smith here is your morning juice.

Offering Happy hour w/ music, including alcohol for those cleared for it and non-alcoholic beverages for all.

Remember, Any time there is an activity, beverages should be served

Different ways to get fluids have been included on the slide

### **Slide 20: Low or No-Cost Ideas**

Some Low or No-cost ideas include:

Sitting to assist w/ meals: This shows respect and provides dignity to the person that needs assistance. And then:

Take it one step further:

Sharing meals: Meal time is a time to socialize. This enables staff to know the individuals better. Many studies show that people in nursing homes will eat better when family or staff share the meal.

Other ideas include:

Invest in a small oven for baking cookies or a bread machine. The aroma will whet the appetite.

Offering Soup, a favorite of people living in nursing homes and it also provides added hydration

### **Slide 21: Culture Change and Regulations**

In those facilities that have not implemented Culture Change, please note:

- 34% of individuals leave 25% of meal uneaten
- 26% of individuals require supplements
- 8% have significant weight loss in 30 days

Regulatory has not identified any barriers for implementing culture change, and

Nursing homes can actually reduce their deficiencies by:

- Seeking positive person-centered outcomes
- Care planning according to a person's wishes

Dining Service and the quality of the food are core components of quality of life and quality of care in nursing facilities.

### **Slide 22: What it means...**

As we discussed earlier:

**Food nourishes the spirit as well as the body. Meal satisfaction can help prevent weight loss and other health problems.**

Care is not only the care that is provided by nurses or aides, it includes the environment (bright/cheery or is it drab/old), Is the staff (friendly or business only), and then definitely it is the food! So the care must be consistent w/ the assessment of the needs of the PERSON.

If Therapeutic Diets ARE required, the food preferences of the person should be included as much as possible.

So then, the goals should be person-centered...

Some care plans are cookie-cutter and the goals could apply to everyone living in the home!

### **Slide 23: Impact to Providers**

- Change can be scary and difficult unless there is a plan
- Culture change regarding Dining Service can include
  - Changes in meal times
  - Changes in meal service
  - STAFFING Making sure staff are assigned consistently and cross-trained)
  - Then addressing Changes in schedules for care giving: Is it rigid vs. individualized? And considering
  - Diet liberalization/textures changes when medically feasible.
- Then we have to include:
  - Costs
    - The Initial outlay for upgrading dishes, tablecloths, etc. Or
    - Better quality of food, and more variety
    - BUT Then remember: The changes offer improved outcomes such as:
      - Less food waste
      - Less supplements
      - Higher occupancy rate to offset initial cost

## **Slide 24: DADS Culture Change Initiative**

The DADS commissioner is committed to Culture Change: Improving quality of life for people living in nursing homes.

For help regarding:

Questions on Culture Change topics and/or

Stories on Culture Change successes in Texas nursing homes, please refer to the following websites. (on slide) Also Pioneer Network.net is another excellent resource.

Pioneernetwork.net excellent resource

## **Slide 25: Quality Monitoring Program**

The DADS Quality Monitoring Program is committed to Providing Positive Partnerships with Providers, which is our motto.

### **Purpose**

The purpose of the Quality Monitoring Program is to help providers improve services and supports, so that the right thing is done for the right person at the right time. By disseminating best practices for specific focus areas, the program promotes the highest quality services and supports.

Registered Dietitians, Pharmacists, and Nurses are located in the regions and make individual and Team visits to nursing facilities.

Thanks you so much for being a part of today's presentation. As we conclude, Sharon Hill has a few closing remarks.

### **CLOSING:**

Thank you for this very informative presentation, Cara: There are no questions in the chat box at this time. One more webinar is planned by the Quality Monitoring dietitians in 2013. Stay tuned for upcoming announcements about this webinar.

Thank you for your attention and have a good afternoon.