# Quality Dining and Cost Effectiveness, In A Household Environment!

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## Learning Objectives

- Identify key components necessary for a complete and quality-focused dining program
- Learn how to be realistic in establishing and maintaining reasonable operational costs
- Learn essential training skills for care providers and homemakers in quality-focused daily kitchen tasks
- Discover ways to engage residents and families in active participation in meal preparation and service
- Create the kitchen as the "heart of the home"



#### Food is One of Life's Daily Pleasure

"Food is the heart of our home...and most often one of our life's daily pleasures. When we enhance the dining experience of our elders, we nourish their souls, as well as their bodies."

Linda Bump, R.D. Action Pact











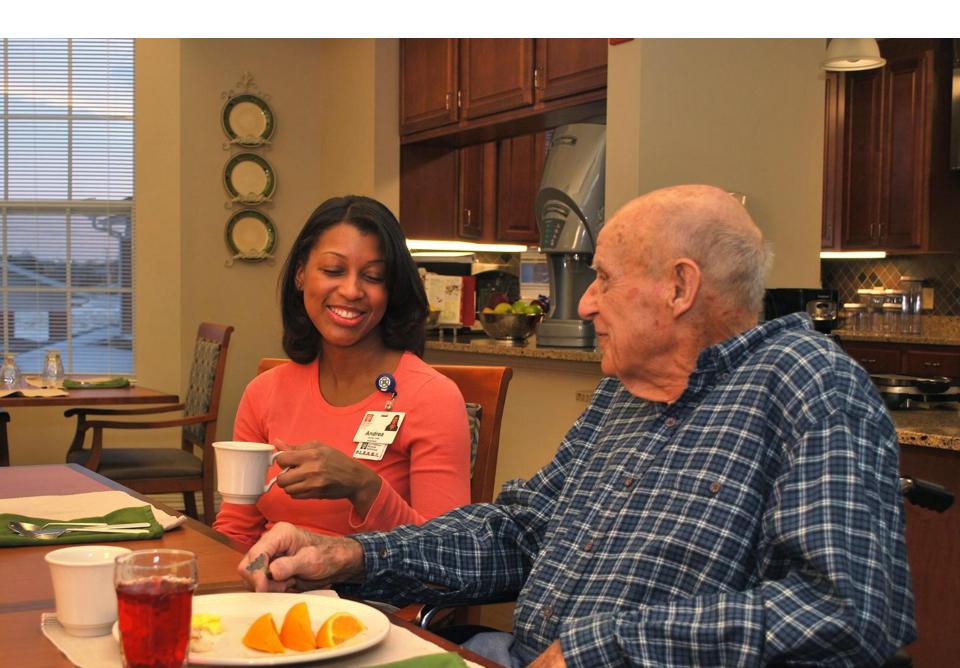












# Household Dining

Once you have taken the first step on the journey, there is no turning back. Baby steps at first, but always moving forward. You cannot become complacent or allow backsliding to overcome you or your team.



It takes the entire community to be on board. No one department can implement a quality persondirected living approach on their own.

- Buy in from BOD, Executive Leadership
- Buy in from nursing, social services, activities, housekeeping, laundry, human resources, accounting, plant operations, chaplains, etc.
- Buy in from residents and families



- It takes time days, weeks, months, years!
- It takes putting aside old practices and methods, old habits, and old vocabulary.
- It takes many, many meetings and conversations.
- It takes studying, training, teaching, retraining, and on and on and on.



#### **Conversations with:**

- Community staff
- Feasibility/marketing consultants
- Financial investors
- Architects, local building authorities (life safety code, public health)
- State licensing authority
- Other senior living communities, Pioneer Network, culture change consultants



- Review your most recent resident/family satisfaction surveys, specifically related to dining.
- Are there suggestions for improvement?
- What could, or should, be improved?
- Develop a dining leadership team to brainstorm.



- Use the dining leadership team to develop an action plan for enhancing the dining experience now, in your current situation.
- Think long term. Break it down into periods of time – 3 months, 1 year, 2 years, 4 years
- Where are we?
- Where do we want to go?
- What do we need to get where we want to go?



- Physical plant renovations are generally necessary to make any kind of significant enhancements in dining.
- Review the footprint of your building and start dreaming. Where could a kitchenette be placed, or a serving kitchen, a more intimate dining room?
- Get your plant operations staff on board. They hold the greatest knowledge of the potential for your building.



- Learn about your state and local engineering services and the requirements for neighborhoods/households.
- Investigate the life safety code requirements for your local community.
- Inquire what other organizations in your area have had to do to meet specific codes.
- Identify what type of equipment or appliances will be allowed in the renovation/construction.



- New construction or renovation?
- How many residents per neighborhood or household?
- Will all food be prepared in the household?
- Residential style appliances or commercial?
- Residential cabinets, counter tops and the amount?
- Exhaust hood and fire suppression system?



- Plumbing # of sinks, drains, location
- Electric # of outlets, location, emergency generator
- Lighting types and location
- Walls, floors, ceilings material durability, cleanability, and visual appearance
- Same concerns for dining area



- Additional storage for refrigerator/freezer and dry good storage?
- Flow of stocking/restocking the kitchen storage areas?
- Where will dishwashing, pot & pan washing take place?
- Is a grease trap necessary?
- How will the trash be removed?
- Where will table and kitchen linen be laundered and stored?



## **Financial Components**

- Food costs will depend on the menu served.
- Food costs may increase initially until forecasting data is available to plan for resident choices.
- Supply costs may also increase initially while setting up all the necessary systems.
- Equipment costs will increase, based on new methods of meal preparation.
- Labor costs can be held budget neutral if your base wage is competitive for your area.



## **Financial Components**

- Food waste should be reduced because residents consume the portion size they prefer, reducing plate waste. Pre-plated foods are minimized and leftovers can be better utilized.
- Costly supplement usage will decrease, because 'food first' is available 24/7.



## **Financial Components**

- Medication usage will decline, especially for laxatives and appetite stimulating drugs, as well as multivitamin usage.
- Clinical outcomes will improve and many conditions related to nutrition and hydration related outcomes will decline in frequency and severity, such as pressure ulcers and UTI.
- Happier residents/families, higher average census, higher morale, lower turnover = Cost \$avings



- Universal/versatile worker or care givers/companions homemaker?
- Should be budget neutral for staffing.
- 'All hands on deck' at meal times must be the philosophy.
- Leadership and ancillary department staff should also be available to assist at meal time.
- All community staff are extended family members in the neighborhood/households. They provide extra socialization and encouragement, making it a pleasant dining experience.



- Train other department personnel to be 'feeding assistants'. The additional pair of hands can dramatically improve the dining experience and give self-satisfaction to the employee.
- Cross-train workers into versatile worker positions. High involvement from traditional department leadership in the selection, orientation, training, quality monitoring and performance evaluations is necessary.



- Decentralize production and service.
- Move meal preparation to household kitchen.
- Determine how many staff hours are necessary in the household kitchen and how many need to remain in the main kitchen for receiving, processing large volumes of items, additional prep work, dishwashing, etc.
- Determine the availability of the dining director to assume some household responsibilities.
- Conduct a time study of each position in 15 minute increments.



- Blended roles dietary aides and housekeeper into a 'homemaker', a person responsible for the dining experience and the cleanliness of the kitchen/dining area. Keep in mind the clean/dirty task relationship and infection control.
- Continue to move dining leadership to the residents instead of positions like the CDM, RD or supervisors.



#### **Continuous Quality Improvement Components**

#### Continue to...

- Monitor and record food temperatures
- Refrigerator/freezer/dishwasher temperatures
- Residents with weight loss/gain
- Prevalence of dehydration, tube feeding
- High and low risk residents for pressure ulcers



#### **Continuous Quality Improvement Components**

Start to monitor...

- Laxative use expect a decline
- Supplement use expect a decline
- Fortified foods expect a decline
- Physician-ordered nourishments expect a decline



#### Continuous Quality Improvement Components

#### Also monitor...

- Residents exercising refrigerator rights
- Residents who eat more than 3 meals/day
- Resident/family satisfaction
- Resident participation in kitchen activities
- Family involvement and dining frequency



# **Regulatory Compliance Components**

Share plans, and seek guidance with your state regulatory team.

- F-246 Accommodation of Needs
- F-464 Dining and Resident Activities
- F-362 Sufficient Staff
- F-363 Menus and Nutritional Adequacy
- F-364 Food is prepared by methods to conserve nutritive value, flavor, appearance
- F-366 Substitutes offered of similar nutritive value
- F368 Frequency of Meals
- F-371 Store, Prepare, Distribute and Serve Food Under Sanitary Conditions



## **Appliance Components**

- Stove top
- Ovens
- Microwave oven
- Warming drawer
- Steam table?
- Dishwasher
- Ice maker
- Refrigerators
- Freezers
- Garbage disposal?
- Exhaust hood
- Fire suppression system



### Kitchen & Tableware Components

- Dishware, glassware, silverware
- Table linen, placemats, napkins
- Aprons, oven mitts, cleaning towels
- S & P shakers, sugar caddies
- Coffee maker, tea pot
- Toaster or toaster oven
- Griddle
- Counter mixer and hand mixer
- Crock pot
- Food processor, blender, milk shake mixer
- Waffle maker
- Measuring cups and spoons, scale
- Mixing bowls, sifter, rolling pin



### Kitchen & Tableware Components

- Mixing bowls, sifter, rolling pin
- Baking and serving pans, sheet pans, wire racks, pie pans, cake pans, muffin pans, casserole dishes
- Skillets, sauce pans, stock pots, lids, strainers
- Spoons, ladles, spatulas, knives, wire whips, tongs, pastry brushes, pastry bags & tips, gadgets
- Thermometers food, refrigerator/freezer, oven
- Storage containers
- Bus tubs, trash cans
- Utility carts, speed racks
- Utility brushes, sanitation buckets
- Step ladder, brooms, mops and bucket, wet floor signs



### **Quality Recruitment Components**

- How to advertise the position
- Experience with senior population, cooking, and hospitality
- Food safety training and practices
- Caring attitude, respect of elders, team player



### **Quality Training Components**

It's not only about learning basic cooking skills... ... it's about making the kitchen the heart of the home ... it's about life's daily pleasures ... it's about resident and family engagement ... it's about stable weights and minimal supplements ... it's about dining with dignity ... it's about choice, options, and daily celebrations of life ...it's about team building ... it's about residents and staff living life to the fullest



## **Quality-Focused Training Components**

A comprehensive training program focusing on:

- Dining with dignity
- Daily pleasures
- Good nutrition and balanced meals
- Menu planning
- Liberalized diets and texture modifications
- Supplement options and between meal snacks



## **Quality-Focused Training Components**

### A comprehensive training program focusing on:

- How to read and follow a recipe
- Cooking terminology
- Safe appliance usage
- Weights and measures
- Portion control
- Enlarging or decreasing a recipe
- Meal planning and timing
- Grocery/supply ordering



## **Quality- Focused Training Components**

#### A comprehensive training program focusing on:

- Food handling safety and ServSafe
- Kitchen safety
- Temperatures
- Table setting
- Rules of table service
- Activities engaging residents and families
- Night shift participation
- Household policies and procedures
- Equipment care



## Resident Involvement

- Provide opportunities for engagement with residents throughout the day
- Menu planning
- Provide meaningful tasks
- Make residents feel needed and useful
- Sitting close by supervising/observing



## Resident Involvement

- Setting the table, B,L,D
- Filling water glasses
- Bus dishes
- Rinse dishes
- Sweeping the floor
- Assist with folding laundry
- Peeling carrots, cutting celery
- Peeling potatoes
- Preparing a salad
- Mixing meatloaf or meatballs
- Baking cookies, cakes, muffins, bisucits
- Pies or other desserts
- Making milkshakes or smoothies



## Family Involvement

- Make family members and visitors feel like part of the family.
- Think outside of the box
- Engage family members in meal preparation and serving



# Family Involvement

- A pumpkin carving afternoon with the grandchildren
- A baby shower for a granddaughter
- A retirement party for a son
- A fine-dining dinner with family members
- A summer barbecue with ribs, slaw, corn on the cob, ice cold watermelon, and beer
- An ice cream or pie social
- Cupcake or sugar cookie baking and decorating with the grandchildren
- Dying Easter eggs with the grandchildren
- Theme meals Italian, French, Greek, Polish, Soul-food, German, Asian, Mexican, etc.
- St. Patrick's Day corned beef and cabbage
- Mother Daughter tea
- Steak barbecue for the guys
- Opening day at the ballpark
- And the list goes on and on. Be Creative!!!











### **Resident Involvement**















### Family Involvement























#### COLLABORATION































## **Discussion**

## Is the kitchen the heart of your home?

## How can you make the household kitchen the heart of the residents household?



## Stay in Touch

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