

The Practices - Master Plan for Change

a. Practice One - Restaurant Style Dining



b. Practice Two - Buffet Style Dining



c. Practice Three - Expanded Snack Program



4. The Practices

The following section describes the three practices that were piloted in our project: restaurant style, buffet style, and resident snack center/between meal choices. One of the things that the pilot project taught us is that there is no “one way” to do any of these programs. In fact, we learned that, to be successful, these practices must be tailored to the needs, desires, and resources in each individual setting. With that in mind, we have presented a list of “critical elements” for each facility to consider when implementing one of these practices. They are presented in “check-list” format for quick review and, if used in conjunction with the action plan template (See Appendix C), they will provide a comprehensive practice plan. As a “first step”, we recommend that providers start by reviewing the following “Master Plan for Change” before implementing any person-directed changes in their facility.

Master Plan for Change

Change is exciting, but also challenging. These are steps (not necessarily in this order) that we encouraged our Person Directed Dining Pilot Participants to take before actually implemented their practices.

Prepare for Change

- a. Assess the situation – Where are you now and where do you want to be?
- b. Identify your targets with short and long term goals
- c. Identify the lead team members, stakeholders, and champions for change
- d. Enlist support from key management
- e. Identify regulatory concerns or barriers
- f. Define your strategy/action steps
- g. Define your method and targets for communication
- h. Define your method for monitoring and evaluation
- i. Develop policies/procedures, budget and tracking tools
- j. Prepare your team and assign responsibilities

2. Manage the Change

- a. Implement the action plan
- b. Make changes in stages
- c. Involve people through open communication
- d. Build key processes (operational and evaluative)
- e. Empower others to act on the vision
- f. Plan for, create and celebrate short-term wins

3. Reinforce the Change

- a. Collect and analyze feedback and key data
- b. Diagnose gaps and manage resistance
- c. Implement corrective actions
- d. Define/evaluate sustainment strategies
- e. Celebrate successes!!!!

RESTAURANT STYLE DINING



Restaurant Style Dining may include any of the following or similar approaches:

- Waiter service taking “orders” table side from individual residents
- Food delivered in “courses” with attractive plates or utensils
- Choices offered of one or more meal components (appetizer, soup, salad, entrée, vegetables, and/or dessert)
- Visual choices offered at tableside with a salad or desert cart
- Food plated in the dining rooms, at a satellite kitchen or in the central kitchen

?	DECISION MAKING TOOL: CRITICAL ELEMENT - RESTAURANT STYLE DINING
	Did you refer to “Master Plan for Change” for initial steps.
	What equipment is needed for restaurant or waiter dining?
	Where will the mobile equipment be parked or stored when not in use? Does it need to be locked?
	Where will restaurant or waiter dining be located? Will residents and staff access this area between meals?
	Is there adequate electrical and plumbing access for your plan?
	Are there any physical plant changes that will be needed?
	What existing equipment can be re-purposed for restaurant or waiter dining?
	Does additional equipment need to be purchased?
	What equipment will be specified for purchase and what is the cost?
	Who will approve the expenditure?
	Can restaurant or waiter dining be operated on an interim basis with existing equipment while waiting for the capital budget?
	Will restaurant or waiter dining operate at all meals, selected meals (i.e., noon only) or only certain meals or days of the week?
	Will it be available to only the residents or also available for family and staff consumption?
	What menu food items and beverages will be offered? Are these the same as the facility menu?
	How many different items will be offered?
	Are these pre-packaged or kitchen prepared items?
	Will these menu food items be available to residents who do not dine in restaurant or waiter dining? (i.e., room trays)
	How will they be displayed on the cart or serving line?
	Will small carts or trays be used to offer resident choices or some meal components? (i.e., appetizer or dessert cart)
	Will any items be pre-set on the dining tables?
	Are there any resident safety concerns such as pouring hot beverages?
	Will menu items be on a rotating or cycle menu or the same each day?
	How will menu be communicated to residents
	Will waiters take orders at the dining table or will menus be pre-selected the day or meal before?
	Will food items for various dietary restrictions be available?
	Will restaurant or waiter dining be limited to residents on unrestricted diets only?
	Do physician ordered diet restrictions need to be evaluated and/or liberalized?
	Who will evaluate and communicate with resident and physician regarding dietary restrictions?
	How will residents on dietary restrictions be identified?
	How will the list of dietary restrictions appear?
	How will items be labeled or designated for various dietary restrictions?
	What is the cost of the items being offered?
	Does the current facility budget cover the anticipated costs?
	How will costs be monitored or reported?

?	DECISION MAKING TOOL: CRITICAL ELEMENT - RESTAURANT STYLE DINING
	What serving utensils or equipment will be needed?
	What glasses, dishes or utensils will be used by the residents?
	What disposable or re-usable items, including napkins, staff uniforms, table linens and clothing protectors will be needed?
	What food safety parameters for time and temperature control apply?
	How will food safety be monitored? (i.e., temperature logs, frequency)
	How will food be protected during transport?
	How will cross-contamination be avoided when serving residents?
	Who will transport residents to restaurant or waiter dining and at what times?
	How many residents will participate in restaurant or waiter dining and how long will it take to serve them?
	What staffing will be needed for restaurant or waiter dining, including which department?
	How will staff be assigned to restaurant or waiter dining?
	What is the cost of staffing restaurant or waiter dining?
	Who will maintain the list of dietary restrictions?
	How will physician ordered diets be communicated and provided?
	Will residents be allowed to choose items not permitted on their dietary restriction?
	How will staff and residents be informed of their rights of choice in dining and foods?
	Will staff be instructed and responsible to redirect residents who choose food items not permitted on their dietary restriction?
	Will staff monitor and document the resident choice/consumption of food?
	Will this be documented in the medical record?
	Where will this be documented in the medical record?
	Will staff track the waste, over-production or shortage of food?
	Do the facility policy and procedures need to be updated and approved for restaurant or waiter dining?
	Are there any forms needed for restaurant or waiter dining?
	Will you do resident satisfaction surveys?
	How often will you do resident satisfaction surveys?
	How will you communicate about the new restaurant or waiter dining? To whom?
	Will you do a pilot test of restaurant or waiter dining?
	When will you begin operation of restaurant or waiter dining?



**CALIFORNIA
CULTURE
CHANGE
COALITION**

**Regional Collaboratives
CMS Region IX Person-Directed Dining Pilot Project
SAMPLE Action Plan for RESTAURANT STYLE DINING**

FACILITY NAME: Rocking Horse Nursing Care Center _____

Overall Goal: We want to improve: The atmosphere, choices, and social enjoyment of our residents' meal time through providing Restaurant Style Food Service

SPECIFIC DELIVERABLES: What needs to be done to accomplish our goal?	CRITICAL LINKAGES: Who needs to be involved within and outside the organization?	PERSON RESPONSIBLE: Who will be ensure this deliverable is completed?	ACTION STEPS: What specific steps need to be taken? List for each deliverable.	PLAN FOR MONITORING PROGRESS: Who will monitor? How will we monitor?	TARGETED DATE FOR COMPLETION: For each deliverable
Research and refine program concept	Dietary consultant Director of Dietary Services (DDS) DON Administrator Activity Director Dietary Committee Resident and family representatives Licensing and Certification	Wendy Valley, Administrator	<ol style="list-style-type: none"> 1. Review existing literature on restaurant style dining in nursing homes. 2. Identify and review applicable regulations, physical plant and financial limitations relevant to implementing this program. 3. Identify key stakeholders 4. Meet with key stakeholders for input on program concept. 5. Refine the concept of "restaurant style" in terms of choices, menus, available meal times and days. 6. Revise action plan as needed to incorporate information gained through research 7. Contact L&C (facility supervisor) to inform of practice plan and ask for any input or questions they might have. 	<p>Administrator to oversee overall implementation</p> <p>Director of Dietary Services and Activity director act as joint project leads</p> <p>Dining Committee to monitor progress at weekly meeting to review action plan</p>	November 2007
Write policy and procedure for restaurant style dining	Dietary consultant DDS Activity Director DON Administrator Dining, Infection Control, and QI, committees	Sunny Hillside, RD , Dietary Consultant	<ol style="list-style-type: none"> 1. Dietary consultant to coordinate the development of draft P&P. 2. Health and Safety considerations to be addressed in P&P (i.e. safe food handling, liberalizing diets, intake monitoring if indicated) 3. Evaluation component to be included (Tools to track Satisfaction, QI, Costs) 4. Review by key stakeholders 	<p>Dietary Consultant to monitor progress of P&P development and report to Dining Committee.</p> <p>DDS and DON to monitor implementation</p>	February 2008

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			<ol style="list-style-type: none"> 5. Review per company requirements 6. Revise based on feedback 7. Adopt policy and procedures 		
Identify target residents and times/days for pilot trial of restaurant style	DDS RD dietary consultant DON Residents Families Direct Care staff Administrator	Tom Tree, Dietary of Dietary Services	<ol style="list-style-type: none"> 1. Resident, family, and direct care staff survey to identify interest in program 2. Dietary consultant, DDS, and nursing review of diet orders to identify residents with potential restrictions. Identify opportunities to liberalize diets when appropriate and offer alternatives as needed to maximize participation. 3. Dining committee review to existing meal structure and identify target times and days for pilot. 4. Dining committee to identify equipment, space, and staffing resources required. 	DDS will monitor the conducting of the survey and will compile the results RD and DDS follow up on dietary order changes Dining committee to recommend schedule and purchase schedule for needed items. Dining Committee to monitor progress at weekly meeting to review action plan.	February 2008
Identify and purchase equipment	Administrator DDS Dietary Consultant Activities Director	Wendy Valley, Administrator	<ol style="list-style-type: none"> 1. Identify exact equipment needed, both large (e.g. Steam table, mobile cold cart, crock pots) and small items (e.g. menus, bowls, table cloths, napkins). 2. Modify existing equipment if possible and explore donation sources as much as possible to keep costs down 3. Research relevant fire and safety standards and ensure selected equipment complies. 4. Dining committee to participate in equipment selection 5. Purchase equipment within budgetary constraints 	Administrator to delegate selection and purchasing per facility routine Dining Committee to monitor progress at weekly meeting to review action plan.	April 2008

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			<ol style="list-style-type: none"> 6. Pilot equipment to ensure that it meets the need. 7. Revise as indicated 8. Implement in phases as required by budgetary constraints 		
Communication Education	DSD Activity Director SSD Residents Families Direct Care staff DDS Dietary Consultant Dining Committee DON	Dudley Dam DSD	<ol style="list-style-type: none"> 1. Educate direct care, dietary and activity staff on Restaurant style policy and procedures. Teach the method for managing residents preferences, nutritional needs, food sanitation, and documentation of resident's response to program 2. Educate residents and family on availability of restaurant style and ways to communicate feedback on the program 3. Initiate logs for intake and a communication board for staff 4. Plan for multiple dept staff involvement in program (Activities, dietary, and nursing) 	DSD to develop communication materials for staff and document in-service Activity Director and Social Services director (SSD) to oversee education of family and residents	March 2008
Implement pilot of restaurant style	DDS Activity Director Direct Care staff Dietary Consultant Dining Committee DON Administrator	Tom Tree, Dietary Services Supervisor	<ol style="list-style-type: none"> 1. Identify times and days for initial restaurant style pilot. 2. Develop staffing plan to ensure efficient and timely order-taking and serving to residents. 3. Implement communication strategy to ensure maximum participation 4. Conduct restaurant style trial at specified times 5. DDS and AD to monitor results daily 6. Resident and family satisfaction surveys to be administer by DSD 7. Program modified as appropriate 	Activities director to monitor resident participation daily DDS to monitor intake, snack preferences and food safety issues daily DSD to administer customer satisfaction survey at onset, 1 month, and 90 days. Dining Committee to monitor progress at weekly meeting to review action plan.	April 2008

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Expand Restaurant Style program	DDS Activity Director Direct Care staff Dietary Consultant Dining Committee DON Administrator	Tom Tree, Dietary Services Supervisor	<ol style="list-style-type: none"> 1. Dining committee to outline expansion plan based on evaluations and budget 2. Goal is to provide restaurant style dining one meal a day, 7 days a week within 90 days 	Administrator and DDS to oversee operation on-going. Dining Committee to monitor progress at weekly meeting to review action plan until fully implemented for 90 days. On-going monitoring of health, safety and customer satisfaction with quarterly quality assurance committee reviews done by DON and RD consultant	June 2008

Overall Evaluation

How will we evaluate overall program?	Weekly review of progress for first 6 months Resident and family satisfaction survey (Specific to dining program and administered to those who participate) quarterly Costs monitoring per month Quality improvement checklist for access, sanitary conditions, adequacy of assistance and supervision, and socialization administered through observation at least once a week.
Who will evaluate?	Weekly review by Dietary Committee Satisfaction Surveys administered by DSD initially, at 30 days and 90 days during pilot period. Annually there after DDS to collect data on food usage and waste - ongoing. Administrator to track and evaluate costs per month. Activity director and DDS to administer QI checklist and report findings to QI Committee quarterly
What was learned?	
How can we make it better?	