Diet Extensions & Spreadsheet Clarification

Based on a variety of diet orders related to residents that are endentulous; have difficulties chewing and/or swallowing and/or having dx: dysphagia...it has been determined that a clarification of textures and consistencies would benefit the IDT including speech (ST); dietary (CDM); dietician (RD); and activities & dietary staff by establishing a clear understanding of allowable foods by:

Regular = No restrictions

Mechanically altered

Level I being PUREED

Level II being GROUND MEATS &GRAVY
SOFT TENDER VEGGIES ¼ INCH OR LESS

Level III being CHOPPED & TENDER MEATS
SOFT & TENDER VEGGIES ½ INCH OR LESS

Level IV being REGULAR MEATS & VEGGIES

These guidelines shall be used for all foods served for menu meals from the dietary department including current and future spreadsheets for present and upcoming menus.

Director of Nutritional Svs. (CDM)	Speech Therapist (ST)
Dietician (RD)	Director of Nursing (DON)
Medical Director (MD)	Administrator (ED)

EXAMPLE

Allowances & Diet Liberalization Information

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Instead of:	***Use:***
Sodium Restricted	***Regular/limit high sodium & no salt pkt***
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High Fiber	***Regular/increase fiber***
Lactose Controlled Diet	***Regular/limit dairy products***
Diabetic/Calorie Controlled	***Regular/limit carbs & sugary desserts***

Textures:
Level 1 = Pureed diet
Level 2= Soft vegetables; breads; ground meats
Level 3 = Foods that are chopped
Level 4 = Regular as prepared

Liquids:
Thin = as prepared
Nectar=such as tomato juice; buttermilk; pre-thickened juices; milk or coffee
Honey=such as honey thick; pre-thickened from vendor ie: juices; milk; coffee
Pudding=thickened to a pudding like consistency

Reviewed & Approved by:

_____ ***date*** _____
_____
Director Nutritional Services ***Registered Dietician***

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EXAMPLE

Action Plans for Dining Program Roll Out

Resident Satisfaction	**Tasks:**	**Person Responsible**	**Goal/Timeline:**
Update Food Preferences	Accommodate all reasonable resident requests for preference and taste within dietary restrictions	CDM/Dining Supervisor/Staff	Second quarter (Mission accomplished and on-going)
Chairs/Tables in D.R.- Adm/CDM, DRM, Supervisors	CDM/DR Supervisor/Staff	CDM/Production Mgr/Chefs/Staff	Initiated and on-going (Chairs replaced 4/2016)
Menu Chat Meetings	Food Committee – conducted monthly by CDM for the purpose of reviewing the menu and allowing for resident feedback	CDM/Designee	Initiated and on-going (Well received and choices incorporated in next week's meal planning)
Liberalize diets/Update policies for dining room monitoring	Have all parties sign off on new policy for liberalizing diets. Install pull cord/alert buttons in dining room/In-service staff	NSD/ED/DON/RD/Medical Director Adm/Maintenance/CDM	1st quarter (prior to start date) Discussion; appropriate wording; presentation; signatures; in-service nursing and dietary. (Completed)
Front of House:	**Tasks:**	**Person Responsible:**	**Goal/Timeline:**
Training Program	Monthly In-services. Complete "Safe Serve" training for staff	CDM/set up with trainer for current new staff & potential new hires	3rd quarter 2015 (2 attendees passed)
Standardized China Pattern	Capital request submitted for new budget to standardize china pattern	CDM/Administrator submitted for capital budgeted expense	Second quarter-2015, use excess dishes. Next year will budget for new dishes. (on-going 2016)
Uniforms: Daily Special Event Only	Cooks to be outfitted in Chef Coats; add cobbler aprons to uniforms of dietary aides/servers in dining room	CDM/Production Mgr	Chef coats and cobbler aprons ordered (Done)
Napkin/Tablecloth Calendar -Wrap Silverware -Different Colors Tablecloth	Routine daily foods or colors	Changing of linens for each meal with appropriate color exchange	Are using difference colored tablecloth.
Food cart(s) presenting food in dining areas (dining room; continental; and skilled hall)	Have posted menu items; always available items; Chef's Daily Choice	NSD/Production Mgr/Chef	Initiated and on-going (well received and expected as part of daily routine)
Update Comment Cards	Presentation; choices; temperatures	NSD/CDM/designee	Using Food Committee Meeting

SAMPLE

			Minutes
Back of House:	**Tasks:**	**Person Responsible:**	**Goal/Timeline:**
Sanitation/Safe Food Handling	Implement Crandall sanitation check list	DSD/Production Mgr/RD/Dietary Staff	Implemented and on-going per SNF guidelines and survey process **(upcoming quarterly Crandall visit)**
Update menus: Review and Implement with Menu Manager Format		DSD/Production Mgr	On-going Selective menus include Menu Manager format/Always Available Options and Resident Choice Menu items (on-going)
Marinating Program	Marinating program in place when appropriate	DSD/Production Mgr	Implemented (on-going)
Fresh Approach Program		DSD/Production Mgr	Implemented and on-going
Bakery Program	Proofing cabinet placed in capital budget. Currently self rising on top of steam tables	CDM/DSD/Production Mgr	4th quarter obtain cabinet **(Done)** 2nd quarter (2016) fully implemented
Garnish Program	Garnish appropriate to entrée items using sauces, veggies & fruit	DSD/Production Mgr/Staff	On-going
Monitoring Process	N/A	N/A	N/A
Continental Breakfast Revamp -Rotating Menu/Recipes For Consistency	N/A	N/A	(Specialty, fruit, and cereals' bread item, all available for individual early bird/therapy/skilled unit).
Update Uniforms	Start of line pre-shift meeting include a Uniform check	All Dietary Staff	(Pending) to ensure good presentation and fine-dining programs
Production Meeting Daily	Production Meetings Daily	Production Mgr	On-going (printed with menu)
Recipes	Menus & Recipes available ea. Meal	DSD/Production Mgr/Menu Management Recipe Program	On-going (printed with menu)
Production Check List	Provided for each day and printed from Menu Management Program for Chef	DSD/Production Mgr	On-going (printed with menu)
All HACCP Forms	Provided appropriate for each recipe Hot/Cold foods	DSD/Production Mgr	On-going (printed with recipes)

SAMPLE

Dessert Menu/Choices	Menu item + fruit + Ice Cream	DSD/Production Mgr	On-going
Always Available Menu/Choices	Available	DSD/Production Mgr	On-going
SNP fortified foods	Available Daily	DSD/Production Mgr	Initiated and on-going every day
Create Accent Dessert/Muffin/ Cookie/Cake	Identify accent items and incorporate into production	DSD/Production Mgr	Second quarter **(not yet)**
Eliminate Run Outs 24 to 48 Hour Prep on Hand	Prep on Hand 24-48 hours Appropriate to menu items Pull-Prep-Prepare-Hold-Cook-Serve	DSD/Production Mgr	On-going
Forms:	**Tasks:**	**Person Responsible:**	**Goal/Timeline:**
Closing & Opening Check Lists	To ensure department is opened and closed correctly	DSD/Production Mgr	Planning stages appropriate to facility.
Management Log			
Talking Points	In-services & training tidbits	DSD/Production Mgr	On-going (shared from NSD;p seminars, ANFP articles; etc)
Attendance Trackers	Sign in sheets	DSD/Production Mgr	On-going
Cleaning Schedules	Daily/Weekly/Monthly	DSD/Production Mgr	On-going
Revenue:	**Tasks:**	**Person Responsible:**	**Goal/Timeline:**
Monthly Spend down	Monitor food; supplies; supplement cost	Administrator/CDM	On-going
Guest Trays			
Marketing Events			

Dining Program **Action Plans for Brand Roll Out**

SAMPLE

DINING PROCESS

The dietary department wants to thank everyone for the valuable input and feedback on the new dining process. Our residents are having more choices; hot foods; wonderful aroma; and feed more of a home style dining atmosphere; are just a few of the many comments we have received.

It is not only the dietary department employees that are responsible for these changes. The team approach is the determining factor that makes it all work. Thank you for your participation.

On another note….just for everyone to be on the same page…..complimentary foods are available for the staff to help themselves from the hot bar in the dining room AFTER independent residents are served. To know when foods are available; the dietary staff member serving; will:

- **have completed service**
- **removed the glass plates; bowls; and real silverware**
- **pulled juices; milks; yogurt; and UN-opened products**
- **removed the serving cart used as a counter for tray tickets/silverware and napkins back to the kitchen.**

In other words; complimentary foods are "left-over" extras we are happy to share after each of the regular meal services are complete.

Thanks again,

Jen, Yolanda and the Dietary Team

EXAMPLE

DINING PROGRAM BREAKFAST

CONTINENTAL CART 100 HALL 6:45

CONCIERGE ROOM SERVICE 7:45

INDEPENDENT DINING ROOM 7:30-9:00 A.M

2ND DINING RESTORATIVE/ASSIST 8:15 A.M.

ROOM HALL CARTS 200-300-400 7:50- 8:15- 8:45

LUNCH

CONCIERGE ROOM SERVICE 11:45

INDEPENDENT DINING ROOM 11:30-1:00 P.M

2ND DINING RESTORATIVE/ASSIST 12:15 P.M.

ROOM HALL CARTS 200-300-400 11:50- 12:15- 12:45

DINNER

CONCIERGE ROOM SERVICE 4:45

INDEPENDENT DINING ROOM 4:30-6:00 P.M

2ND DINING RESTORATIVE/ASSIST 5:15 P.M.

ROOM HALL CARTS 200-300-400 4:50- 5:15- 5:45

EXAMPLE

ACHIEVEMENT GOALS

IMPROVE RESIDENT & FAMILY SATISFACTION
***MONITOR PERFORMANCE**

IMPROVE OBJECTIVE
***ACTION PLAN**

WHAT CUSTOMER EXPECTS
"RED LIGHT"

INTERNAL MARKETING
***SELLING UPGRADE**

PERSPECTIVE BASIC PERFORMANCE
"STATUS QUO"
EXPECTED

I will walk-it; talk-it; lead by example!
Someone is always watching...
Bless these feet where they may walk; mouth where it talks; hands and what they touch; eyes to see; heart to hold; thanks to God I am bold!

EXAMPLE

ROOM SERVICE
POLICIES & PROCEDURES

Food Service; Safety & Distribution

1. ***Food shall be transported in a manner that maintains safe food temperatures and prevents any source of contamination by being properly covered.***

2. ***Food Cart(s) shall be positioned to ensure no blocking of corridors; exits; emergency equipment or patient/resident room doorways.***

3. ***Mobile cart shall be plugged into electrical outlet to maintain consistent temperatures without use of extension cords or impeding flow of travel.***

4. ***Food temperatures shall be taken and recorded:***

- ***when initially placing prepared food(s) in mobile transport cart(s)***
- ***upon delivery to service area if not in main kitchen or main dining room***
- ***mid-way through service if over 20 minutes for delivery of all residents in dining area or hallways from mobile serving equipment.***
- ***Upon removal of empty food pans and re-loading of new item prior to serving***

Only trained dietetic service personnel shall be allowed to portion out/plate foods for patient/residents.

Up-to-date Diet Summary Sheet & Tray Tickets; shall remain with mobile food transport cart to ensure compliance with physician diet orders; restrictions; allergies; and preferences are available.

Any patient/resident requesting or being offered foods from the room service menu must meet criteria for being offered; choosing; and receiving food is said manner in lieu of receiving a hall tray or eating in main dining room. Criteria includes:

- ***physician approval of program for said patient/resident with least restrictive diet orders in the skilled/rehab neighborhood unit;***
- ***able to communicate or make needs/choices known;***
- ***be willing to choose from designated menu choices available and offered;***
- ***foods may be requested by therapy for patient/resident as a trial tray; and***
- ***not be on isolation precautions.***

A hand washing sink (portable or free-standing shall be accessible in mobile food

EXAMPLE

service area (hall; corridor; or dining room). Water (temp min 100 degrees unless state requirements differ; soap dispenser; & single-use towels) must be available.

Disposable gloves shall be worn to eliminate direct handling of foods. Policy for hand washing after removal of soiled gloves and before donning new gloves shall apply.

Only trained nursing personnel or therapy staff are to assist any residents needing care for positioning prior to meal service.

Reminder: Adequate supervision by a supervising nurse does not necessarily mean constant visual contact or being physically present during the meal/snack time. The assistant in the dining area(s) must be aware of and know how to access the supervisory nurse immediately in the event that an emergency should occur. Should an emergency arise, staff personnel must immediately call a supervisory nurse for help according to facility alert system.

A 3 sided-enclosed busing cart will be available for dirty and/or soiled dishes; silverware; and garbage during the hours of meal service in the corridor/hallway.

Separate bag will be available for any soiled clothing protectors; cloth napkins and linens that should go directly to laundry designated areas following meal service.

Mobile food cart will be emptied; cleaned; and stored between designated meal service times after completion of each meal or food related activity.

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EXAMPLE

Neighborhood Unit Manager ***Administrator/ED***

EXAMPLE

"TENDER TOUCH BY GRACE"

Every resident deserves respect and regards for their quality of life. Many times progress in care can depend on the combined effort of all disciplines in any health care setting.

Residents coming into Grace Healthcare of Clarksville for a skilled and rehab to home setting are here usually for a short period of time. Quality of care and their response to this care can be a determining factor of their satisfaction with the services we provide as a combined team approach.

Some residents will be potentially "repeat" clientele for the facility as a resident or for out-patient therapy services. Making a decision to return to Grace Healthcare may depend on the care and overall perception of the united caring approach of the entire Grace team. Other residents and their friends and family may refer others based on this experience.

The "Tender Touch" program allows an extra step in the desired satisfaction outcome for these residents. The program came about as a result of residents voicing dis-satisfaction with one area of care to representatives of another department. Instead of referring the concern to someone else with the possible perception of "passing the buck" for the resident; a genuine caring approach and a listening ear can correct a problem with a tender touch or basically; the right attitude.

Residents should be greeted with a smile and not in a rushed "pop in-out" or forced appearance by a qualified and caring representative. A genuine quick visit will allow residents to give you factual information. This information may be their positive comments about their room; meals, therapy progress; and room comfort. Other comments may be voicing a level of pain; needing assistance with toileting; or needing to speak with someone in social services; housekeeping; or the business office. Hopefully not; but, it could be that someone has treated them badly. Allowing the resident or family member to know someone is readily available and engaged in their overall well-being will make their stay a positive experience under the present circumstances. This is **not** one of those "fake it till you make it" negative processes.

Key elements of the "tender touch" program are:

- Knock-announce-greet the resident and/or family member with a **smile**!
- Show empathy and **support** for their current situation;
- Ask key questions and not generic open-ended ones (never ask how are you and jump on to another question);
- Find something **positive** to open the conversation (appearance; view; outfit, etc)
- Questions may be "Are you having a good day" or "How was your meal" to start; depending on the time of day of the visit.
- Ask if the room is okay; is everyone treating you well; and do you need anything?
- Make notes to notify other departments if concerns can not be addressed by you.
- Assure them you will see what **YOU** can do about any issues or concerns.
- Leave on a positive note and ensure resident satisfaction whenever possible.
- Ask occasionally; not every visit..."Is there anything **we** as a team can do better?"
- Finally, check back and **follow-up** on concerns...to **not** do this will only emphasis neglect and a non-caring attitude that will take away from any positive feelings.
- When discharge time is approaching; ask if the situation arises in the future if they would come back or refer someone to Grace Healthcare of Clarksville. You should be able to anticipate the answer if you truly gave a "tender touch"!

EXAMPLE