CapitalCare has 11 care centres in the Edmonton area. In three of their older centres, the dining areas are in various stages of renovation. The first centre to complete renovations and implement CapitalCare's "Come Dine With Us" Meal Enhancement Program was CapitalCare Grandview. The goal of the program is directed toward offering residents more food choices, and at the same time expanding the roles of staff in providing resident-centred care. In seeking feedback from residents and staff, CapitalCare management wanted to know if their goals were being accepted by both staff and residents.

By Corliss Chan, B.Sc., Doris Milke, Ph.D., Liz Orenstein, R.D.T. and Maureen Flynn, R.N., B.Sc.N.

CapitalCare introduces resident-centred concepts into the dining experience

For most people, meals are an important part of the day; in residential care facilities, they take on added significance. Not only do meal times mark the passage of the day, they are often the highlight. Residents have the opportunity to gather, converse and break bread together.

Improving all aspects of mealtimes can have a huge impact on residents' quality-of-life, one of the reasons why CapitalCare* began searching for ways to improve the dining experience of residents.

Person-centred care

In traditional nursing homes, professional caregivers are usually the decision makers on how the needs of residents are to be met. In contrast, nursing homes oriented to person-centred care put the emphasis on the individual resident and his or her unique needs: their choices are respected, independence is supported, and privacy and dignity are ensured. Caregivers in a person-centred facility become partners with the residents' family and the community in support of the resident.

For years, the older centres of CapitalCare relied on tray service, which is still a common practice in many long-term care facilities **(Carrier, et al., 2006; Remsburg, 2010; Singh, 2010)**. However, tray service is not considered 'homelike' **(Remsburg, 2010)**; it has even been linked to residents' risk of malnutrition **(Carrier, et al., 2006)**.

In traditional nursing home dining, where tray service is used, food is plated and placed on trays in a central kitchen. The trays are then sent to different floors in noisy trolleys, with the food more often cold, degraded and visually unappealing by the time it reaches the residents.

Home-style dining

Bulk food delivery may have a better reputation with meals being plated from a steam table in a servery near the residents' dining room; however, trays may still be used with this system.

A centralized kitchen may also send steam tables with pans of food to resident areas to be plated; but if plates sit on individual trays while the plating is completed, the food may experience degradation or, at best, will not be at its best temperature. If, however, plated food is delivered immediately to the residents, optimum heat and appearance will be ensured. This is an aspect of home-style dining, with research advocating this type of dining as a key strategy in improving nutrition and person-centred care **(Remsburg, 2010)**.

Social and environmental factors

Social and environmental factors also play a role in the dining experience. Having meals in pleasant surroundings is often unavailable to residents in long-term care **(Dory, 2004)**. Too often, design features and the ambience, or atmosphere, of the dining area are unlikely to stimulate social interaction; plus, undefined spaces and pale coloured walls are the rule - rather than warm colours and comfortable and inviting dining spaces.

Two important environmental features are associated with residents' low food and fluid intake:

1. having to eat meals in bedrooms; and

*** CapitalCare**

Operating in Edmonton since 1963, CapitalCare is a publicly-funded continuing care organization providing services to over 1,400 long-term care residents in 11 centres, and over 300 clients living in the community. CapitalCare is a wholly-owned subsidiary of Alberta Health Services.

2. having to eat in dining rooms with institution-like features **(Reed, et al., 2005; Carrier, et al., 2007).** .

'Cooking up quality-of-life'

In a campaign called *"Cooking Up Quality of Life,"* the CapitalCare Foundation announced it would raise $4 million over three years to renovate the 19 dining rooms at CapitalCare Grandview, CapitalCare Dickinsfield, and CapitalCare Lynnwood. A major incentive for this campaign was aging equipment that might at any time deliver distastefully cool food - or even fail.

CapitalCare Grandview (Grandview), was to lead the way by transforming its two dining rooms. The goal was to create a pleasing dining atmosphere for residents and their families that would approximate the dining comforts of home; improved décor and meal service were viewed as essential ingredients to the enjoyment of good food.

Earlier this year, on the the second floor where residents with dementia live, the dining area was expanded. Walls were moved and spaces were linked. New furnishings were acquired, and open bistros were established and equipped with steam tables, refrigerators and a built-in convection oven.

Renovations and dining changes

Before and after photographs were taken indicating how the dining rooms on both floors changed. Notably, trays and plastic eating utensils were replaced with new porcelain-like tableware and white cloth napkins. Dishes now gave the impression of a homelike environment - unlike plastic dishes that tend to induce a feeling of being institutionalized and possibly influencing the taste **(Carrier, et al., 2007)**.

Although some residents preferred not to use the new cloth napkins, others felt they made the meals a special occasion. Whether the cloth napkins were used was not important, but their presence in adding to the decor of the dining area was.

Expanded staff roles

New responsibilities were assigned to staff at Grandview. For example, nursing staff began working with food service personnel and assisting with dining room table service.

Changing from traditional "intra-team" co-operation to a new "inter-team" collaboration was expected to be a challenge.

Intra-team refers to staff from the same discipline **(Ryan, et al., 1997)**. Inter-team staff, on the other hand, come from different disciplines and collaborate in the performance of a common goal. Recognizing that productive, well-functioning teams are created over time, management also wanted to know if the new staff arrangement was adapting to their new assignments **(Pitkälä, et al., 2003)**.

Resident and staff surveys

As the dining venture progressed, administration felt the need to capture the transition - its successes, failures, and challenges. Administration also wanted to know if changes affected by the new dining experiences, i.e., food appearance, temperature, ambiance and interactions with others, would affect residents' quality-of-life. Management also wanted the perspective of frontline staff.

One of the authors of this submission, who was completing her studies in nutrition with a practicum at Grandview, volunteered to gather the necessary Data.

Data collection: residents

In order to determine residents' impressions of the renovated dining rooms and the new methods of food delivery, a *Resident Food and Dining Satisfaction Questionnaire* was developed. As well, a *Staff Questionnaire* was prepared. Participation was voluntary and information was collected in private interviews.

Residents were invited to engage in one-on-one interviews of approximately 10 minutes. Short questions requiring simple answers (qualitative research), rather than ratings (quantitative research), encouraged residents to participate, with the majority of questions geared to eliciting a "yes" or "no" response. If answers were neither, then "neutral" was the recorded.

A potential problem with this type of inquiry is its limitation in gauging the degree of reaction to a particular issue; however, encouraging commentary on certain items, rectified this to some extent. When some questions elicited further commentary from the residents, these too were recorded. The same questionnaire was used for residents on both floors.

Second floor residents, it should be noted, posed a challenge as they had varying degrees of dementia. Nursing staff were asked to narrow the list of resident participants to those most capable of responding to the questions. A total of 12 were selected by the nurses.

Since all the residents on the first floor were mobile and cognitively alert, all were invited to participate in the one-on-one interviews. A convenience sample was used; that is, responses were used from the first 12 residents selected. Although this posed a risk that the sampling would not be representative, it was later determined that the first 12 were, indeed, representative of the 1st floor population.

Data collection: staff

The staff questionnaire was designed to determine whether working values expressed by care staff would reflect aspects of person-centered care, and whether these values varied among the care disciplines involved.

All staff at Grandview (R.N.s, L.P.N.s, health care aides, food service staff, and all other supporting care staff) were invited to complete the questionnaire. Participation was voluntary. Copies of the questionnaire were distributed and collected data were treated anonymously, although staff were asked to indicate their job title, as well as their primary work location.

Results

Overall results from the *Resident Food Satisfaction Questionnaires* were positive. 92% of residents with dementia and 83% of cognitively alert residents said they looked forward to eating in the new dining room. **(Figures 1.1 & 1.2).**

A key question was: "Do you like the food?" 100% of those with dementia answered 'yes,' whereas more than 80% of those cognitively alert gave a positive or neutral response (58% 'yes,' 25% 'neutral,' 17% 'no').

Importantly, the resident questionnaire indicated that care staff were respecting residents' personal choices and providing

Figure 1.1: First Floor Resident Satisfaction Questionnaire

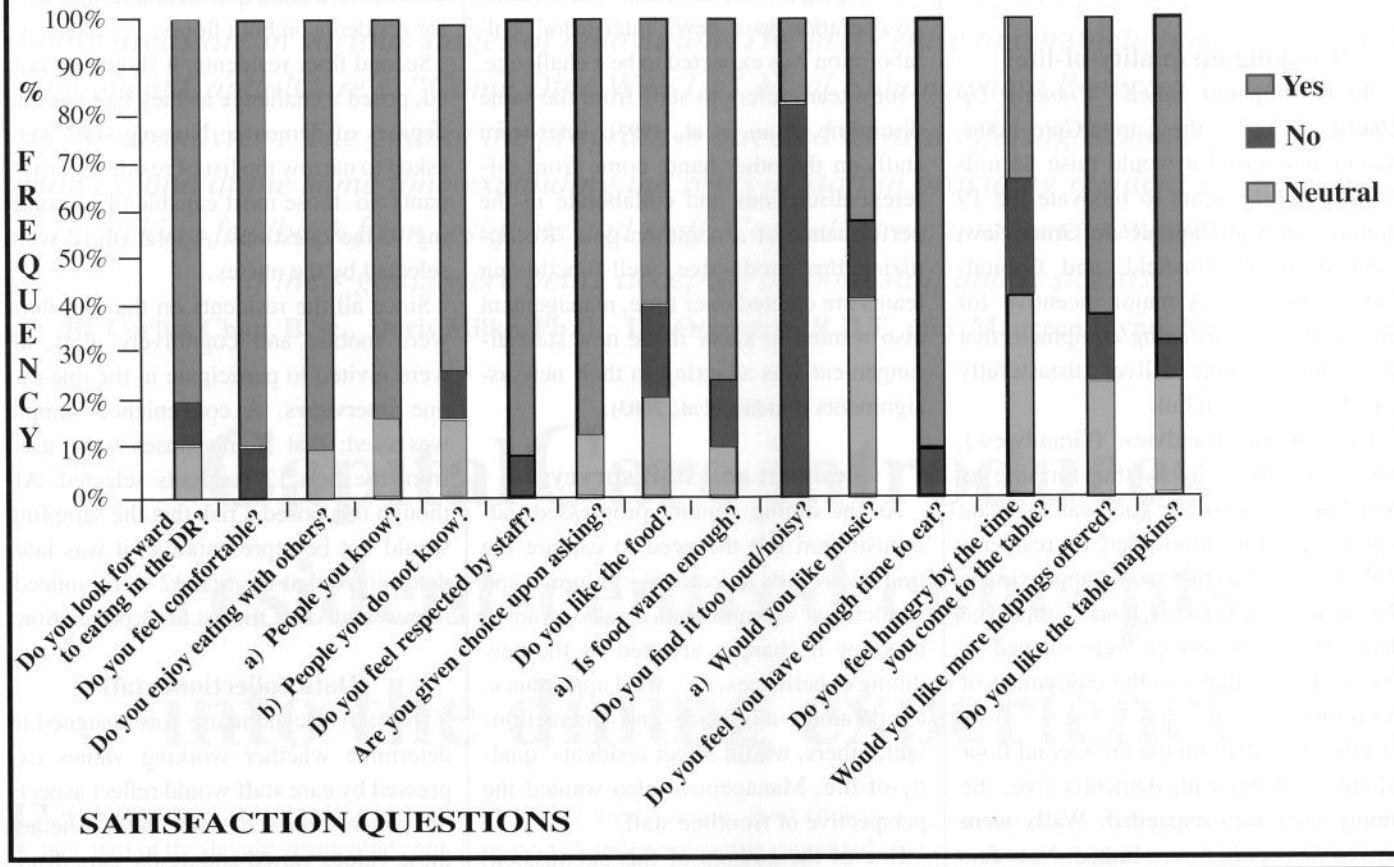
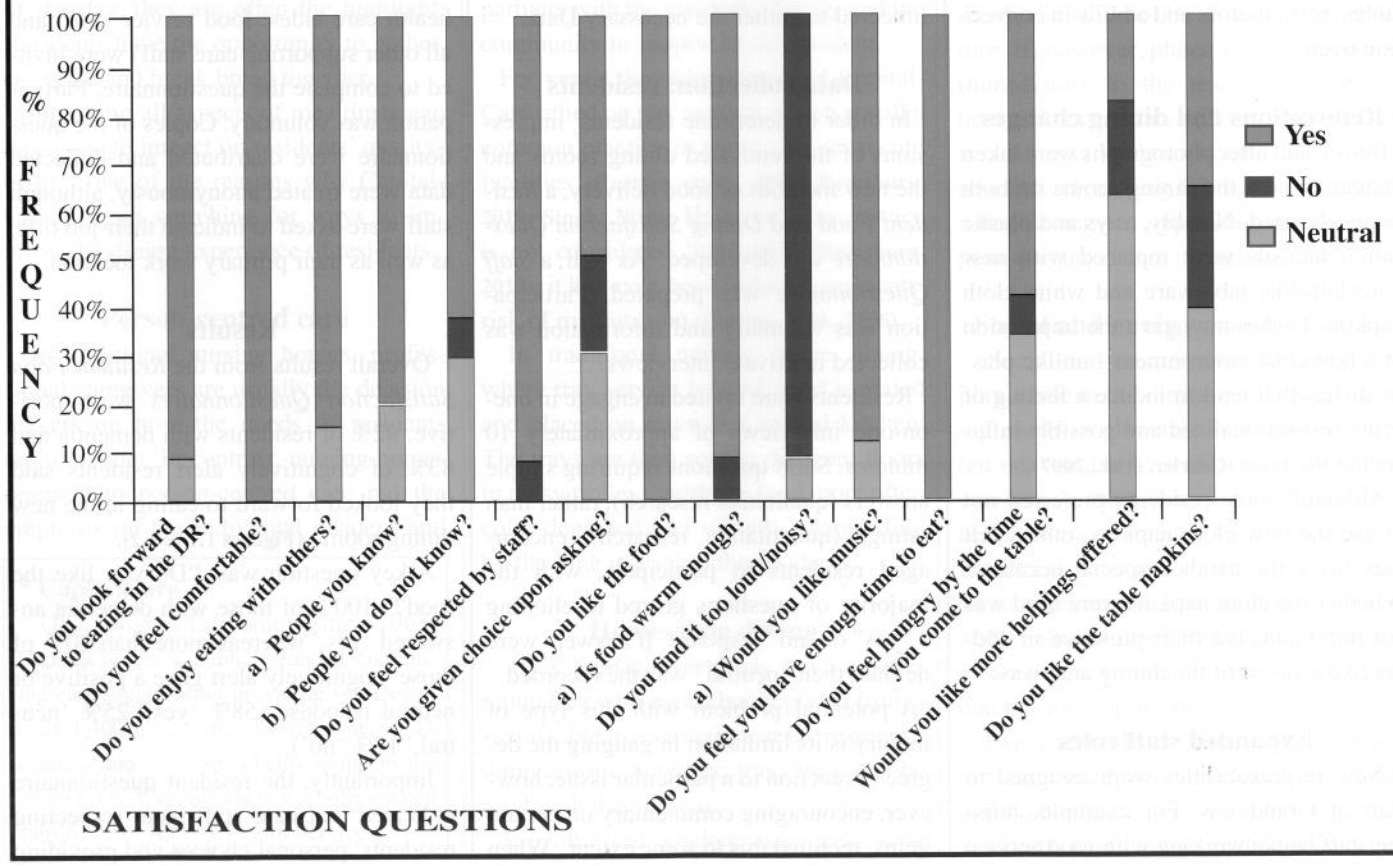


Figure 1.2: Second Floor Resident Satisfaction Questionnaire



ways for them to make decisions about dining. For example, residents said that staff would ask questions such as, "Would you like more of this?"

The introduction of completely new roles for staff requires a shift from traditional intra-team collaborative methods to that of interdisciplinary teams. The staff questionnaire evaluated their preferences by asking a series of questions, which were then categorized. **(Appendix A & B)**

Discussion

Results from the questionnaires indicated that residents and staff were pleased with the way the dining rooms operated following renovations. Almost all the residents viewed them in a positive way. One resident admiring the new wood flooring noted that it no longer looked like a "beat up hockey rink." Several residents commented on how welcoming the dining room had become, pointing to the décor and the lighting arrangement.

Others appeared to appreciate that the bistro area had became the centre of activity during meal times. The commercial oven installed in full view of diners released aromatic smells of baked cookies or muffins, in a timely fashion, creating comforting smells on the floors before and during mealtimes.

The key question - "Do you like the food?" - had notable results, with 100% of those with dementia answering 'yes,' and nearly 60% of alert residents saying 'yes.' This is considered a much better rating than usual for long-term care centres in Alberta. For example, the *2008 Alberta Quality Survey* found that 44% of residents rated their food as poor, 33% said it was average, and only 23% said it was "excellent" **(Health Quality Council of Alberta, 2008)**.

Prior to the renovations, residents had often commented on the lukewarm temperature of the food. Now, with new equipment in the bistro, hot food could be maintained. Many commented that their food was now served warm - if at times even too hot to eat when served. For facility food, this was a remarkable result, judging by similar studies on residents' ratings of food and beverage temperatures **(O'Hara et al., 1997)**. Having the correct food temperature not only enhances the dining experience and improves quality of life, it contributes to better food intake.

Staff appeared equally pleased in being able to offer residents more choices in idyllic surroundings. In a newspaper interview, the supervisor of support services enthused: "We offer a choice of beverage, a choice of dessert, a choice of different meals… You didn't have that choice before… A lot of our residents are gaining weight. They're happy" **(Edmonton Sun)**.

Conclusion

CapitalCare initiated its dining room renovations because of the belief that residents' dining experience is central to their quality of life. Results show that the residents had a positive view of the renovations and the meal enhancement program. Nearly all looked forward to eating in the dining rooms, with the majority expressing satisfaction with the food served.

On their questionnaire, staff chose values consistent with person-centred care, such as being goal-driven, rather than

Appendix A:
Staff Questionnaire

Please indicate your role at Capital Care Grandview:
RN/LPN/Nursing Staff: ☐
Food Service Staff/Attendant: ☐
Other: ☐
Please write down which unit/floor you are from: _____

Instructions:
Circle the number along the double arrow line indicating your degree of preference and to which you best relate to (i.e., Circling #2 means you relate more to A versus B)

A										B
I. You have a preference for:										
Learning individual duties and responsibilities	1	2	3	4	5	6	7	8	9	10	Learning both individual and collective roles, duties and responsibilities
II. You prefer:										
Scheduled routines	1	2	3	4	5	6	7	8	9	10	Flexible routines
III. You would say that:										
Time and deliverance of activities as determined by what should be done	1	2	3	4	5	6	7	8	9	10	Time and deliverance of activities is adjusted to what needs to be done
IV. You prefer										
Rotation of duties	1	2	3	4	5	6	7	8	9	10	Assignment of fixed duties
V. For you 'teamwork' means:										
Co-ordination between people	1	2	3	4	5	6	7	8	9	10	Collaboration with people
VI. You find yourself relating more to:										
Pre-structured activities	1	2	3	4	5	6	7	8	9	10	Accommodating activities
VII. You would describe 'customer service' as:										
Ensuring residents meet their needs	1	2	3	4	5	6	7	8	9	10	Assisting residents to meet their needs
VIII. You prefer to be:										
Task/goal-driven in your work	1	2	3	4	5	6	7	8	9	10	Social/relationship-driven in your work

task-driven. This was taken to mean that staff were adapting to new concepts and their esteem for teamwork and client service showed they were adadapting to the new methods of service delivery.

Because CapitalCare is at the initial stages of its campaign to improve residents' quality of life through better dining in all of its care centres, the preliminary results from Grandview are viewed as crucial. If residents had viewed the changes as superficial, or if staff had shown indications that their new roles and "person-centred care" were not being well received, then the organization would have had time to change plans. However, as it turned out, the residents seemed happy to say goodbye to trays and a floor that looked like a "beat up hockey rink." Although CapitalCare's plan to link person-centred care with the meal enhancement program appears to be a success, plans are still afoot for further evaluations. ■

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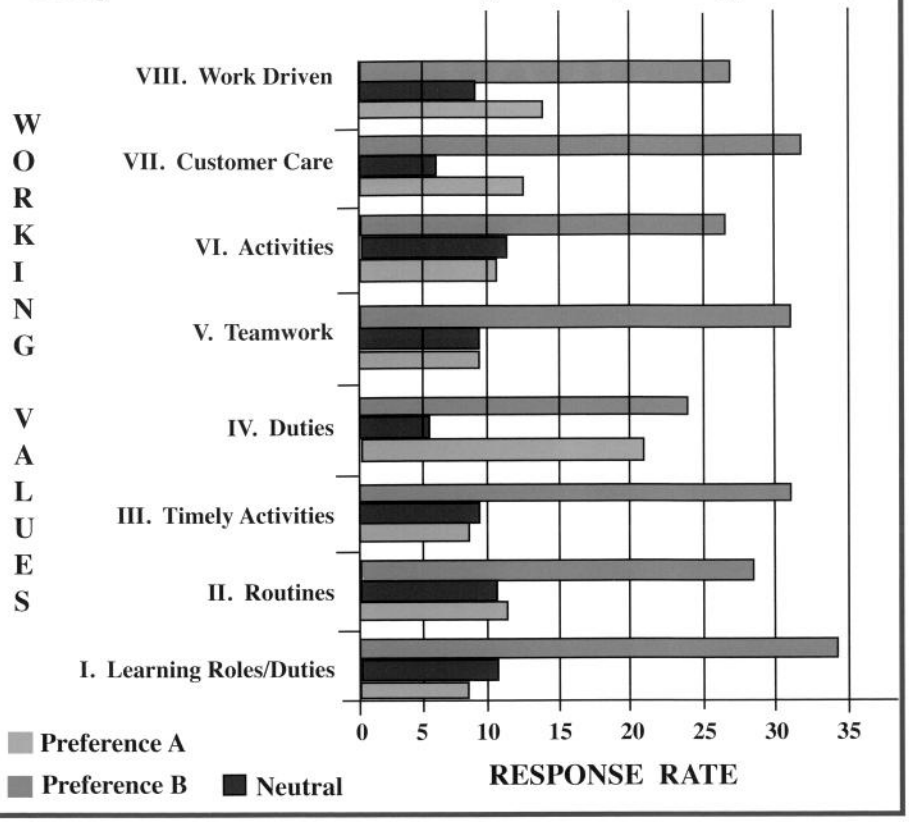
Appendix B:

Categorization of Staff Working Values (From Appendix A)



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Daily activity reduces risk of Alzheimer's Disease

Seniors who get exercise every day may reduce their risk of Alzheimer's disease, a new study found; but it wasn't just walking or vigorous exercise that provided the benefits.

The researchers also found that activities like cooking, cleaning or washing dishes led to a lower dementia risk. The findings appeared in an April, 2012 issue of the journal, *Neurology*.[1]

Earlier studies have shown that staying active in middle age - and later - may reduce Alzheimer's risk; the study looked at elderly men and women whose average age was 82, and found that daily activity provided benefits regardless of age.

"These results provide support for efforts to encourage physical activity in even the very old who might not be able to participate in formal exercise, but can still benefit from a more active lifestyle," said Dr. Aron S. Buchman[2], a neurologist at Rush University Medical Center in Chicago, and one of the authors of the study.

The study involved 716 elderly men and women who were given annual exams to measure thinking and memory skills over the four-year study period. They also filled out questionnaires about their physical and social activities.

In addition, all the participants wore a device that measured exercise and other daily activities 24-hours a day for up to 10 days. "This is important because people may not be able to remember the details," Dr. Buchman said. A device, called an 'actigraph' and worn on the wrist, was used to monitor human rest/activity cycles

Daily activity = lower AD risk

At the end of the study, 71 of the original 716 participants had developed Alzheimer's disease. When the researchers compared activity levels to memory test results, they found that the more active someone was every day, the lower his or her risk of Alzheimer's.

The study also showed that those who were least active were almost three times as likely to develop Alzheimer's disease as people in the top 10% of intensity of physical activity.

"Since the actigraph was attached to the wrist, activities like cooking, washing dishes, playing cards and even moving a wheelchair with the arms were associated with a lower Alzheimer's risk," said Michal Schnaider Beeri of Mount Sinai School of Medicine in New York, who wrote an editorial accompanying the study.[2] "These are low-cost, easily accessible and side-effect free activities people can do at any age, including very old age, to possibly prevent Alzheimer's disease." ■

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