

A photograph of a dining table with various dishes. In the foreground, there's a plate with a slice of watermelon, an apple, and some fruit. To the right, a plate features a breakfast meal with fried eggs, bacon, a sausage, and toast. In the center, there are several yellow bananas. Above them, a plate has round bread rolls and a small pie. A glass of orange juice is also visible. The background shows people's hands and a colorful patterned shirt.

Changing the Culture in Your Facility

by | *Wayne Toczek*

The push for resident-centered care that began several years ago has brought a number of positive changes to dining services in care settings. But improving resident satisfaction through culture change is an on-going process and requires flexibility and a willingness to adapt along the way. Most communities strove to eliminate trays from being used for meal service in the dining room and introduced a fine dining experience. It was often said, “We want residents to feel like they are in a restaurant enjoying a great meal.”

Communities then created grand dining areas which management thought would be an exciting place to eat. The thinking was that if residents wanted a great meal with several choices, they should come to the dining room. The new dining room opened with great fanfare at most communities. Then a new reality set in—not all residents wanted to come to the dining room to eat, especially when they needed to come multiple times a day at specific times. New obstacles to resident satisfaction became evident.

With the best of intentions, several factors were largely overlooked until after the new dining room was open—the length or difficulty of the commute from resident room/apartment, the dining room operating hours, staffing for excellent service during all service hours, and defining and communicating the culture change needed to provide the service residents wanted. In many communities, fine dining meant that residents still completed paper-based menu selections of some type, the food was placed on a tray for each resident and removed from the tray at tableside. This resulted in more steps (more work) for the staff, and the resident saw little change beyond the physical dining space.

How can we fix the problems? First, define what fine dining will look like in *your* community. It is unlikely that two communities will have exactly the same definition if they base their definition on what it means to current

residents. What are residents' menu expectations? How should your staff look? Do residents want Ritz-Carlton service or family restaurant service? Do they desire a formal dining room or a more relaxed atmosphere? Do they want defined meal times, or would they prefer all day or even 24 hour dining—with featured meal items available at certain times and a la carte items always available?

After you know what type of service your residents want, develop a plan to get you there. Why not shake up your current staffing pattern, job routines, and service procedures? Pretend they don't exist and determine what's needed to achieve the goals you have just defined. Now, use these new routines and procedures to determine the adjustments you need to make in your operation to make the change happen.

Consider some of the following when making your new plan:

- How are you going to communicate your new customer service focus to residents, dining staff, and employees in other departments? Who do you need to recruit as partners in your plan—Nursing? Activities? Environmental Services? Maintenance? Administration? Others? Who will do the training? How much training is needed? Don't skimp when it comes to training or you will pay later, both financially and by not achieving the results you expect.

- Change your approach. When you are tempted to say “We can't do [blank] because...” —stop yourself in mid-thought and say “What do I need to do in order to accomplish [blank]?”
- Why not eliminate individual trays completely? How many residents asked that their food be served on trays when completing their pre-move-in information? Why not place meals for several residents on a single serving tray like restaurants do? That makes it easier to serve all at a table at the same time, and results in better service with fewer trays to wash (as much as 25 percent less work). Why not serve dessert after residents finish their entree? Most residents were eating their dessert at the end of their meal when they arrived at your community. If they want it first now, it's because you trained them to want it first by putting it in front of them when the rest of the meal was served. Have you considered family style slightly modified to offer more assistance?
- How many residents stated specific times they wanted to eat their meals? For those who did, how does that time sync with your service times? What would you need to do to offer a continental breakfast until lunch time? How about offering homemade snacks between meals? What could you do to make meal service available from 7 a.m.-7 p.m. (or any other hours giving all day service)?

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- And now let's get rid of those paper selector sheets (or whatever they may be called in your community). When your residents were at home, do you think they circled what they wanted to eat and handed it to someone to fill the order? We have even trained residents and their families that it's normal to choose their meals as much as a week in advance. How about getting rid of the paper and *asking* what they would like for dinner? There's less waste, it's more personal, and there's no problem trying to read writing made difficult by arthritis.
- What about snacks? Do you think outside the box? Is there more to snacks than Lorna Doones and graham crackers? What do you like as a night-time snack? How should snacks be distributed—by Nursing, Activities, or another department? Ordered at dinner time and distributed at the end of dinner or at a later time? Could distribution become an event instead of a task?
- If the goal of a snack is calories and protein, what food items can meet those requirements instead of the ubiquitous health shake?

Begin changing the culture in your community by first understanding that each meal is an experience the dining services department provides; it is not a task of traying food and sending it out three times a day. Bear in mind that choosing what they would like to eat is one of the last things residents are able to do for themselves. It should be an enjoyable experience.

In today's senior living communities, everyone is part of the solution in successful dining programs. Those who aren't are part of the problem. Everyone employed by your community is there to provide care for residents. Serving meals, passing snacks, even cleaning up after a meal is a part of providing quality care for residents.



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Comments like “I am not a waitress...I did not sign up for this” have no place in an environment where everyone's focus should be on doing what needs to be done to care for residents. Providing a nourishing meal is care, and when it came from a cart with trays, no one blinked. Step back. Count the steps of tray service and you will likely see it as a labor-intensive process when compared to direct service at the table. Departments need to be interconnected in the provision of seamless excellent care.

Now that you have defined your vision, created a plan and implemented it, you need to keep listening to your residents and the marketing department. The marketing department is in the business of recruiting new residents, so they will have direct feedback when potential residents choose a competitor. How have expectations changed since last year? As the Baby Boomers start moving in (there are now Boomers on Medicare), there will be a whole new expectation. Different work will be the new normal.

Remodeling or updating your look? Remember to include the ability to do some items short order in your plans. How much better is a grilled cheese sandwich cooked when ordered than one cooked a half hour ago in the kitchen?

In addition to wanting to choose what, when, and where to eat, you should anticipate more requests for healthy options and lighter fare. Expect more requests for information about these choices—how they are made, what ingredients they contain, even nutrient analysis. These residents will likely expect that you will be following the example of the restaurants they visit/visited. Bob Evans has been catering to seniors for years. All-day breakfast is part of this...so how about brunch as an occasional option? Some breakfast items available all day?

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Take a different look at menu writing. Do you really need 35 days of a menu that will repeat, or do you need seven good days of breakfast, rotating specials, and an evolving menu of 21 or 25 days that is more of a living menu than a traditional cycle menu or a menu not divisible by seven? You would certainly never have a Meat-loaf Monday again when considering any of these options.

How many different breakfast menus do you really need? Twenty-eight or 35 breakfasts might sound good, but is it the place to spend your time and money? Most of your residents spent 50 years eating the same thing for breakfast every day and you are trying to give them variety—variety they probably don't want. An occasional offering of pancakes or French toast

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is more likely what they are looking for. Some communities are having success with a continental breakfast for extended hours, with hot breakfast available for a shorter period of time. Think your community isn't ready for this? Keep your eye out for the Baby Boomers moving in.

A friend of mine, who operates the dining services program in a CCRC,

mentioned how they spent hours “racking their brains trying to offer residents in the dining room a variety of alternative items” until they decided to try offering filet mignon. After surviving a couple of weeks of chaos created by residents ordering the steak every night before it went away, things settled down to occasional orders because the residents now know they can order it any night they wish. The result is less waste, less resident and staff frustration about variety, and better resident satisfaction.

Parting Thoughts

Make it a habit to think what you *can* do, not what you can't do. What will be cutting edge for your residents? Once you have answered that question, focus on how you can provide it. Don't forget the basics. There's no substitution for high quality food, excellent customer service, and a squeaky clean environment. Offering your residents options about what, when, and where to eat is a powerful way to satisfy those who can no longer make choices in other areas of their life. [DM](#)

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