COMMENTARY

So, Who's Complaining about the Food?
Ombudsman Perspectives on "the Dining Experience" in North Carolina's Nursing Homes

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The Long Term Care Ombudsman Program was established and authorized by the federal Older Americans Act amendments in 1978 (and codified in North Carolina state law in 1989). This legislation mandated that every state establish a program of professional personnel having the responsibility of advocating for those who reside in long-term care facilities. The legislation charged the Long Term Care Ombudsman with protecting Resident Rights and helping to ensure resident safety and quality of care. In addition, ombudsmen should empower families of residents and the consumers of long-term care services by offering educational programs on long-term care issues and options.

The North Carolina Long Term Care Ombudsman Program is part of the Elder Rights and Special Initiatives Section of the Division of Aging and Adult Services within the North Carolina Department of Health and Human Services. There are 29 Regional Long Term Care Obdudsmen located in the 17 Area Agencies on Aging across the state, with each agency serving multiple counties. The efforts of these regional ombudsmen are extended through a network of over 1,100 "grassroots ombudsmen" who receive training and then volunteer their time in their respective communities as advocates for residents in long-term care facilities. They also work with facility staff and administrators in the interest of assuring a high quality of life for those who reside in these facilities.

One would think that complaints about food, the dining experience and the availability and consumption of fluids would be a major concern and frequent complaint of both residents and the families of residents of long-term care facilities. As Regional Long Term Care Ombudsmen, we receive fewer formal complaints from the residents of nursing homes* or their family members about either dining or hydration than one might expect. But, in any discussion with residents or family members, it is rare that these topics do not emerge in describing the totality of a loved one's experience in a given facility. Food (including regular meals and snacks/refreshments) and fluid intake are very important parts of the *context* within which the resident's total life experience takes place. Not only are meals (and the opportunity to consume snacks) important anchors in the daily routine of nursing home residents, but the quality (viz., taste, smell, appearance, texture) of food and beverages is an important indicator of life satisfaction among those residing in these facilities. Most residents of long-term care facilities, even those who are not ambulatory and have to be served their meals or are assisted with fluid intake, actually look forward to scheduled food- or beverage-related events throughout the day. But, residents differ (as we would expect among any other population) in the relative weight or importance they attribute to various aspects of food and dining. While many residents actually are excited to begin each day with the smells and anticipated tastes of breakfast foods, others are not "morning persons" and would instead focus their attention on lunchtime options or the dinner meal. In other words, much of the daily rhythm and pace of a typical day as a resident of a long-term care facility revolve around

* These formal complaints about both food/dining or hydration are more frequent from residents of adult care homes or their family members.

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these opportunities for food and drink. The social interactions with other residents and staff associated with meal times or snack times often provide a positive and much-anticipated uplift to what might otherwise be a mundane and boring daily routine.

It, therefore, figures that if one wanted significantly to change how nursing home residents and families view nursing home care, making changes or improvements in the the residents' dining experience or their access to beverages and snacks throughout the day would be an important place to begin. Improvements in dining would ultimately change how the nursing home experience is viewed by persons who are neither residents or family members of residents, but only hear about these aspects of the experience from others.

What Are the Major Complaints about Either Food or Hydration?

Most of the (usually informal) complaints we Ombudsmen hear about food, food service, or hydration in North Carolina's nursing homes come from residents themselves. Most of these complaints are about matters that are beyond the ability of the Ombudsman to handle. For example, many of the negative comments are about the general taste (flavor) and consistency (manner of preparation) of typical food items. Many North Carolina nursing homes serve populations of older adults who have been raised in rural communities where families are accustomed to raising much of the food they consume. Many residents were used to preparing food using high-fat and sodium flavorings (e.g., ham or "fatback"). Institutional food service staff and dietitians are not likely to prepare food in the same ways, nor are they likely to use artificial flavorings to achieve a similar taste or the appearance of standard food items. The food just isn't what one would have been accustomed to at home. The ombudsman can open a formal complaint if the resident finds the food unsatisfactory, lacking in quantity/appeal/preference, or failing to meet medically indicated directions, etc., and long-term care facilities are generally receptive toward finding a resolution for the resident.

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Other complaints about food and the dining experience are highly variable among residents, but a few are frequent enough to seem routine. The presentation of food is extremely important. Many residents do not like several food items served in such a way that they "run together." Since residents do not typically serve themselves from a buffet table or in a family-style arrangement, food placed on a plate by a food service staff member may not look like food the resident would have chosen for him/herself, either in placement on the plate or in quantity of serving. To take another example, bread laying on top of vegetables or meat can become soggy and unappetizing. Sectional plates or trays also have a clear "institutional" food service appearance, and do not evoke feelings of a home-like environment.

With regard to food, one might conclude that *little things make a huge difference* in how a skilled nursing facility is viewed by those who reside there.

Most of the "formal" complaints in this area relate to hydration (or fluid intake). Often these are related to the way in which water pitchers, drinking straws, and cups are placed in resident rooms. Non-ambulatory residents often complain because water is not offered frequently throughout the day; the water pitchers, cups, etc. may be placed on top of a dresser across the room or placed in a window sill out of reach of the resident; milk is served as a beverage on every tray at every meal or just before bedtime, yet many older adults have never consumed milk with meals, or are lactose-intolerant and cannot consume this beverage; or iced tea (which many North Carolina residents have consumed regularly, in a sweetened form, and in substantial quantities throughout their lives) is served with little or no ice in short, round glasses, instead of tall glasses with lots of ice and lemon. Persons who have grown old living in a southern, rural environment are often accustomed to eating a heavier meal in the middle of the day, and a lighter one in the evening. Hence, "soup and sandwich" at noon may be boring and a heavier meal in the evening may not be an easily adapted pattern. Some residents are accustomed to having a bowl of cereal just before bedtime. Adding cereal to the options for pre-bedtime snacks could help assure these residents that living in a long-term care facility is not so radically different from what they experienced when living at home. These are the "cultural differences" that are the source of expectations and valuations of the way nursing homes serve their clientele. Often the steps taken to deal with these expectations are not costly, but require special, even personalized, effort, which can be a burden on already over-burdened staff of these facilities.

Family members have complained that sometimes the pitchers from which water is consumed are not washed and sterilized with any frequency, only refilled. These are standard procedures that should be addressed by any facility in a standardized way, and there are specific regulations pertaining to such matters.

What Are the "Lessons Learned" from Resident and Family Reactions?

It is important to recognize that those of us who have worked in long-term care for many years are seeing positive changes in a wide spectrum of areas related to food, nutrition, and hydration in nursing homes. These changes are welcomed by all stakeholders, especially residents and family members.

One of the most important lessons to be learned from the

comments (and often the complaints) of long-term care residents and families is that the allowable (and recognizable) independence of living in these facilities is indicated by the feeling that one can choose from several options with regard to food/dining and beverage consumption. It is often not the number of options, but the fact that a *choice* is possible among types of food, beverage, or time and venue within which consumption of either occurs.

Second, it is important to realize that choices made now may not be the same choices tomorrow or next month. Individual preferences and functional abilities change over time, and it is important to give residents frequent opportunities to reconsider these choices. For example, as the ability to chew certain textures of food change, so do the residents' options for mealtime, and new options should be offered in consultation with nursing and medical professionals involved in the care of these patients.

This underscores the importance of periodic and frequent *assessment* so that facilities can have up-to-date information on the functional status, as well as the preferences, of each resident. For example, we have seen instances where a given resident is unable to feed him/herself using common tableware (fork, knife, or spoon), but the resident can eat using his/her hands. Hence, adapting to this situation by offering "finger food" options, once these functional limitations/abilities are noted, can have a tremendous influence on the nutritional status of the individual resident and contribute to overall life satisfaction. Periodic re-assessment of resident capacities and medical needs is essential to providing the optimal and most life quality-enhancing dining and hydration experience.

Long-term care residents are often treated by multiple healthcare providers, both within and external to the the facility. When one care provider suggests trying a different type of diet, the need for such a diet and the progress of the resident in adapting to it should be reassessed frequently. We have all seen instances where a resident's physician prescribed a temporary therapeutic or mechanically altered diet for a resident who ultimately lost weight because facility staff failed to reassess the resident's needs in an appropriate time frame. Some residents in this situation have remained on termporarily prescribed diets for months longer than they should have. Prescribed dietary plans need frequent reassessment to prevent such occurrences. Dramatic changes in dietary intervention plans can cause undue concern among family members, especially if their loved one does not adapt well to the changes introduced by the prescribed diet. When facility staff make hurried determinations that a resident has difficulty swallowing, or if staff confuse a slow eating pattern for such difficulty, this can often lead to the prescription of a therapeutic diet, which is unappetizing and, therefore, not consumed. Careful assessment of functional abilities, such as swallowing, can often determine the actual problem and lead to changes in the way food is served, not in the texture of the meal itself.

Long-term care facilities have been given high positive marks for efforts to incorporate fresh fruits and vegetables into the planning for meals and snacks served to residents. The acquisition and processing of these food items can be both time-consuming and expensive, but many facilities have made a serious effort to add these elements to their overall food and dining experience. Wherever these efforts have been made, there is widespread appreciation from both residents and family members.

It is our observation that long-term care facilities are constantly innovating and discovering new and better ways to address the food and dining preferences of their residents, often with little or no public acknowledgement of their efforts. There are literally hundreds of examples of facilities going out of their way to serve meals in an attractive and pleasant way, or scheduling special events (like periodic "order out" evenings when pizza and other food items can be ordered from area restaurants to be delivered for a particular meal, or scheduling a "tropical week" during which fruit slushies are served to encourage more fluid consumption in a festive atmosphere). We believe more should be done to recognize and compliment these facilities for these efforts.

Though the Long Term Care Ombudsman Program is often seen as conveying only the "bad news" associated with resident or family complaints, we feel it important to point out the number of times that we actually hear from residents and family members some very positive comments about the way our North Carolina nursing homes have been attempting to make food and the dining experience a positive and enjoyable aspect of everyday life in these settings. One recently discharged resident, who was in a North Carolina nursing home for a post-acute rehabilitation period, asked one of us if she could return to the nursing home on a daily basis and pay for lunch since she enjoyed dining at this facility so much.

Finally, it is our observation that nursing homes are faced with serving the long-term care needs of two very different populations. One of these populations is composed of residents who are cognitively functional and able to express their preferences, and many of these residents are mobile enough to partake in any and all activities related to dining. The other population is composed of residents with limited cognitive and physical functional abilities, for whom individual choices are difficult to express. Family members and residents in the first group are strong advocates for their dining and hydration choices, and staff are responsive. However, the second group of residents have very few advocates on their behalf. The data cards for these patients usually have blank spaces where dietary choices or preferences should be noted. When residents in this category are actually given choices in food/dining or beverage options, family members are pleased and often surprised.

The challenge for long-term care is going to be how to serve these two populations of residents and give some level of choice to both, while attempting to make the experience of living in such facilities feel safe, comfortable, and pleasant. Food and the dining experience are an important part of the totality of the long-term care experience, and we are fortunate in this state to have so many nursing facilities who care enough to address these issues as part of an overall effort to make long-term residence in a nursing home an experience of high quality. **NCMedJ**

North Carolina Division of Aging and Adult Services
Long Term Care Ombudsman Program

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North Carolina Regional Ombudsmen

Region A
Southwestern Planning Commission
PO Box 850
Bryson City, NC 28713
(828) 488-9211 ext. 3032
Counties served: Cherokee, Clay, Graham, Haywood, Jackson, Macon, and Swain

Region B
Land-of-Sky Regional Council
25 Heritage Drive
Asheville, NC 28806
(828) 251-6622
Toll Free:1-800-727-0557
Counties served: Buncombe, Henderson, Madison, and Transylvania

Region C
Isothermal Commission
PO Box 841
Rutherfordton, NC 28139
(828) 287-2281 ext. 1222
Toll Free:1-800-331-09891
Counties served: Cleveland, McDowell, Polk, and Rutherford

Region D
High Country Council of Governments
PO Box 1820
Boone, NC 28607
(828) 265-5434 ext. 126
Toll Free:1-866-219-3643
Counties served: Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey

Region E
Western Piedmont Council of Governments
PO Box 9026
Hickory, NC 28603
(828) 485-4213 and (828) 485-4266
Counties served: Alexander, Burke, Caldwell, and Catawba

Region F
Centralina Council of Governments
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Charlotte, NC 28235
(704) 348-2714, (704) 348-2712
Toll Free:1-800-508-5777
Counties served: Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanley, and Union

Region G
Piedmont Triad Council of Governments
2216 W. Meadowview Road, Suite 201
Greensboro, NC 27407-3480
(336) 294-4950
Counties served: Alamance, Caswell, Davidson, Guilford, Montgomery, Randolph, and Rockingham

Region I
Northwest Piedmont Council of Governments
400 W. Fourth Street, Suite 400
Winston-Salem, NC 27101
(336) 761-2111
Counties served: Davie, Forsyth, Stokes, Surry, and Yadkin

Region J
Triangle J Council of Governments
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Research Triangle Park, NC 27709
(919) 558-9401, (919) 558-2703
Toll Free: 1-800-310-9777
Counties served: Chatham, Durham, Johnston, Lee, Moore, Orange, and Wake

Region K
Region K Council of Governments
PO Box 709
Henderson, NC 27536
(252) 436-2050
Toll Free: 1-866-506-6223
Counties served: Franklin, Granville, Person, Vance and Warren

Region L
Upper Coastal Plains Council of Governments
PO Drawer 2748
Rocky Mount, NC 27802
(252) 446-0411 ext. 234
Counties served: Edgecombe, Halifax, Nash, Northampton, and Wilson

Region M
Mid-Carolina Council of Governments
PO Box 1510
Fayetteville, NC 28302
(910) 323-4191 ext. 25
Counties served: Cumberland, Harnett, and Sampson

Region N
Lumber River Council of Governments
4721 Fayetteville Rd.
Lumberton, NC 28358
(910) 618-5533
Toll Free: 1-866-582-4251
Counties served: Bladen, Hoke, Robeson, Scotland, and Richmond

Region O
Cape Fear Council of Governments
1480 Harbour Dr.
Wilmington, NC 28401
(910) 395-4553 ext. 208
Toll Free: 1-800-218-6575
Counties served: Brunswick, Columbus, New Hanover, and Pender

Region P
Eastern Carolina Council
PO Box 1717
New Bern, NC 28563
(252) 638-3185 ext. 3010 and ext. 3007
Toll Free: 1-800-824-4648
Counties served: Carteret, Craven, Duplin, Greene, Jones, Lenoir, Onslow, Pamlico, and Wayne

Region R
Albemarle Commission
PO Box 646
Hertford, NC 27944
(252) 426-5753
Counties served: Camden Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Perquimans, Tyrrell, and Washington

Region Q
Mid East Commission
PO Box Drawer 1787
Washington, NC 27889
(252) 974-1838
Counties served: Beaufort, Bertie, Hertford, Martin, and Pitt