Introduction

Grand View Care Center is an independently owned facility located in Blair, Wisconsin. A two phase construction project began in the spring of 2013. Phase one was the construction of a new state of the art kitchen and it was completed in October 2013. However, the kitchen staff did not adapt their food preparation to utilize the new equipment. Phase two followed immediately after phase one at which time the dining room was unexpectedly closed due to the construction. Residents needed to be relocated for their dining experience and the staff needed to modify their routine to adequately serve the residents. It was believed that this would be a perfect time to implement more efficient practices and prepare the staff for the set up in the new dining room.

Current Knowledge of Task

Objectives set for completion of this project:
I. Increase skills in leading a committee towards a common goal
II. Improve planning, organization, and communication skills
III. Eliminate inefficiencies
IV. Reduce waste
V. Implement a resident centered dining
VI. Provide dignified dining through reduction of institutional practices
VII. Evaluation of dining experience and how we can make it better.

Research Sources on Best Practices:
❖ Resident Centered Dining
❖ WHCA Conference on Resident Centered Dining
❖ Dove Health Care Resident Centered Dining
❖ Facility Visits
❖ Greenhouse® Model

Methodology

❖ Formation of a Dining Experience Committee
❖ Collaboration and assistance from the administrator on a 30, 60, and 90 day implementation schedule.

I. January 2014:
   A. Due to unforeseen construction problems, we relocated residents from dining room to another wing for dining meals.
   B. To promote “buy in” from staff, an in-service discussing the importance of change was done.
   C. An implementation of a beverage cart was created. This allowed residents to choose what they wanted for their beverage and not become overwhelmed by multiple beverages on their trays.
   D. Evaluation of dining experience was conducted with the residents directly affected by the changes. Cloth napkins were introduced and the clothing protectors were eliminated.
   E. A dessert cart was implemented allowing for less waste and more dessert options for residents.

II. February 2014:
   A. Buffet style dining was implemented for residents eating in the relocated dining room.
   B. Evaluation of efficiencies in culinary department was conducted and job roles were changed to better capture the needs of the residents.
   C. An alternate choice menu was created providing residents the freedom to “order” their meals.

III. March 2014:
   A. Training and implementation of the staff using the new equipment.
   B. We identified items that are pre-packaged that would be more cost effective to make in-house.
   C. We changed some of our vendors to make sure we were getting the best quality of items.
   ❖ Re-evaluation of changes

Highlights

❖ Staff in the beginning was resistant to change and there was not sufficient data to back up the need for change. Resident satisfaction surveys were stating that the quality of the food was good. Residents at resident council also stated that food was good. The Baldrige Model was used to set up the plan for this project. The following chart is an example of the Baldrige Model used.

❖ All sections interact and affect each other. A successful strategic plan on the leadership side of things was important to the success of this project. As the plan started to unfold the magnitude of how it would affect everyone involved was very important. “Buy in” from staff became the weakest part of the model. Ultimately affecting the end result.

❖ P-D-C-A was then used to reevaluate decision. Also, through submissions of WHCA Quality awards Grand View has implemented the following model that was used to implement change in the dining experience.

❖ The graph depicted below is just an example of those are actually presented to Grand View Staff on the cost savings of this project. These graphs were chosen because they show cost savings within the facility. Implementation of the dining experience took place in January of 2014. The project directly affected 58 of our 98 residents. When implemented to more residents we should continue to see a decrease in costs.

❖ Indirectly, we were able to see less falls from residents with the implementation of the dining experience. Upon investigation it is believed with the greater distance of walking/propelling wheelchairs, residents are getting more tired and were less likely to get up without assistance.

Summary of Success

❖ Accomplishment of Objectives:
   ❖ Upon completion of this project, I am confident that I reached my numbers 1-8 based on the evaluations received from those involved, indicating their pleasure of the success of the project.
   ❖ This project will be in continuous motion until the opening of the new dining room. The project will then need to be re-evaluated how to address the residents choosing not to eat in the main dining room.

❖ Barriers to Success:
   ❖ Construction set-backs has greatly impacted the success of this project.
   ❖ Dietary Manager’s FMLA absence impacted changes that were being made. This redirected my position as the interim dietary manager.

In Hindsight & Recommendations

❖ I believe that for this project to remain in motion, Grand View must continue to be innovative and consistently searching for improvements within the dining experience.

❖ I suggest the purchase of a smaller and more portable steam table for $2,500. As well as putting in high volt plugins in the other 3 dining locations. This would allow for Grand View to implement these changes in all of the dining areas, as well as make it easier for staff to transport the food throughout the building.

❖ Future Personal Improvements:
   – The key to success starts with the approach.
   – I have learned the importance of implementing a strategic plan from the very beginning of a project.
   – Be more assertive when I am requesting assistance.
   – It is important to understand that the plan may not always go as expected.

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