Independent Tray Service: A Program To Enhance Meals
modifying how residents with dysphagia are served improves their health and restores their dignity.

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In society, the consumption of a meal ("breaking bread") is closely linked to holiday observance, life cycle celebrations, visits with friends and family, as well as business meetings. In fact, consuming a meal is a significant experience, be it a special occasion or a thrice daily occurrence to satisfy hunger and provide nutrition.

In the nursing care center, it is often the defining experience of morning, afternoon, and evening each day. Residents look forward to their mealtimes, and their satisfaction is a direct result of how well providers meet their expectations and preferences, as well as the overall quality of their mealtime experience.

By recognizing the impact that mealtimes have on residents, dining service teams can directly influence and contribute to residents' health and well-being.

Malnutrition And Dehydration
Dysphagia affects hundreds of thousands of seniors, dealing a blow to their independence and thwarting attempts to retain a semblance of normalcy. Dysphagia's dangerous byproducts—malnutrition, dehydration, and asphyxia—threaten safety and health.

Research confirms that residents with swallowing disorders are at a high risk for consuming less than adequate nourishment and fluid. Amsterdam Nursing Home, a 409-resident facility located in New York City, conducted an eight-week study of 16 residents with dysphagia. In a four-week assessment period, the staff observed that residents tried to open packages rather than wait for assistance, drank thin beverages before they were thickened, or refused them altogether after watching them be thickened.

Based on these observations, the dining services team modified how residents were served and measured corresponding intake. In the four-week study, the team sought to:

- Increase fluid intake of residents with swallowing difficulties;
- Restore resident dignity, quality of life, and desire to enjoy mealtime; and
- Re-establish a personal level of independence during meal service.

Changes to the prepared food, drink, and tray presentation included:

- Serving beverages ready-to-drink, using a stable prethickened water or juice as the base of each recipe, which eliminated the need to thicken liquids in front of the residents.
• Pouring all beverages below the top of the cup, for example, 4 oz. of juice in a 7 oz. cup, to minimize spillage from shaking hands, thereby boosting the confidence to self-serve.
• Serving prethickened ready-to-eat soups and a variety of flavored broths prepared with a honey consistency-thickened water.

These relatively simple changes delivered significant improvements in multiple areas, including increased independence while eating—measured by fewer requests for help during each meal—a 13 percent increase in fluid intake, and a 23 percent increase in caloric consumption at mealtimes. Further, the team began offering a variety of prethickened beverage flavors in each unit, served with snacks at the bedside and when taking medications, delivering a 44 percent increase in hydration throughout the day.

Staff members noted significant improvements in consumption after the switch to prethickened water and flavored beverages.

Residents who required assistance no longer needed to be coaxed or encouraged at each sip, while other more independent residents were able to self-feed more easily and safely.

The Icing On The Cake
The study also measured the costs associated with purchasing and using prethickened water and juices and the staffing cost associated with premeasuring liquids into cups and creating the resident-friendly tray. In total, Amsterdam realized an average of 40 percent dollar savings, or approximately $1,000 per resident per year. However, the popularity of the new beverages and corresponding increase in product usage will likely shift long-term average savings to approximately 30 percent, or $767 per resident per year, staff noted.

The health and financial gains were matched by the emotional benefits observed by staff. Residents commented positively about the flavors as well as their ability to serve themselves. For those unable to speak, staff noted their improved moods and interest in eating.

Based on the findings of the 16-person study, all 50 residents with dysphagia at Amsterdam now receive prethickened beverages on the independent tray model and in-unit beverage offerings.

Ina Garten, also known as The Barefoot Contessa on television, has said, “Food is not about impressing people. It’s about making them feel comfortable.” This is good advice for long term care dining service teams everywhere—to remember seniors may struggle with hand dexterity or swallowing, yet they absolutely should still find dining a safe and enjoyable experience.

Howard Rosenberg is director of dining services at the Amsterdam Nursing Home in New York City.

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