

ACTION PLAN WORKSHEET: FOOD

INSTRUCTIONS:

Before scheduling a time to write the action plan:

- Gather the ***KDADS Criteria/Guidance*** found in the PEAK Guidebook on the PEAK website.
- Gather a team together (approximately 5-6 people) who are interested in working on this topic. Include a couple members of your PCC change team.
- Have all the team members read through the KDADS Criteria and Core Considerations for Food before meeting together.
- Bring copies of the KDADS Criteria and Core Considerations for everyone on the team when you meet to start writing the action plan.

At the time of the meeting:

- Make sure everyone has a copy of the Criteria and the Core Considerations.
- Have several hard copies or an electronic copy of the Action Plan Template. These can be found in both Word and PDF formats at: <https://www.hhs.k-state.edu/aging/research/peak20/action-planning/>
- Ask for a volunteer to scribe for the group. This person will record items on the Action Plan Template.

Now it is time to start action planning:

- Your team will work through the Food core, supporting practice by supporting practice.
- Read the statement under the heading Core #1, “Residents choose what, when and where they eat.” (KDADS Criteria page 10)
- This is the **GOAL** for this core area. Have the scribe write or type that exact goal statement in the goal box of the Action Plan Template as seen below.

Goal: Residents choose what, when and where they eat.

Now everyone is aware of the goal for this core area. Next, go through each of the supporting practices and consider the following questions as a team.

Supporting Practice #1: What to Eat

“What to eat – An enhanced dining program to increase resident menu selection has been implemented (Such as restaurant style, buffet, cook to order, open dining or an equivalent option).”

1. Has the home implemented an enhanced dining program for ALL meals? **Circle:** YES or NO
2. Are there numerous choices and/or alternatives at each meal? **Circle:** YES or NO
3. Are residents aware of the various food options available to them and able to make their own choices at the time of the meal? **Circle:** YES or NO
4. Does your home gather information on residents’ food preferences, such as life long eating patterns and habits? **Circle:** YES or NO
5. Is there a process in place to communicate resident preference information to all caregivers? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “By September 15, 2017, a tool will be developed to use at the time of move in for gathering information on eating preferences that includes food likes & dislikes, when elders prefer to eat meals, how many times they prefer to eat and how/where they normally prefer to have each meal.”

Sample Action Steps:

- “Food committee and dietary manager will review assessments we are currently using and revise the forms as needed to incorporate specific eating preferences criteria from the PEAK program.”
- Etc...

“Residents are involved with menu development on an ongoing basis.”

1. The residents in your home have a food committee or other group, other than Resident Council, that meet routinely and are actively involved in the menu development on an ongoing basis BEFORE menus are implemented? **Circle:** YES or NO
2. Information gathered from residents at the time of move-in is used in developing menus on an on-going basis? **Circle:** YES or NO
3. Changes can be made to menus at residents’ request after the menu has been implemented? **Circle:** YES or NO
4. Is there a system in place to gather information on food preferences for cognitively impaired residents? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “Residents will have an active/ongoing part in the menu development in the home that will be based on their preferences/choices by December 31, 2017.”

Sample Action Steps:

- “Review the current process for menu development to determine how it needs to be revised to include ongoing involvement/input from residents.”
- Etc...

Supporting Practice #2: When to Eat

“When to eat – A system to make food and drinks available to residents 24 hours a day has been implemented and staff will be empowered to serve residents in accordance with their individualized plan of care.”

1. The home has implemented systems to have food AND drink (hot and cold) available to residents 24 hours a day? **Circle:** YES or NO
2. Staff has been trained and empowered to provide food and drink (hot and cold) as requested by a resident any time of the day or night in accordance with their individual plan of care? **Circle:** YES or NO
3. Elders are aware of the food and drink (hot and cold) options available to them 24 hours a day? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “Develop and implement an a la carte menu for food and snack items that will be available 24 hours a day by February 1, 2018.”

Sample Action Steps:

- “Dietary Manager will conduct SafeServ training for all direct caregivers. Food committee members meet to determine a system to make resident dietary information available (and a way to update this regularly) to all staff.”

“Meal times are expanded to be more flexible in offering hot meals and reflect resident eating habits.”

1. Meal times in the home have been expanded to be more flexible in offering hot food items for breakfast, lunch and supper seven days a week? **Circle:** YES or NO
2. Meal times in the home reflect resident eating preferences/habits? **Circle:** YES or NO
3. Residents are actively involved in determining the meal times in the home? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “The availability of hot food items/meals will be enhanced to better meet resident preferences throughout the day/night by January 15, 2018.”

Sample Action Steps:

- “Dietary Manager and Food Committee to meet to determine what the dining room meal times will be for all three meals based on the resident preference information that was gathered.”
- “Once meal times are established, dietary team will meet to determine kitchen processes and work tasks that need changed to accommodate new meal times.”
- Etc...

“Residents are able to access special food requests and/or items not normally stocked by the home.”

1. Residents are able to make and receive special requests for food items that are not routinely stocked? **Circle:** YES or NO
2. Staff is empowered and able to meet the special requests of the residents? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “Establish a process for direct caregivers to purchase special request food items for residents after hours and on weekends by November 30, 2017.”

Sample Action Steps:

- “Business Office Manager to obtain Wal-Mart charge cards for household coordinators through the corporate office.”
- “Household coordinators will be trained on appropriate use of the charge cards.”

Supporting Practice #3: Where to Eat

“Where to eat – Residents are involved in decisions to change the dining room décor or arrangement and placement of dining room furniture.”

1. The residents actively participate in dining room décor and/or renovation decisions before they are made on an ongoing basis? **Circle:** YES or NO
2. Resident suggestions and ideas for decorating are included in the decision-making process BEFORE decisions are made? **Circle:** YES or NO
3. Residents are involved routinely in placement/arranging of the furnishings in the dining room? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.” **Note:** Your home DOES NOT need to make changes to the dining room to meet this core area. If you ARE planning to make changes within this PEAK year or down the road, write an action plan to include residents in those decisions, like the example listed below.

Sample Objective: “Renovation of the dining room; that is to include painting, draperies, linens and wall hangings as per Resident Council voting, will be completed by March 1, 2018.”

Sample Action Steps:

- “Dietary Manager to take numerous paint samples and drapery catalogs to Resident Council meeting to begin the selection process.”
- Etc...

“There are no assigned seats in the dining room.”

1. Has your home eliminated assigned seating in the dining room for ALL residents? **Circle:** YES or NO
2. ALL residents are able to choose their own seat for each meal whether they need assistance or not? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered **NO** to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “Open seating will be implemented in the dining room by October 31, 2017.”

Sample Action Steps:

- “Food team will lead an ALL staff discussion on open seating.”
- “Staff will start not assigning seats and asking each resident where they wish to sit at each meal on August 1.
- “For residents who are not able to identify their own seats, family/support persons will be consulted to determine any previous preferences.”

“Multiple options in where to eat are available and residents are supported in eating where they are comfortable.”

1. There are several areas in the home where the elders can eat other than the dining room?
Circle: YES or NO
2. Residents are able to eat wherever they are comfortable on an ongoing basis even if their choices change from meal to meal? **Circle:** YES or NO
3. Elders are able to eat in their room and/or in bed if they choose? **Circle:** YES or NO

If you answered **YES** to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered **NO** to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “Establish numerous areas where residents can have their meals that will encompass both individual/private dining and larger group meals by November 30, 2017.”

Sample Action Steps:

- “Do a walk-through of the home with the food committee to determine what areas are currently available and what areas could be developed for dining options.”
- “Think outside the box and include residents’ prior eating habits/preferences information while doing the walk-through.”
- “Identify staffing needs and practices when residents who need assistance want to eat outside of the dining room.”
- “Educate ALL staff members on these expectations.”
- “Work through logistical challenges in assisting people outside the dining room on a case by case basis.”
- Etc...

Now that you have Objectives and Action Steps for each supporting practice within the Food core,

- Go back to your action plan and have members volunteer to take the lead on the action steps and ***write/type their name as Responsible person***. Work to spread out the work load among the team.
- Go through and identify deadlines for each action step. Get the person that volunteered to lead the step involved in setting the date. **Write this as the target date on the plan.**
- Review the action plan to make sure it makes sense, and compare the timeline with the other cores you are working on. Try not to overload your schedule with too many activities at one time.
- Once the plan is complete, turn it in to the KSU Center on Aging for feedback and get started on your plan. The feedback you will receive from KSU are suggestions to aid in your success in the program. You do NOT need to submit any changes or revisions you make to the action plan. Make changes internally and continue using the plan as a working document.
- The feedback you will receive on your action plan has no impact on your PEAK 2.0 level but a submitted action plan is required for receipt of your Medicaid financial incentive. We see a strong correlation between homes that invest time in the action planning process and success at evaluation time. Feel free to contact the PEAK 2.0 team anytime for consultation on your work.