

What if I told you that you could improve the quality of meals you provide without changing a single item on your menus? And what if I could tell your administrator that you would accomplish this with the staff you already have on hand? Better yet, what if I told you that by investing in some basic training for serving staff you could make a significant difference in the lives and happiness of your residents? Interested?

The Experience of Eating

Eating is an emotional experience. Think about some of your most pleasurable recent dining experiences.

Perhaps it was breakfast with family around the cozy kitchen table, or a social gathering with neighbors over the backyard barbecue? Was it the stop at a local coffee shop where the barrista (I'm from the Pacific Northwest) or hostess greeted you by name and asked if you wanted your "usual?" I'm remembering dinner out with my husband where the food was savory, the atmosphere comfortable, and the staff congenial and attentive. In all these examples, the food is merely the starting point. It's the manner in which it is served, and the setting and company in which it is received that makes the meal.

It is possible to provide not only nutrition for the body but food for the heart and soul in the communities where our elderly residents dine. The difference lies in the positive attitude and the customer service provided by those serving the meal.

A Passion for Customer Service

My career began in the restaurant/hospitality industry where the concept of customer service was an integral part of everything we did. Staff received basic training in how to set the table, greet diners, serve and clear dishes, check back with patrons, etc. Operations with a reputation for top quality servers competed better in a very competitive business. Later, I took a position as a dietary manager in a skilled nursing home and my life and work headed in a whole new direction.

I assumed that much of what I knew and practiced in the restaurant business would be similar in this community setting, but 20 years ago that was not the case. It seemed as if the food was being "dispensed" rather than served. Residents had

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RESIDENTS
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little or no say about what they were offered and when. The ambience of the dining room was institutional rather than homey or inviting. The dining room staff was efficient...but mechanical. And while congenial, servers often conversed among themselves while doling out meals, as if the residents weren't even there.

The whole experience struck me as unsettling, unemotional, and totally unfulfilling for the residents and staff. What puzzled me even more at the time was that nobody seemed aware of the situation or concerned that our clients—the residents—who were paying good money to live there, did not seem to merit the same level of courtesy and service any other paying customer in a day-to-day setting would. I am convinced this absence of the dining-service relationship wasn't done consciously—it was as if the customer service components of the dynamic weren't recognized as valuable or necessary.

I quickly came to understand that there were valid differences a care facility faced. There were numerous state and federal regulations to follow, medical regimens to heed, and pressures to keep costs in check. Staff turnover was 100 percent in this facility, and keeping up with basic training was a constant challenge.

A turning point for me came in my third week on the job when I sat down with an Oregon state surveyor for a 30-minute conversation that I remember clearly to this day. She looked me directly in the eye and challenged me to get involved in the residents' care—to use my experiences and ideas to advocate for change.

I accepted the challenge. I made it my business to get to know each of the residents personally. I not only learned what they needed in terms of medical care and nutrition, but I learned to

convey their concerns and needs to the rest of the staff. I even found the courage to speak to the administrator about improving the dining room atmosphere. Twenty years later I am still accepting that challenge and I know that you will too. The simple changes you champion now will make a big difference when added up over time.

The Times They Are A-Changing

Fast forward to the present. Transforming the dining environment in the long-term care (LTC) setting, at all levels of care, is on the forefront of significant change. The dining experience and how it impacts the residents' perception of care is finally coming to center stage. Why? There are several reasons. One is that we are beginning to service a different generation of customers. The Depression-era survivors are now passing on and in their place, our facilities are filling with the post-World War II generation. The Baby Boomers aren't too far behind.

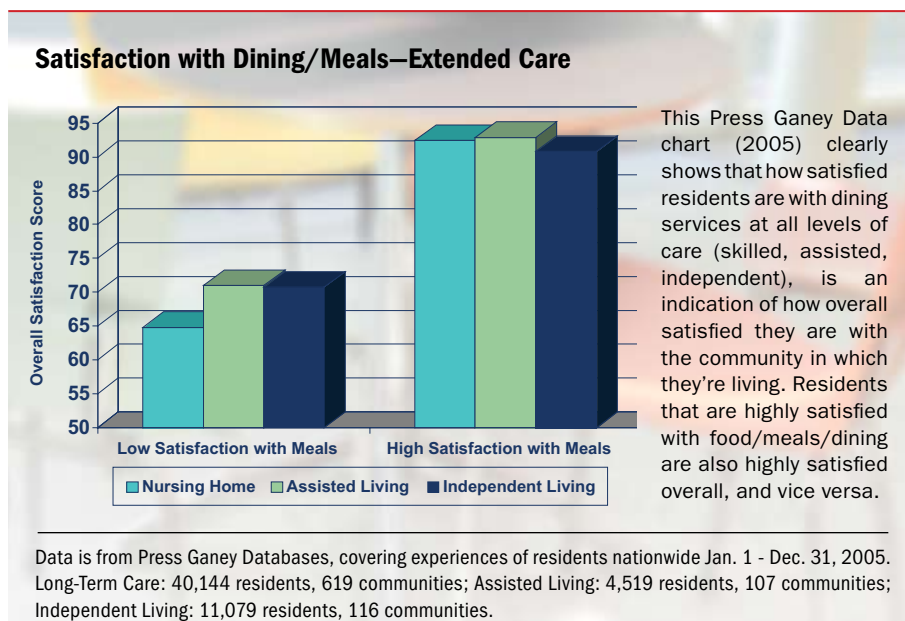
These new residents have experienced higher standards of living throughout their lives, and they are accustomed to and expect higher standards of

service. Most have dined out more extensively in their lifetimes than their parents ever did. They have transitioned from the do-it-yourself ethic to a lifestyle dependent on paying others to provide services. The women as well as the men have held professional careers and managed businesses. As retirees, they've traveled on luxury cruise ships, dined out for entertainment, and paid for catered services.

Now, as they require long-term care, they move in with all those experiences and the same level of service expectations.

Another reason is the dramatic increase in the number of LTC communities available. It is a much more competitive market than it was 20 years ago. The communities that offer quality customer service along with quality care are more likely to compete better. And since food service is being recognized as one of the most important facets where residents measure the quality of care and overall satisfaction (see figure), it is receiving much more emphasis than in the past.

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Finally, more and more we are coming to understand the links between our residents' emotional well-being and their quality of life. Their ability to not just survive in our facilities, but to thrive, is based on whether or not they feel valued. When they receive quality customer service we send the message that they are important to us as individuals and that we respect them.

What Does the Research Say?

It is a recent phenomenon that researchers have surveyed and interviewed residents directly for their input regarding customer satisfaction. There is minimal data found measuring their satisfaction with meal *service* and their dining experience. Recently, I went back to school to complete a degree in dietetics management. I began studying and reporting the body of literature surrounding dining, food service, and related issues in long-term care, with an emphasis on customer service. I conducted focus group meetings in separate sessions with residents and staff for my own research project, discussing service expectations. The following insights emerged:

1 Residents anticipate being served; and server friendliness and positive attitude at mealtime is a priority from the resident's perspective.

As one resident put it, "Ever been to a restaurant where the waitress brought you your food and just kind of threw it down in front of you? That is not what we want. We want to be appreciated as a person." Often times a community will focus on getting the meals out on time but fail to make sure the staff is being friendly and courteous while they are serving. It is crucial for servers to convey courteous behavior and a positive attitude to

the residents as well as to each other at *every* meal, precisely because it makes the residents feel more appreciated as people. Servers are not born with this skill. Many servers in LTC communities are certified nurses' aids (CNAs) or housekeepers. Some may not have been recipients of a fine dining experience. Both residents and staff agreed that service at mealtimes contributed positively or negatively to the quality of life and well being of residents. We must recognize and nurture behaviors that show appreciation and respect.

2 Resident's service expectations are based on a combination of their previous experiences while dining out in hospitality settings (restaurants that provided wait staff or full-service), as well as the dining experiences they had while at home.

It is a fine line to develop a style of service that will meet the best of both worlds. This will be the greatest challenge of communities offering dining services over the next 10 years, to combine the politeness, choice, and serving skills found in a full-service restaurant with the comfort elements found in sharing a meal with family in a home-like setting. It is the companionship and social setting that residents crave at mealtimes. Depending on their previous lifestyle, social status, and income, residents won't naturally alter their expectations about the dining service when they move in to a community. They will continue to demand good service and judge the service they receive. As one resident commented, "The server's greeting affects me a lot. I am not a guy. I don't like when they say, 'What do you guys want for dinner?' I am a lady. I am a person. I would prefer that they say, 'How are you ladies today? What would you ladies like for dinner?'"

Staff will not know how important these gestures are to get right, unless they are trained and held accountable to perform them.

3 If residents' expectations at the meal service are met, they feel special; if the staff is hurried (stressed) while serving, residents feel bad for the staff.

Ask anyone working in a community and they will tell you the residents don't want to get the staff in trouble by complaining directly, especially if the servers are young people, as they enjoy being around them. At the same time, the simplest things when done as expected often bring residents great pleasure. Receiving a second cup of coffee before being asked makes some residents feel special. Checking back on a resident eating in her room to make sure she has all the condiments for her meal makes her feel valued and appreciated. It takes training to be able to smile and deliver good service during a hurried dinner, and residents' meals should not be compromised because of a lack of people available to serve them effectively.

One of my focus group questions was "How would you rate the service in this community?" I was surprised when one resident asked, "Which meal are you talking about?" She said, "Breakfast is a 4, lunch is a 4, and dinner is a 2." The discussion that followed was about the consistent lack of staffing to help serve the evening meal compared to the other two meals. The perception was that it seemed to be a consistent problem for staff that no one cared to fix. We have the opportunity three times a day to help residents feel good about themselves and feel good about us. Why wouldn't we want to make the most of these opportunities?

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The staff cares about residents, but they do not see themselves as an extension of the company they work for.

Most caregivers I talked with *care* so much for the residents they would do almost anything to protect a resident. However, they may not understand how critical it is to simply address them correctly by name at every greeting, or to use the words *please* and *thank you* consistently—that these simple daily behaviors are more important to the residents than a grand gesture. Whether staff sees themselves as an extension of the company they work for, they are, and when residents rate the staff, they are rating the company. Training staff to understand this connection is key.

Best Practices

As the first step in developing and achieving best practices for dining services in our communities, we must acknowledge that customer service is critical to our residents and their well-being, therefore it's important to us as care providers. Customer service isn't just a nice thing to do, it's a valuable tool in accomplishing many of the health and quality of life goals we hold for our communities. And, as the long-term care profession moves increasingly towards person-centered care, the time is right for dietary managers as leaders to advocate for, adopt, and evaluate their current dining programs against best practices in food service. I offer the following as a starting point in assisting with positive changes:

1. Customer service protocols for the dining environment are in place and management emphasizes the importance of following them.
2. Servers are trained in standard dining room protocol and appropriate service techniques.

3. Servers emanate a courteous and professional demeanor in the dining room and all residents receive the same level of service no matter their ability to communicate.
4. Dining room service is organized so that the logistics of serving are conducive to a pleasant dining experience.
5. Staffing is sufficient, resulting in a pleasant and unstressed serving environment at all three meals regardless of other demands of the server's daily work.
6. The design and atmosphere within the dining room is consistent with a pleasant and unstressed environment.
7. Administrators value high-quality service as evidenced by support in the form of sufficient staffing, training programs, and monitoring of meal service performance.
8. Administrators and servers embrace a sense of team spirit and work together to provide quality service at mealtime.

Getting Started

Are you ready to accept the dining service challenge in your facility? If so, here are some simple steps to get you started.

- Stop and take a critical look at the service being provided to your residents. Is there room for improvement? Do you know what they value in service at mealtimes?
- Open dialogue with management, administration, and staff to embrace person-centered care in dining. Form a committee with staff from all departments to evaluate current practices. Ask your staff for their opinion on how to best meet resident expectations.
- Network with other dietary managers about successful changes

they have made in their dining environments and food service programs.

- Schedule some time with your administrator to discuss your findings and identify some simple changes you can make right away.
- Until specific customer service training for the long-term care industry is developed, contact the restaurant association in your community to provide in-service training for your staff.

Summing it Up

Mealtime offers an important opportunity to improve resident satisfaction. As a result, providers must look at how to develop systems (best practices) to manage the process. Hospitality service training practiced in restaurants is a start. To achieve full success, however, we also need to shift our focus and acknowledge residents as dining customers who need to feel valued at each dining experience. Eating well is one of the true pleasures in life—an ongoing experience that sustains us long after the table has been cleared and the food digested. Let's work together to ensure that our residents eat well. ■

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Want to Learn More Customer Service Strategies?

Cindy Heilman, MS, DTR will share more insights on "Training Employees for Customer Service" during the 2006 DMA Annual Meeting in Milwaukee. Her session is scheduled for July 20.