



The Role of a Registered Dietitian

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Food is one of life's great pleasures. Whether it be enjoying a comforting meal with friends, a romantic dinner with a loved one, or a quick lunch with co-workers, food brings people together. Mealtimes socialization helps to build and strengthen bonds between friends, families, and communities. Food is necessary for sustaining life. It nourishes our bodies; providing us with the energy we need to get through each day.

Aging and Nutrition

As we age, adequate food intake is crucial to maintaining health and enhancing the quality of life. The aging process affects overall physical, psychosocial, and physiological well-being. This process has a profound effect on a person's nutritional status and increases the risk of malnutrition in the elderly. It is estimated that approximately 65% of elderly persons are malnour-

ished. Malnutrition in the elderly can be caused by many underlying factors such as:

- Altered metabolism
- Depression
- Dementia
- Gastrointestinal problems
- Loss of taste, smell, and appetite
- Chewing and swallowing problems

The RD's Role on the Care Team

Assisted living (AL) facilities hire dietitians as part of a care team to help ensure that their residents are provided with the nutrition they need to help prevent or limit nutrition-related complications.

As the registered dietitian (RD) for an AL residence and LTC facility for 300 elders, one of my key responsibilities is to develop menus that not only appeal to the senses, but also meet the daily nutritional requirements of the aging popula-

tion. Over 1,000 meals are served each day, using a 4-week cycle menu created specifically for each season. After the master cycle menu is developed, menu extensions are created for all other specialized diets that are required for residents with specific dietary restrictions.

To plan menus for the aging population, one must acknowledge and assess all the factors that the aging population face. For instance, by the age of 70, most people have lost their sense of taste due to an extensive decline in the number of taste buds. Reduced saliva production also makes it harder to swallow, dental problems are common from calcium loss, but most importantly, the sense of smell has decreased dramatically or is essentially lost in some individuals. Enjoying a meal involves far more than just eating. It includes the aromas, tastes, colors, textures, flavors, and overall presentation associated with the meal. When most of these components are lost, new techniques are needed to help increase meal satisfaction.

Williamson Hospitality takes all of these criteria into consideration when developing menus and serving meals. We choose foods that are seasonally available to ensure that the final product is fresh, brightly colored, and full of flavor. In addition, foods are flavored using fresh herbs and spices, and all plates are garnished to enhance appeal. Our cooks continue to experiment with spices and flavoring components until residents are satisfied with the final product. Food sampling, satisfaction surveys, and comment cards all are used to analyze our diet and nutrition plans, menus, meals, and snacks.

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The Interdisciplinary Team

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Nutritional Assessments and Plans

When residents are admitted to a facility, a nutritional assessment is completed to evaluate each resident's past and current medical conditions, illnesses, and/or injuries that may put them at nutritional risk. For an accurate assessment, medical and dietary history, laboratory values, and a physical observation need to be completed. An appropriate diet and nutrition plan is then developed to manage each resident's unique conditions. Dietary recommendations are communicated to doctors, nurses, speech therapists, and other care team members on an as-needed basis. Residents who screen at nutritional risk meet with the RD on a monthly basis to assess their appetite, weight, labs, skin integrity, and food preferences. The RD is also available to meet with residents who experience weight loss, pressure ulcers, a decrease in appetite, or any other issue that warrants a consultation.

For most residents, meals are the most meaningful activity of the day. Every resident has different food likes and dislikes. Food preferences are formed from many factors, including age, past food experiences,

and ethnic backgrounds. For this reason, a selective menu is offered, allowing residents to remain independent over this activity of daily living. An alternate menu, which includes additional soups, salad, side dishes, sandwiches, and entrees, is offered on a daily basis. Whether the resident chooses from the cycle

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menu or the alternate menu, they are receiving foods that meet their nutritional requirements.

Snacks are offered in many different areas of the facility. In addition, snacks are delivered to rooms at 6 different times throughout the day, and the dining room on each floor is stocked with multiple items. Residents are able to keep food items in a specific refrigerator if they desire.

The Dining Environment and Program

Three meals are served each day in an inviting main dining room, which seats 215 residents. The main dining room opens up to an outdoor strolling garden. The décor of the dining room includes walls painted in a soft beige with wood accents, detailed curtains on each window, mahogany toned tables, upholstered chairs, and soft classi-

cal music playing during mealtimes. Each table is dressed with colored placements, fine china plates, and centerpieces made with fresh flowers. Residents have the choice of walking through a buffet line or can fill out menus and receive a tray delivered to their seat. For those residents who can't take part in eating their meals in the main dining room, there is the option of eating in their rooms or in smaller dining rooms located on each floor.

Our facility recently implemented an enhanced dining program on 4 floors. The program is aimed at creating a homelike atmosphere where residents can dine with others. Certified nurses aides and other staff members transition from their regular roles and become waitresses and waiters, helping to set the tables and serve the meals. Personal attention is a top priority, while monitoring each resident's safety during eating and encouraging adequate nutrition and hydration. This program is a great success, with residents drinking and eating more, while increasing their socialization.

Conclusion

The job of the RD offers the challenge of staying abreast of new ways to improve nutritional well-being. No day is ever the same. There is always new literature to read, new people to meet, and residents to keep healthy and satisfied. To continue to make a difference in the health and wellness of elderly residents by providing nutritional guidance, while allowing them to maintain their dignity and helping to ensure the highest level of quality during their life are the cornerstone of continuous quality improvement and a rewarding profession.

ALC

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