

## Description of Thriving Successful Lunch Club at Eddy Ford Nursing Home

**Days:** Wednesdays, 11:30 am -12:30 pm

**Group Action:** Staff and residents work together to prepare a meal as a family, outside of their usual caregiver/patient roles.

**Resident group:** Verna, Bill, Olive, Anna, Catherine, Mary (Five of these residents do not usually initiate conversation but do respond when someone talks to them. They are able to do simple meal preparation with cueing.)

**Facilitators:** Jill (Speech Therapist), Jim (Staff Educator) **Alternates:** Marlene (Nurse Mgr.), Mary (O.T.A.), Arlene (Dietary Supervisor)

### **Preparation:**

1. Set-up room with table large enough to fit participants and accommodate wheelchairs and walkers but permit face-to-face conversation.
2. Have side table for supplies.
3. Accommodations to plug in electrical appliances such as coffee pot, electric griddle, crock-pot.
4. Print program menu in large print listing menu and head "chef" and "chef's helpers" (resident and staff participants).
5. Provide paper or light plates that are easy for the participants to use.
6. Provide drinking cups and utensils that accommodate each resident's functional abilities/disabilities.
7. Write down each menu item and the supplies and tasks that are needed to prepare it
8. Match up the tasks to the participants: which part(s) will each resident be able to participate in and in what way.
9. Ask kitchen to provide food needed for the menu. Foods may be juices, fruit to cut up for a fruit salad, raw vegetables to cut up for soup. Be sure to think of fixings for: grilled cheese sandwiches, hamburgers, coffee, desserts, etc.
10. Think about which condiments you will need, utensils (such as individual mixing bowls, spatulas, pancake turners, paring knives and cutting boards), cookware (such as an electric griddle or crock pot, coffee pot), dinnerware and flatware that fit the participant's abilities.
11. Know the functional ability of each of the participants and accommodations that need to be made such as adaptive utensils, light drinking cups, room for an outstretched leg.
12. Ask dietary about dietary restrictions and preferences.
13. Provide wipes to wash hands before starting, aprons if desired, a roll or supply of paper towels, a wipe up cloth, and potholders.

### **Facilitator roles:**

1. Gather residents and show enthusiasm for the program they will attend. (Need at least 3 people to gather residents effectively if they are in wheelchairs so they can arrive together).
2. One facilitator stays in the room setting up for the group, greets residents as they come in and asks them to help with the set up or to give their opinions on whatever is being done.
3. Motivate residents to participate in preparing the meal and discuss tasks necessary to do this. For example: "Did you put olives in your potato salad? Shall we add more strawberries? Should we cut them? Does this need more salt?"
4. Be vigilant to cue residents as needed to participate in preparing the meal.
5. Support residents to interact with other members of the group as they accomplish their tasks. For example: "Mary, would you pass the bowl to Harry so he can add his bananas to the fruit salad. Didn't he do a good job of cutting up the bananas, Mary?"
6. Fit tasks to functional ability of each resident. For example: someone who has low vision or limited shoulder motion can be asked to take the grapes off the stem for the fruit salad. Start with simple tasks until the resident becomes accustomed to the tasks and you are able to determine their functional ability in this setting. As residents become familiar with the ritual they will begin to participate in more ways as their procedural memories are triggered and they begin to feel safe.
7. Allow residents to do as much of the task as they are able to and watch for progress. (Our residents who had a problem making a half sandwich in the first session are now cutting up oranges with a paring knife, peeling and cutting up hard boiled eggs, or using a potato peeler to peel apples).

**Format:** Meet at least once a week with the same core group, and any interested guests to enjoy interacting with others while focused on the familiar tasks of fixing a meal together. All food that needs preparation is prepared at the table by the group. We do not use a tablecloth because we use a cool side electric griddle that we can slide from person to person. We use a crock-pot for soup, chili or goulash (usually prepared by the kitchen and kept warm and served from the crock pot.) We have a coffee pot on the side table so we can smell it brewing. We invite guests to join us, usually not more than two. We do not allow staff members or others to observe the group from behind, as this is very distracting, upsetting, and disrespectful to the group.

**Program:**

1. As people enter the room they are greeted by a facilitator and are told how glad we are that they have come to join us.
2. When everyone is ready, we go around the room and everyone introduces himself or herself.
3. A large print menu is given to each participant with the names of the "chef" staff and resident participants. Someone is asked to read it aloud and we discuss what has to be done to prepare the meal.

4. After the meal is prepared we take time to admire it and mention each person's part in preparing it. We ask each member of the group if they prepared or shared this type of food with their families and encourage them to tell us how they prepared it.
5. The session lasts about one hour as it includes the preparing and eating of lunch in a relaxed home-like atmosphere, which encourages conversation, interaction, and a failure-free place to practice old skills. It provides an opportunity for residents to do things they don't do when eating in the dining room.
6. We then discuss what we will have next time and the ingredients and preparation which will be needed. Each person's suggestions are debated until we come to a consensus on the choice. Sometimes we have to work with what is available and modify the menu. We have great fun kidding each other about the calories involved in some of the suggestions.
7. We sometimes bring an interesting object to discuss while waiting for the food to cook or people who are slower to finish eating. A photo book on Texas was enjoyed by a resident who used to live in Texas as she told the group about the memories the pictures triggered in her. A set of five carved wooden Russian figures that were each encased in a larger figure caused much interest and conversation.(1)
8. We say good-bye to everyone, thank them for coming, mention their contribution to the group and ask them if they would like to come again.

### **Observations:**

- Each group establishes their own rituals and family jokes.
- In discussing the tasks needed to prepare the meal and in working together with others to make something like a fruit salad, residents who usually don't initiate conversation begin to talk to each other, encourage each other and then actually start to teach and learn from each other when they rediscover old competencies.
- In the beginning, some participants talk only to the facilitators and asked how to do each task, but as they become more confident in their abilities to accomplish the tasks of preparing a meal, they begin to interact with other residents and more of their personality traits, especially humor, are displayed.
- As residents continue to participate in Lunch Club, they usually start eating better than when they started. (more food is needed)

### **Things that worked**

1. Focusing the conversation of the group on one topic when possible ("Mary has something to say. Can you tell us again Mary, Anna did not hear you".)
2. Limiting the preparation activity needed during the group with careful planning and set-up.
3. Initial introductions and continuous use of names in directing conversation.
4. Limiting time to 1 hour (means keeping it simple and having kitchen prepare part of the meal) the group takes much longer in beginning until you become organized.

5. Songs after meals.
6. Exploring commonalities.
7. Grilled cheese sandwiches.
8. Appointing "head chef" for the day, starting with a facilitator wearing chef's hat and apron after one month in group, rotating after that and done once a month. Everyone defers to the "head chef" who picks the menu
9. Pancakes, pancakes, pancakes! (the beating of batter is a familiar task laden with memories for men and women).

### **Things that didn't work**

1. Raw vegetables with appetizers and dip (enjoyed by one resident, difficult for the rest).
2. Exceedingly hot soup or soup on a warm day.
3. Offering too many choices for sandwich fillings, such as ham, turkey, two kinds of cheese, tomatoes, and lettuce. Keep it simple with only two or three choices.
4. Trying to prepare the whole meal (only prepare two or three items at the table).
5. Having to run out for missing necessities (do a mental run-through of any new menus).

### **Favorite Menus:**

1. Pancakes with fruit (choice: plain, bananas or blueberries in or on top), pre-cooked sausages, 2 juices, yogurt ice cream, coffee
2. Grilled cheese, vegetable soup, 2 juices, cookies, coffee.
3. Hamburgers, french fries (frozen), salad, 2 juices, ice cream, coffee.
4. Bacon, lettuce and tomato sandwiches (bacon prepared by kitchen, heated on the grill, toast made by resident at the table), 2 juices, pound cake and strawberries, coffee.
5. Ham and cheese or turkey finger sandwiches (prepared by kitchen, condiments added by residents), chicken vegetable soup, 2 juices, peach shortcake and whipped cream (biscuits warmed on grill on low, flipped by residents, shortcake put together by residents) coffee.

\*Contributed by Jim Sheridan RN, Staff Educator, EDGE Coordinator and Lunch Club Facilitator, Eddy Ford Nursing Home, Cohoes, NY