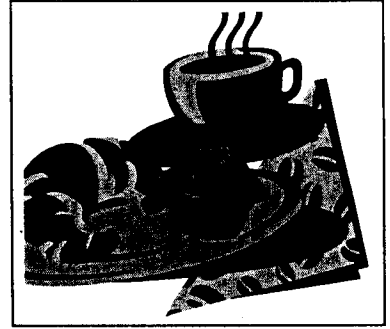


Summary



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As with many ecologically based studies, there were a number of variables beyond the control of our researchers. For example, after studying the facilities' menu cycles, the research team returned for post intervention data collection four weeks after baseline. This was done so that the baseline and post intervention records of intake would be comparing the same meal items. However, at both facilities meal items indicated on the menu were not always the food items served. For example, the scheduled entree may have been baked chicken, but a casserole was served instead. Menu items also differed across residents. One resident may have had bacon, eggs and toast for breakfast, and another resident may have been served toast and cereal. Both facilities had food item omissions and substitutions as a result of kitchen staff error. Therefore, all calorie counts were based on what the resident actually received rather than what they were supposed to receive.

A staffing policy change midway through the research may have affected outcome measures. At Facility 1 there were one or two staff members present in the dining room during baseline. There was very little staff interaction with the residents, therefore the residents received little assistance and had few opportunities for conversation with staff. Two or three of the residents sat alone for meals, having no opportunity to interact with other residents. Between the baseline and posttest data collection the facility instituted a new policy that resulted in an average of four staff members in the dining room at posttest mealtime. This increased the opportunities for interactions with staff and could have contributed to the increased COMFI scores at this site. None of these issues were under the control of the researchers.

Despite these control limitations, there were clear and marked improvements in both intake and functional abilities as measured by calorie counts the MAST and the COMFI at both facilities. This suggests that staff and designers should consider modifying the barriers in the dining environment, such as dim lighting and poor contrast, to increase residents' ability to participate in meals. This will facilitate favorable therapeutic outcomes by supporting independence. Our plans for future research include examining not only lighting and contrast, but noise levels, social density, staffing patterns, and other factors that are inherent mealtime issues in long term care facilities.