

June 5, 1974

SUBJECT: Response to Joint Visitation Team Visit of February 21, 1974

TO: Joint Visitation Committee

FROM: Robert J. Hiltner  
Superintendent  
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*R. J. Hiltner*  
Following is the response to the questions raised by, and the comments of, the Joint Visitation Team who made their unannounced visit on February 21, 1974. The particular focus of this visit was food service and the Dietary Department. The visit was made at mid-morning through meal time for this purpose.

The Western State School response to the Visitation Report has been contributed to by the several Program Departments, the Dietary Department and the Business Office. This memorandum represents a digested compilation of numerous more detailed responses.

Seasoning of Food:

1. (a) "Is there any reason for the fact that the food sampled by the visitors had virtually no seasoning?"

Efforts are made by the Dietary to get "feedback" on the responses of residents to various menus through food service personnel responsible for serving food in the Residence Areas. These staff observe whether the food is accepted by residents or rejected. If the food is not accepted, efforts are made to determine why and appropriate corrective action is taken.

It is the general observation of the Dietary Department that residents seem to prefer foods that are lightly seasoned.

- (b) "Can food be more highly seasoned?"

Food may be more highly seasoned; however, as noted above, there appears to be a preference for less highly seasoned foods. It has been observed that more highly seasoned foods have been more frequently rejected by residents.

- (c) "Can residents be allowed access to salt and other condiments?"

In the four former YDC Cottages which house higher functioning residents condiments are present on the table. The Visitation Committee, I believe, has raised a valid question, eg. whether we

have been sufficiently sensitive to the individual tastes of residents in our Lodges. I am requesting that each Department which is involved in feeding training programs or in the supervision of meal time review their current procedures to see whether attention to individual tastes and/or training in the use of condiments may be effected.

- (d) "Can someone assist residents who are unable to use condiments by themselves?"

Condiments are provided upon request to residents as they go through the cafeteria line by food service personnel. If non-ambulatory residents request additional seasoning or condiments, they can be provided by Child Care Aides who obtain them from food service personnel. As noted above, however, I believe question can be raised whether we have, at all times, been sufficiently sensitive to individual tastes, particularly in the case of those who are least able to obtain their food from the cafeteria line.

- (e) "The dehydrated potatoes . . . were tasteless . . ."

Mrs. Webb indicates that while she does not have a recent cost study on fresh potatoes vs. ready-to-use potatoes she is sure that her Department can develop an appealing palatable finished product from dehydrated potatoes. Recipes for the use of dehydrated potatoes are being further tested.

2. "To what extent does the dietitian supervise the food service in the Lodges?"

A dietitian or food service supervisor visits the Residenc Areas daily.

3. "Many of the residents appear to be gaining weight."

- (a) "Is the staff satisfied that the special 'reduction' diets are effective?"

There is some disagreement as to the effectiveness of the special diets. The medical staff feel that the diet itself is satisfactory, but the problem lies with the residents and/or well meaning, but uninformed staff who give food to residents. Nursing, on the other hand, is concerned about the high content of creamed and starchy foods and the limited amounts of vegetables. I believe we have here an area that requires further investigation.

- (b) "Are weekly weight records kept for and explained to residents..."

The Unit Physician prescribes the frequency of weighing. Most residents on weight reduction diet plans are weighted weekly,

also blood pressure is checked before and after exercising.

(c) "Could Weight Watchers 'be contacted to provide a WSSH Chapter'...?"

This is an interesting idea which received a good deal of positive reaction from staff. There are a number of operational problems, however, such as the special preparation of foods, exercise and self-image training which cuts across several Departments which will have to be worked out. We will explore this further and report back at a later time.

4. "Appropriate socializing appeared to be missing at most luncheon tables..."

The response to this comment must be on a Unit by Unit basis. On many of the higher functioning units, primarily the Cottages and Clinic II, a good deal of socializing takes place at meal time. In other units where feeding training programs are underway, socializing is actively discouraged in order that residents, who are easily distracted, can concentrate on their feeding tasks. With these residents the focus is on learning the basic skills of feeding and eating, eg: learning to carry their own tray through the line to gather food, learning proper use of utensils, learning proper manners, as well as swallowing, chewing, control of the tongue and sucking. With some physically handicapped we have had to make adaptive equipment in order to make them more self-sufficient. Efforts are made to teach manners, such as "please" and "thank you". I believe that meal times, particularly breakfast and lunch, do tend to be a somewhat tense and hurried affair with too little attention or time for socializing. We are faced all too often in order, our present circumstances of overcrowding and too little staff, to require strict attention to learning the skills associated with eating rather than having the time to permit socializing.

5. "Has the cafeteria line been evaluated in terms of encouraging independence or preparing the resident for a real life situation in the community?"

We are not all together sure of the intent or thrust of this question. The facilities designed for Western, eg. the Clinic Building and the three Lodges were all designed with cafeteria style dining facilities. Efforts are made to individualize arrangements for meals depending on the needs of the residence unit or individual resident. For example, meals are generally served on life support units, trays are taken to handicapped residents who cannot manage the cafeteria line, etc. Further, "family style" meal service is used in the former YDC Cottages which were designed by this style of meal service. In the Gateway Cottage residents purchase, prepare, and serve their own meals. Efforts are also made to teach residents to prepare their own food and serve it "family style" in the "practice apartment" program operated by the VAS Department. The VAS Department is interested in extending training in meal preparation and service, however, at this time they do not have sufficient staff for this effort.

6. "The need for additional feeding help at dinner, weekends and holidays..?"

- (a) "Stagger the days off for resident feeders who could then be on duty Saturday and Sundays."

The days off for resident feeders are currently staggered so that we average an equal number of resident feeders each day over a seven day period. This does result, however, in a reduction of total help available for assistance in feeding at periods when O.T. and Education staff is not available, eg. weekends and holidays. A re-examination of current scheduling is perhaps in order. Some difficulty has been experienced recruiting residents capable of being good resident feeders. For the most part, resident feeders have been recruited and trained from among the residents of Hickory Cottage. As the most able residents have been placed in the community, the average functioning level of residents of Hickory Cottage has been declining. This, in turn, has resulted in fewer residents available for feeding. To this point, we have not made use, to any large extent, of women placed in Holly Cottage since most of these women are placed in job placements off grounds during the week. We have also not trained many male residents as feeders. I would be reluctant to press those female residents of Holly Cottage into service on weekends since this is their only time off. We may need to examine the feasibility of recruiting a greater number of male resident feeders.

- (b) "Train more community volunteers to help specifically with feeding"

This is a good idea which we will continue to attempt to implement. We have found, however, that there are several problems which must be overcome in implementing use of volunteers as feeders:

- (1) It is difficult to recruit volunteers for this task because meal time at Western conflicts with volunteers own home meal time.
- (2) Volunteers, for the most part, have been rather hesitant to volunteer for feeding assignments.
- (3) It has been difficult to arrange for appropriate training for volunteers in feeding techniques.

- (c) "Change work schedules for some teacher aides and some O.T. Aides so that they too would be available during these lean periods."

The matter of how best to utilize staff whose role is primarily training (such as O.T. and Education staff) is a matter of on-going discussion and re-examination. Central to this issue is the fact that insufficient basic resident care staff is available to provide an adequate level of basic resident care. When the Education Department was as understaffed as the rest of the facility the discrepancies were not as apparent. However, with a greater availability of Education staff the impact of absence of Education staff at meal time in the evenings, on weekends and holidays is much more apparent. The basic question is: given our present lack of Child

Care Aide staff should Education staff be used as substitutes for basic care staff or should their role be limited to education and training activities. To this point, the I.U. has taken the position that their role is education and training of residents not basic care (Note: this does not exclude undertaking basic care tasks such as changing, feeding, and toilet training when such tasks are a legitimate part of educational or training activities).

The problem for the Occupational Therapy Department is similar and, perhaps, more acute since they are a smaller department. A change in schedule to make possible the coverage of the evening meal would result in a reduction of other O.T. training programs. Following is a typical Occupational Therapy Worker's schedule:

7:30 - 8:15 feeding training  
8:15 - 8:45 self-care training  
8:45 - 9:00 break  
9:00 - 11:00 O.T. program with residents  
11:00 - 11:30 lunch  
11:30 - 11:45 ready residents for lunch  
11:45 - 12:15 feeding training  
12:15 - 12:45 self-care training  
12:45 - 1:00 break  
1:00 - 3:00 O.T. program  
3:00 - 3:30 preparation and reports for next day

It is impossible to cover all meals each day, seven days a week without dropping some programs or something. Reducing the problem to simple numbers, in order for the Education or O.T. Departments to increase their meal time feeding training coverage from the present 37½ hour, five days a week to coverage of the evening meal and weekends would require a 60% increase in staff, or failing this, a 60% reduction in resident programming. This calculation does not include coverage of holidays, maintenance of equal staff coverage during vacations or illness and does not consider to what extent utilization of personnel in this way would be permitted under present union contracts.

7. "Is there in-service training on how to best aid residents in eating for Occupational Therapists, Teacher Aides, Resident Feeders and Attendants?"

In-service training is provided for the Occupational Therapy staff, the

Teacher Aides, and Child Care Aides by the O.T., Education and Nursing Departments. In addition, the Nursing Education staff provide training for resident feeders.

8. "Resident Workers"

(a) "How many residents work in food service and how are they paid?"

A total of 22 residents are scheduled by the VAS Department as part of the Work Adjustment Program to work in the kitchen areas and in the main Dietary Building. Between 50 and 60 residents also participate, to some extent, as resident feeders. Up to the present time, we have neither budgetary provisions nor a fiscal mechanism by which we can pay either the resident who work in the Food Service Training Program or the resident feeders. Approximately once a month a party is given for resident feeders. Lacking a mechanism by which we can pay the residents, this is a means of showing our appreciation for their help. We are all very much in hopes that the implementation of the Souder and Downs Decision will result in a means by which we can appropriately pay for these and other resident services.

(b) "Are residents paid immediately upon completion of work in the most rewarding way?"

As noted above, we do not have a means by which residents work in food service or as feeders can be paid. When funds are made available for this and State Guidelines for this are developed, attention will have to be given to a program in which pay is provided in progressive steps as part of Money Management Training Programs.

(c) "Is there any 'money management training' for resident....?"

Several department have programs aimed at developing money management concepts. Such training, for example, is incorporated into the O.T. "token economy" pre-work training program and into the Education Elementary and Laurel Hall Programs. The VAS Department has responsibility for developing programs specifically focused on money management skills needed in community living. For example, a teacher on the VAS staff teaches money management as part of her three classes. In addition, our three Rehabilitation Counselors stress money management as part of their Job Orientation and Community Awareness Groups. Also, 35 residents attend Adult Basic Education Classes held at Western two evenings per week which includes training in money management concepts. For those residents in the Gateway Program and others who are employed, caseworkers work with residents regarding managing their own money. It must be said, however, that the lack of real money in the "resident economy" at Western does impede the development of money management concepts among residents.

9. "Is there a check list curriculum for eating skills?"

For the Occupational Therapy and Education Feeding Programs the activity

is an educational experience. Efforts are made by both O.T. and Education staff to evaluate each resident to determine individual needs and train only those who are in need of specialized training. O.T. uses an evaluation check list to determine and check progress every six months. This check list is compiled from the Gesell studies of normal development.

10. [ "Could it be dangerous to feed residents flat on their back on the floor or would it be better to have them held and reclined in the same way?" ]

Feeding while a resident is flat on their back is not an acceptable procedure. There is danger of aspiration of food if a resident is fed while in this position. Staff have been trained to either cradle the resident in a semi-reclined position or use devices such as pillows, wedges and back supports for positioning. Since this violation of procedures has been called to our attention, efforts to reacquaint staff with proper procedures have been redoubled.

11. "Is the cafeteria self-supporting....?"

We presume that the question refers to the employee's cafeteria. The prices charged in the cafeteria are established by DPW Regulations. They are based on food cost plus a 50% mark-up for labor. It is doubtful that the 50% mark-up any longer covers the actual cost of labor, however, until such a time as regulations are changed we have no authority to adjust prices.

Miscellaneous:

- "How often do clinical diagnostic work-ups occur?"

All residents for whom we receive payment from Medical Assistance receive an annual physical examination and lab work in compliance with Medical Assistance requirements. In addition, approximately 175 residents not on Medical Assistance are re-evaluated by the Medical staff and other departments less than annually; of these between 40 and 50 residents receive a formal Re-evaluation Conference. Formal Re-evaluation Conferences may be requested by members of the WSS staff, Base Service Units and/or parents at any time the question is raised regarding the program of a resident; at this point, because of limited time available by the chairman of the Re-evaluation Conferences, there is a rather long waiting list for Re-evaluation Conferences. Efforts are underway to find a means by which opportunities for more frequent Re-evaluation Conferences can be provided.

RJH:mc

cc: Mr. Charles A. Peters  
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