

# [Long term care facilities](https://assignbuster.com/long-term-care-facilities/)

[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/)

Long Term Care Facilities November The healthcare facilities’ quality of care maximization occurs when both clinical and satisfaction standards are achieved. Healthcare facility quality of care includes valuable dining experiences. Health care encompasses filling the patients’ mental and physical demands. Long term care facilities include setting the employees’ value-based dining experience standards.
Ensuring Dining Practice Standards are met
During the implementation of the quality dining experience to the residents of the long term care facility, management must ensure dining practice standards are met. First, management sets the dining experience employee standards. Food service standards include setting the centralized and decentralized systems, food service stations, and accuracy of each dining procedure. Food service standards must be set for the food safety and sanitation, implementation of patient dining rights and preferences, and dining experience categories (Singh, 2010). Next, management must ensure the dining experience employees understand their benchmarks (Puckett, 2012). The dining employees are allowed to ask clarification questions. The questions will eliminate any gray or vague standards or polices. For example, nurses clarify what to do if the patient has a seizure during the dining experience. Third, management must report the actual performance of each dining employee. Management must collect data on the employees’ performance outcomes. Data includes the patients’ dining experience feedbacks. Data also includes the supervisors’ feedbacks of the subordinate dining employees’ performances. The employees’ meeting benchmark requirements ensure the patients receive quality dining experiences (Daft, 2008). Lastly, management must present the consequences of the concerned dining employees’ actual performances. The effects may include either the stick or carrot method. Under the carrot method, dining employees who meet standards are given rewards, citations and promotions. Under the stick method, the company penalizes dining employees who do not meet standards. Penalties include warnings, fines, suspensions, or terminations (Daft, 2008).
Why the value of the dining experience is so importantDining experiences have important values (Singh, 2010). Dining has socializing value. During the dining experience, patients spend time in the company of other patients. Dining offers relaxation value. Special dining comfortable tables allow the use of wheelchairs. Soft music, table skirting, table cloths and folded table napkins brighten the patients’ dining experience value. The dining experience fills the patients’ feed needs. Some patients prefer eating in solitude, especially those with special feeding requirements. The dining experience value importantly enhances the patients’ rehabilitation process. Further, the dining experience has beneficial recuperative value (Singh, 2010). Normally, people prefer to mingle with other individuals. It would be more comfortable conversing with other patients during the dining experience. In the dining experience, the patients are on a sitting position. Dining table conversations strengthen closeness among the facilities’ patients. Pleasant dining environments include comfortable furniture and decors. Summarizing, the maximization of the healthcare facilities’ quality of care maximization includes the implementation of both clinical and satisfaction standards. Dining employees must meet satisfaction and other performance benchmarks. People, especially patients, normally prefer social meetings. The dining experience has several values. Overwhelmingly, the long term care facilities include meeting patient-based dining experience standards.
References:
Daft, R. (2008). New Era Management. New York: Cengage Learning.
Puckett, R. (2012). Foodservice Manual for Health Care Institutions. New York: J. Wiley &Sons .
Singh, D. (2010). Effective Management of Long Term Care Facilities. New York: Jones &Bartlett.