DISCLOSURE OF COMMERCIAL INTERESTS

The speaker has commercial interests in the following organization:

Administrator of Buckingham at Norwood
Windsor Healthcare Communities
240 bed SNF in Norwood, New Jersey

MAXIMIZING CLINICAL OUTCOMES BY MINIMIZING DIETARY DEFICIENCIES: A MULTIDISCIPLINARY APPROACH

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OBJECTIVES

- *Understand age related issues that contribute to appetite and weight loss in elderly*
- *Discuss importance of good oral care and health for proper nutrition*
- *Review IDC Team role in assessing and providing therapeutic interventions for nutritional well-being*
- *Recognize the impact of culture change and person-centered care on food and nutrition delivery*
- *Identify the Administrator's responsibilities in creating a quality nutritional environment to prevent dietary deficiencies*

CHANGES IN BODY

- *Mean BMI declines after 60 yrs age*
- *Age related skeletal muscle loss due to reduced exercise/physical activity*
- *Reduced growth hormone*
- *Progressive increase in fat and decrease in fat free mass*
- *Impaired receptive relaxation of gastric fluids*
- *Increased Nitric Oxide = slower gastric emptying*
- *Higher mortality as weight loss commences due to disease processes*

AGE RELATED CHANGES IN APPETITE

- *Less hungry = eat less*
- *More rapidly satiated*
- *Consume smaller meals more slowly*
- *Fewer snacks between meals*
- *Reduced interest in food*
- *Less varied and more monotonous foods*
- *Diminished sense of taste and smell*
- *Greater intake when eating with others than eating alone*

DENTAL AND ORAL HEALTH

- Access to dental care over lifetime
- Socio-economic and cultural variables
- 70% of older adults have periodontal disease
- Fear
- Cognitive
- Untreated tooth decay

CHALLENGES TO ORAL HEALTH

- *Decreased dexterity*
- *Cognitive changes*
- *Salivary gland hypo-function*
- *Medications*
- *Depression, medical conditions, pain*
- *Reduced access due to cost, availability, access and accommodation*

CONSEQUENCES OF POOR ORAL HEALTH

- *Tooth loss = impacts chewing = favor less health foods*
- *Dentures restore less than 50% function level of natural teeth*
- *Dental/Oral pain = food avoidance = weight loss*
- *Ill fitting dentures*
- *Esthetics impact self-esteem and socialization*

IMPROVE ORAL HEALTH

- *Staff training to provide better mouth/oral care*
- *Family involvement*
- *Dental care available; mobile dental services*
- *Involve dental hygienists*
- *Education to deal with "care-resistant" behaviors*
- *Increase advocacy for dental/oral health*
- *New regulation – 3 day referral to dentist/lost dentures FIND*

WEIGHT LOSS FACTORS

- *Decline due to disease and cognition*
- *Physical ability*
- *Swallowing*
- *Poor appetite*
- *Oral health*
- *Restricted/therapeutic diets may inhibit optimal food intake*
- *Time and assistance with feeding*
- *Environment*

RISKS – "MEALS ON WHEELS"

- ***M****edication effects*
- ***E****motional problems*
- ***A****norexia nervosa, alcoholism*
- ***L****ate life Paranoia*
- ***S****wallowing disorders*
- ***O****ral factors*
- ***No*** *money, Nosocomial infections*
- ***W****andering and other dementia related behaviors*
- ***H****yperthyroidism, hypothyroidism*
- ***E****nteric problems*
- ***E****ating problems*
- ***L****ow salt, low cholesterol diet*
- ***S****tones, Social problems (isolation, inability to obtain preferred foods)*

- CREDIT Morristown

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MULTIDISCIPLINARY APPROACH

- *Astute clinical assessment skills*
  - *Detect changes in eating/swallowing*
  - *Labs and diagnostic tests*
- *Sufficient time for feeding/assistance*
- *Positioning and seating*
- *Communication and alert system*
- *Recognize signs of depression and cognition decline*
- *Polypharmacy*
- *Use of supplements*
- *Opportunities for food and nutrition*
- *Use of medical management to control blood glucose levels rather that restrictive diets*

IMPACT OF CULTURE CHANGE

- *Person-centered care*
- *Holistic approach*
- *Home-like environment*
- *Liberalized diets = quality of life*
- *Resident Rights and preferences*
- *Historical data regarding food and meal habits, routines*
- *Encourages creativity*
- *Evolving and changing*

ROLE OF THE ADMINISTATOR

- *Assemble clinicians– dietitian, nursing, food service, medical director, dental services, recreation, social services, etc.*
- *IDC team – assessments, MDS, care planning, communication, psycho-social needs*
- *Adequate food budget to provide nourishing, well balanced diet*
- *Sanitation - food preparation, storage, distribution and sanitation; F371*
- *Staffing – adequate time to feed; cross train staff to help feed*
- *Equipment – calibrate scales regularly; kitchen equipment; temperatures*
- *Systems – monitor weight, intake, significant changes, meal distribution*
- *Quality Assurance – identify trends for improvement*

HOW TO ACHIEVE POSITIVE OUTCOMES

- *Quality Measures*
  - *Weight loss – avoidable/unavoidable*
  - *MDS accuracy*
  - *Functional Improvement Section GG/MDS – Self Care (eating, oral hygiene, toileting hygiene)*
- *QAPI – collect feedback/data and identify areas for improvement*
  - *Satisfaction surveys, meal observation, Resident Council, menu planning, supplement usage, snacks*
- *Advance Care Planning*
  - *Upon admission, review quarterly to avoid ethical dilemmas*
  - *POLST, MOLST*
  - *Hospice*
- *Person Centered Care*
  - *Get to know individual – personal and cultural preferences, eating patterns, medications, dietary restrictions*
  - *Build relationships - identify changes*
- *Pain Management*
- *Oral Hygiene – dental services*
- *Adaptive equipment – restorative dining F369*

HOW TO ACHIEVE POSITIVE OUTCOMES

- *Minimize distractions and stimuli - smaller dining areas, calm atmosphere*
- *Encourage appetite*
  - *Aroma, visual, steam table*
  - *Presentation – tasty, appealing colorful plate; dishes, utensils; table setting;*
  - *Different consistencies – puree, ground, chopped*
- *Food First! before supplements*
  - *Calorie rich snacks, super cereal, milk shakes*
- *Evening snacks – delivered and distributed*
- *Access to food and snacks 24/7*
- *Consider cultural tastes and habits*
  - *Large meal midday/evening*
- *Activities with food – baking, cooking, vegetable/herb garden, use family recipes*

DIETARY / FOOD SERVICE

- *Meal service - proper preparation and storage, sanitation, dates*
- *Proper temperatures – leave kitchen hot*
- *Communication - Admissions*
  - *Clinical ↔ Dietary*
  - *Dietary ↔ Resident/Family*
- *Extended hours for meals*
  - *Breakfast 7-9 am*
  - *Steam tables; choose entrée; aroma*
- *Homemade – stock, soups, desserts; home-grown herbs*
- *Train and mentor staff*
- *Menu Planning Committee - ongoing*
- *Use resident recipes*
- *Encourage creativity – special events*

POST ACUTE vs LONG TERM

- *Medicare therapeutic stay*
  - *Medicare paying for recovery*
  - *Follow therapeutic diet to get better*
- *Strict diet*
- *Personal service*
- *Fatigue from therapy and recent hospitalization*
- *Prefer to eat in room*
- *Discharge education*

- *Liberalized diets*
- *Participation in meal planning*
- *Encourage autonomy*
- *Relationships exist*
  - *Easier to detect changes*
- *Dining experience and socialization*
- *Outings – restaurants*
- *Activities involving food*

MINIMIZING DEFICIENCIES

- *F150-155 Resident Rights*
- *F-240 Quality of Life*
- *F-241 Dignity*
- *F242 Self Determination & Participation*
- *F248 Activities*
- *F272-276 Comprehensive Assessment*
- *F309 Quality of Care(Care Planning)*
- *F310 ADLs*
- *F312 Oral Hygiene*
- *F314 Pressure Ulcers*
- *F-322 Nasogastric Tubes*
- *F325 Nutrition*
- *F327 Hydration*
- *F328 Special Needs*
- *F329 Unnecessary Drugs*
- *F332 Medication Errors*
- *F353 Nursing Services (Sufficient Staff)*
- *F360 Dietary Services*
- *F- 363 Menus and Nutritional Adequacy*
- *F- 365 Food Meets Individual Needs*
- *F- 367 Therapeutic Diets*
- *F369 Assistive Devices*
- *F373 Paid Feeding Assistants*
- *F371 Sanitiary Conditions/Food*
- *F411-412 Dental Services*
- *F441 Infection Control*
- *F520 Quality Assurance*

- *Food and Nutrition 483.60*

CMS Final Rule: Highlights for Food and Nutrition Services

by Dana Fillmore, RD

CMS recently released the Federal Register – Reform of Requirements for Long-Term Care Facilities Final Rule. Phase one of implementation was effective starting November 28th 2016. The State Operations Manual Appendix PP has been updated to highlight the new language for phase one. It is important to note that for this phase the F-tag numbering system will not change. The new regulatory language was incorporated into the existing numbering system.

The following is a summary of CHANGES in the regulations as they relates to Food and Nutrition Services.

F284 The interdisciplinary team (IDT) must begin discharge planning on admission, including assessment of the resident's goals.

F322 (Assisted Nutrition and Hydration) The updated information requires that a resident who has been able to eat enough is not fed by enteral methods unless the clinically indicated and consented to by the resident. A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding.

F325 (Assisted Nutrition and Hydration) Identifies acceptable parameters of nutrition status as usual or desirable body weight and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise. Highlights that therapeutic diet is offered when a health care provider orders it.

F327 (Assisted Nutrition and Hydration) The change is the addition of the word "offered" in the term "offered sufficient fluid intake." The intent is to assure that the resident is offered sufficient amount of fluids to prevent dehydration.

F360 This section has been renamed from "Dietary" to "Food and nutrition services". The change is a focus on meeting preferences of each resident.

F361 Explicit qualifications and timelines are listed for the Director of Food and Nutrition Services if a dietitian or *"other clinically qualified nutrition professional"* is not employed full-time. State requirements for food service or dietary managers must be followed. See the ANFP resources below for further information.

F362 A member of the Food and nutrition services staff must participate on the interdisciplinary team. The words "safely and effectively" were added preceding "carry out the functions of the food and nutrition service." (Also reference F280)

F363 Menus and Nutritional Adequacy – The updates to this section bring a few points to our attention.
- Clarifies that established national guidelines shall be used to assure menus meet nutritional needs. The previous version stated that the menus must be in accordance with the RDA of Food and Nutrition Board of the National Research Council, National Academy of Sciences
- Requires that you take reasonable efforts to assure menus meet the residents religious, cultural and ethnic needs–It also specifies that input must be received from residents.
- Mandates that menus should be updated periodically, and reviewed by approved staff.
- Highlights the residents right to make personal choices

F364 This section was expanded to include meeting hydration needs and preferences regarding beverages. The language includes a new mention of "a safe and appetizing temperature for food and drink.

F366 Explicit requirements are listed for accommodating allergies, intolerance and preferences to food and drink. A key word added here is that options for those that request of different meal choice must be "appealing". This section also stresses beverages, including water, to maintain hydration.

F367 The attending physician may delegate the task of prescribing a resident's diet to a registered or licensed dietitian to the extent allowed by State law, and must be under supervision of the physician. (Also see F390)

F368 The main change highlighted here is that alternative meals/snacks must be provided to residents that request to eat outside of traditional/scheduled times. These options should be meet preferences and be consistent with the care plan.

F369 Appropriate assistance should be provided to those using assistive devices at meals and snacks.

F371 This section clarifies three key points:
- Foods from local producers must meet applicable state/local rules.
- Produce from own gardens must be handled safely.
- Residents are able to have foods from outside. A policy is required regarding the use and storage of these foods.

F373 The interdisciplinary team is responsible for assessing the need for a feeding assistant, and the rationale for use of feeding assistant program should be reflected in the care plan.

F520 A quality assurance and performance improvement (QAPI) program must be in place by phase 3. Discussion in this section includes whether the facility has trained staff (including food and nutrition services) in how to communicate with and address behaviors in residents with dementia. (See F495, F497, F498)

Resources:

Federal Register – Reform of Requirements for Long-Term Care Facilities Final Rule
https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities

Advance Copy Appendix PP (including FTAG job aid)
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-17-07.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending

CMS Surveyor Training Phase 1 Implementation of New Nursing Home Regulations for Providers
http://surveyortraining.cms.hhs.gov/pubs/ProviderTraining.aspx

Academy of Nutrition and Dietetics "Practice Tips: Reform Requirements for the RDN in Long Term Care Facilities,"
http://www.eatrightpro.org/resource/news-center/in-practice/quality-and-coverage/practice-tip-released-in-preparation-for-cms-regulations

Dietetics in Healthcare Communities www.dhccdpg.org

Association for Nutrition and Food Professionals
http://www.anfponline.org/news-resources/anfp-news/news-details/2016/09/30/cms-finalizes-new-ltc-regulations

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THANKS FOR JOINING ME!

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QUALITY IS NOT AN ACT, IT IS A HABIT…..

ARISTOTLE