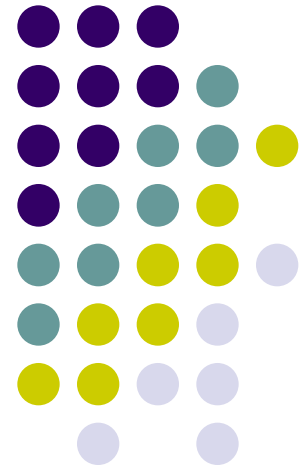
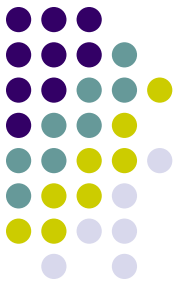


# Best Practices in Meeting Regulations

Cynthia Piland, MS RD CSG LD  
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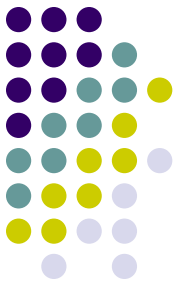


# Role and Responsibilities of the Certified Dietary Manager



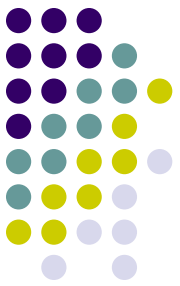
- Manage Dietary Department
- Manage the Regulatory Process
- Oversee resident/client food and dining satisfaction
- Work in conjunction with the Registered Dietitian to provide nutrition therapy and complete the nutrition care process
- Work with the Interdisciplinary Department Team to plan the resident/client's care

# Role and Responsibilities of the Certified Dietary Manager



- First visit to resident or client
- Food preferences
- May include screening
- Notification to dietitian if resident needs to be seen or assessed within first 24 hours
- Routine and ongoing review of resident to determine and maintain satisfaction, wellness

# Regulation



- F325 (Rev. 36; Issued: 08-01-08; Effective/Implementation Date: 09-01-08) §483.25(i) Nutrition Based on a resident's comprehensive assessment, **the facility must ensure that a resident--** §483.25(i)(1) **Maintains acceptable parameters of nutritional status, such as body weight and protein levels**, unless the resident's clinical condition demonstrates that this is not possible; and §483.25(i)(2) **Receives a therapeutic diet when there is a nutritional problem.**

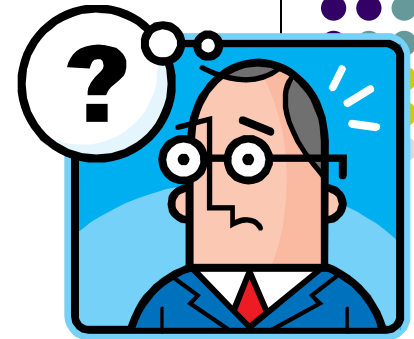


# Regulatory language?

- Provide care and service to each resident based on their assessment
- Address the resident's risk
- Provide a therapeutic diet where there is a nutritional indication
- Avoidable vs. unavoidable
- Insidious weight loss
- Usual body weight



# What does that mean?

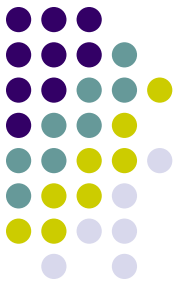


- Maintain usual body weight
  - (unless Dr and Resident desire a change)
- Encourage adequate hydration
- Serve and encourage therapeutic diets
- Obtain and try to honor food preferences
- Assist with meals
  - Feeding and tray set up

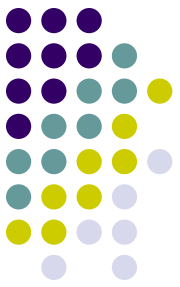
# Responsibilities of the Dietitian-

## Which hat do we wear?

### Nutritional Assessment

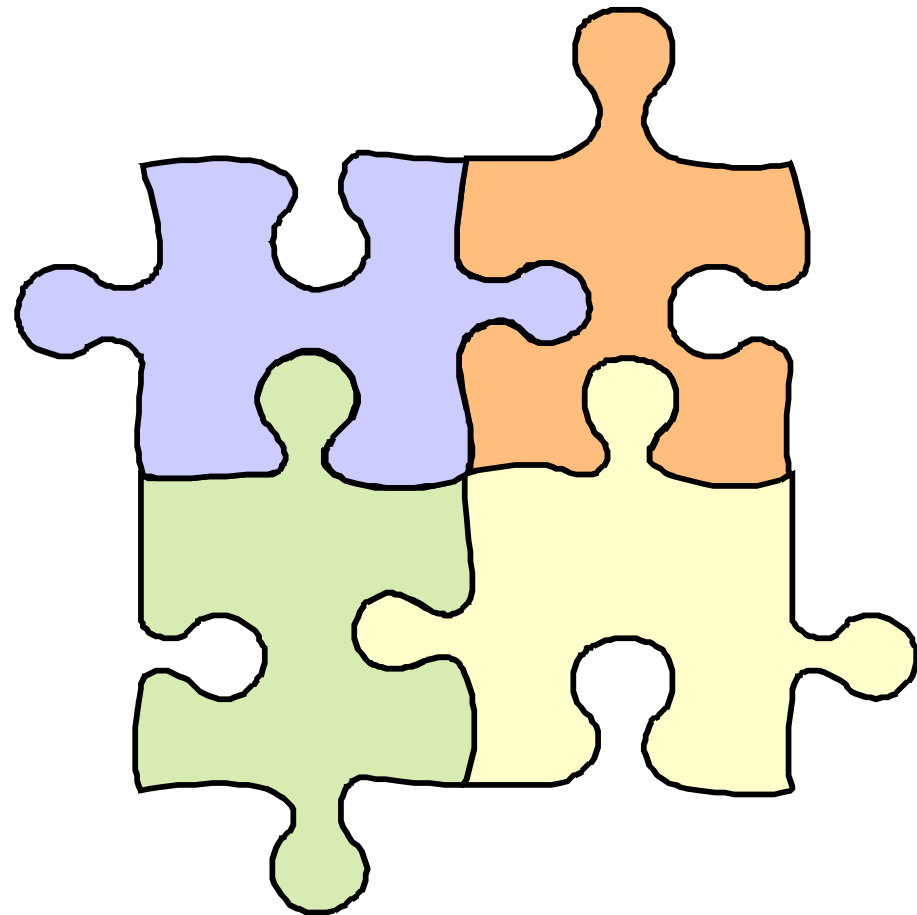


- May include initial screening and food preference information
- The MDS and NCP can compliment each other, but one does not depend on the other
- Once screening has been completed, the dietitian begins the nutrition care process



# The CDM and the RD

- Putting the puzzle pieces together-
- RD recommendations
- Care plan
- Risk screening and assessment
- Communication and Team Work

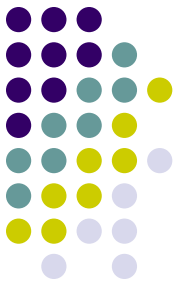


# Care Plan Process

- Is the Dietitian involved?
- Is the family involved?



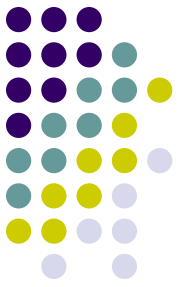
# Therapeutic Diet and Person Centered Care



- Regulatory Process, what does it say?
- Decision Making Process
- Satisfaction vs. Therapeutic Care
- Quality of Life
- What do we do?

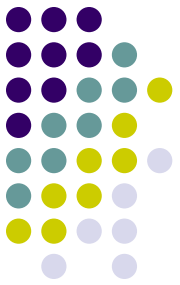


# Acceptable parameters of nutritional status



- Use of ideal body weight, BMI and/or usual body weight
- Calculating nutritional needs- what parameters do you use
- Determining fluid needs
- Determining protein needs





# MDS 3.0

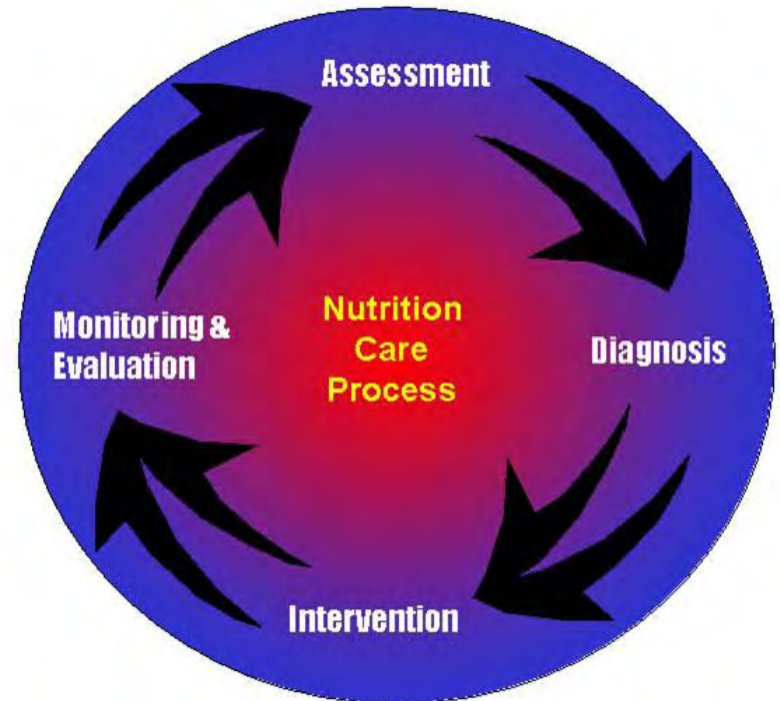
- How has this affected us?
- What changes have we seen?
- How are we involved?
- Timeframes
- Anticipated revisions





# Nutrition Care Process

- Nutrition assessment
- Nutrition diagnosis
- Nutrition intervention
- Nutrition monitoring and evaluation

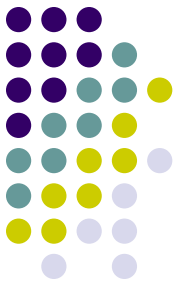


# Scope of Practice and Scope of Professional Performance



- defines key characteristics of that practice.
- presents authority to practice.
- guides the profession into the future.
- Also, a scope of practice examines and expands practice by:
  - providing guidance in making practice changes and
  - acting as a key to unlock a door to new opportunities.

# Food for Thought?



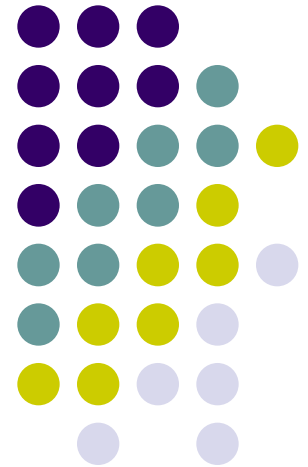
Do you know what your “scope of practice” is if your state has no legislative definition for it?

Do you know where to look for these answers?

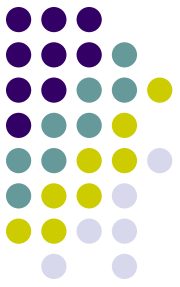
Do you have a scope of practice defined by your organization or your state’s legislative process

Do you have a scope of practice as defined in the CMS guidelines

# Elderly Population



# Primary Changes in the Elderly



- Decreased total body water
- Decreased Muscle Mass
- Decreased Metabolic Rate
- Decreased Vitamin Mineral absorption due to decreased gut function
- Decreased Insulin Sensitivity
- Increased Blood Glucose Levels
- Increased Risk for Disease
- Decreased Calcium Levels



# Secondary Changes

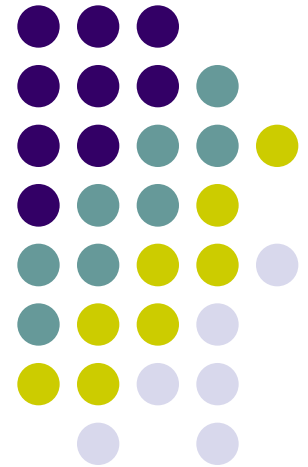


- Diseases and Aging:
  - Taste, smell, and dentition changes.
  - Nutrient losses
    - **Vitamins, minerals**
    - **Phytochemicals, antioxidants**
    - **Electrolytes, protein.**
  - Increased needs and decreased intake
    - **Vitamin D, Calcium, Vitamins B6 and B12**
    - **Phosphorus, Magnesium**
    - **Lactose & lactose intolerance**

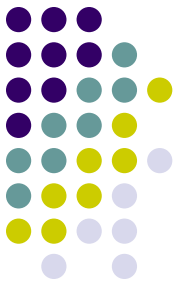


# Risks

Elderly are at increased risk for weight changes, skin breakdown and dehydration.



# Weight Changes



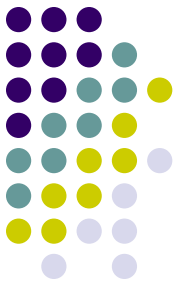
## Losses

- Change in po intake
  - Refusal of supplements
  - Family no longer bringing in food
  - Diuretic / decrease in edema
  - Fluid losses, electrolyte imbalance
  - Changes in medication
- disease process, terminal illness

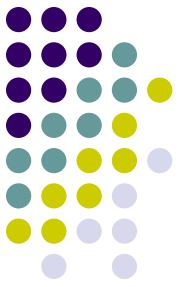


# Weight gains

- Medication changes
- Edema, CHF
- Preference for refusal of treatment



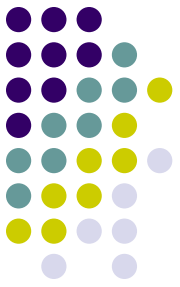
# Calculating weight changes



- Do you have a documented policy and procedure for taking and recording of weights
- Do you reweigh, weigh weekly on admission, weigh weekly if there are concerns
- Who weighs, what time of day, what interventions are in place to follow up for weight fluctuations
- What are dialysis weight procedures



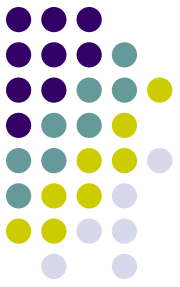
# Weight change interventions



- There is no magic wand, no magic cure
- Interventions must be individualized
- Interventions should include updating food preferences, involving family members, adding favorite foods, snacks, supplements, fortifying foods
- Observation of meal and snack intake
- Involve care plan team- rehab department
- This is not dietary or nursing problem but facility concern

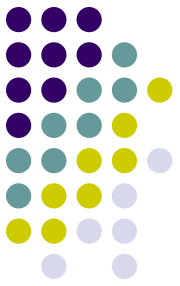


## Use of tube feedings



- Determine family and resident wishes
- Review literature for current research
- Review CMS State Operation Manual, Appendix PP for interpretive guidelines
- Involve care plan team, rehab department

# When weight loss can not be corrected

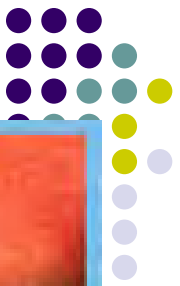


- Consider quality of life, acceptance of interventions, family wishes
- Document continued interventions and changes in interventions
- Care plan team should consider all therapies, social intervention, other medical consults



# Skin Breakdown

- Facility Identification
- RD and MD notified
- Protocol Followed
- Extra Fluids offered
- Protein Consumption Encouraged
- Turning / position



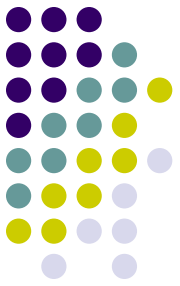
# National Pressure Ulcer Advisory Panel



- New guidelines



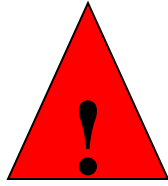
# Dehydration



- Most common fluid and electrolyte disorder of seniors in LTC setting
- Lack of adequate fluids may result in:
  - Urinary Tract Infections
  - Pneumonia
  - Decubitus Ulcers (Pressure Sores)
  - Confusion and Disorientation



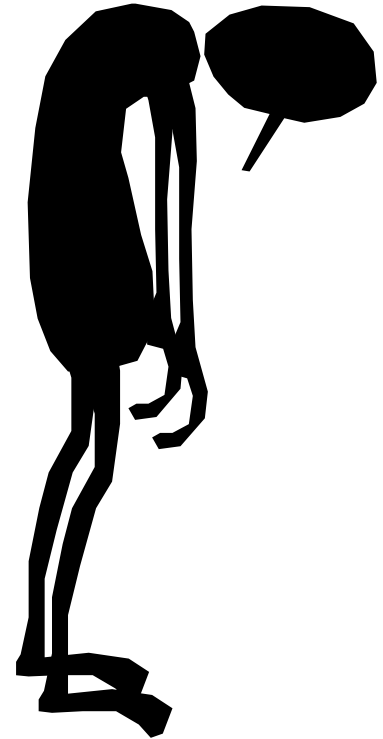
# *Warning Signs*

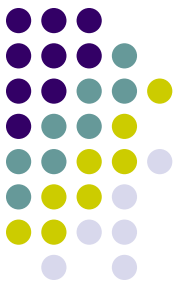


# Dehydration



- Drinks less than 6 cups of liquid daily
- Has dry mouth, cracked lips, sunken eyes, or urine is dark in color or has strong odor
- Needs help to drink
- Has trouble swallowing liquids
- Is on thickened liquids
- Has vomiting, diarrhea or fever
- Is dizzy, easily confused, or tired



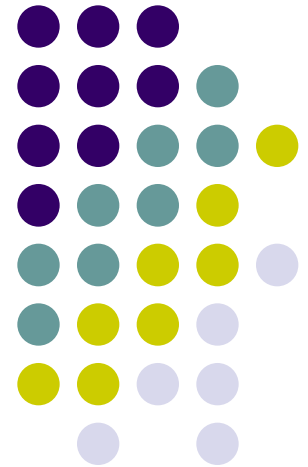
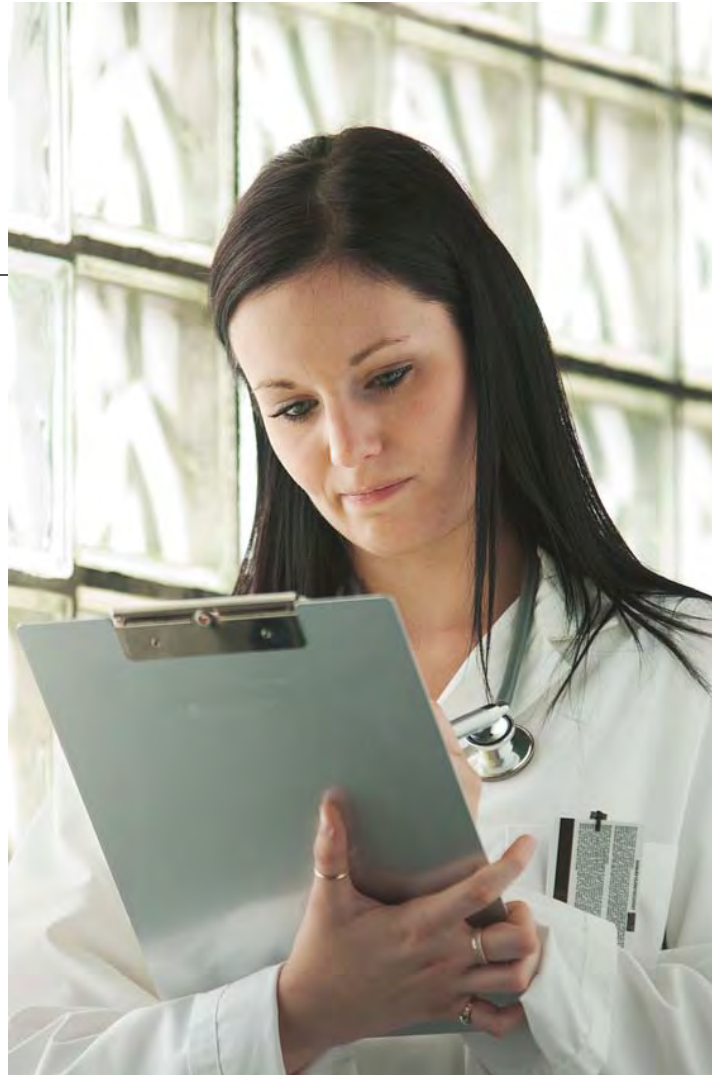


## GOOD NUTRITIONAL STATUS

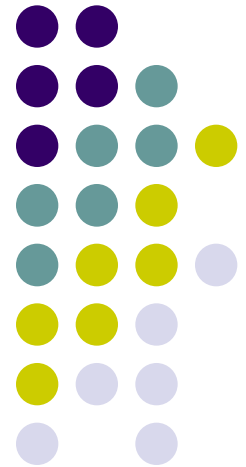
- Improves health
- Strengthens immune system
- Maintains functionality
- Benefits Q.O.L.
- Prolongs Independence
- Saves lots of money
- Fewer & briefer illnesses
- Shorter hospital stays
- Fewer Complications
- Better mental health
- Less disability
- Higher Survival Rates
- Less Hip/Other Fxs
- Lower Health Costs



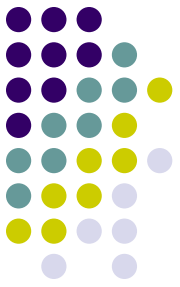
# How do we Monitor Intake?



# Meal Intakes



# Why do we have meal intakes?



- State Regulation
  - Assure the resident is eating adequate amounts of food
- Validate weight loss
- Catch trend before causing weight loss
- Nursing
  - Review with dietary, the dietitian, the MD and family to changes in the intake pattern; and for use in the care plan process
- Dietitian
  - Determine if supplementation is necessary
  - What type of supplementation should be used



# Meal Intake Records

- Values do not vary based on the residents usual intake
- If the resident refuses the meal, intake is 0% and accepted substitute.
  - Do not mark 100% if only eat a sandwich



- Accuracy of the records is the most important factor
  - Don't wait till the end of shift to complete

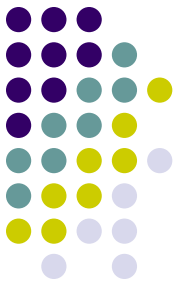
# Why is accuracy important?



- Nurses, dietitians and physicians depend on your information to determine need for supplements, labs, additional interventions
- We have residents with 100% intake losing weight- we give a false picture to the families, residents and surveyors

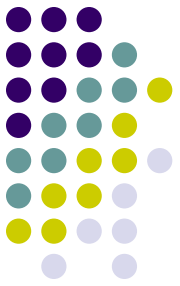


# Percentages



- Acceptable Percentages
  - 100%
    - Very little if any food remaining on plate
  - 75%
    - Most of meat, more than half of sides
  - 50%
    - Half of meat, some of sides
  - 0%
    - May have taken a few bites but very little consumed

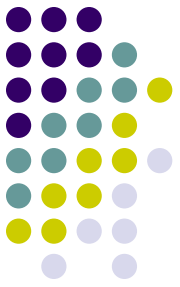
# 0% Consumed



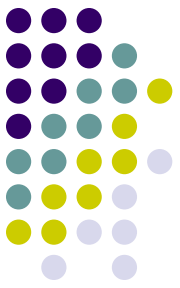
# 50% Consumed



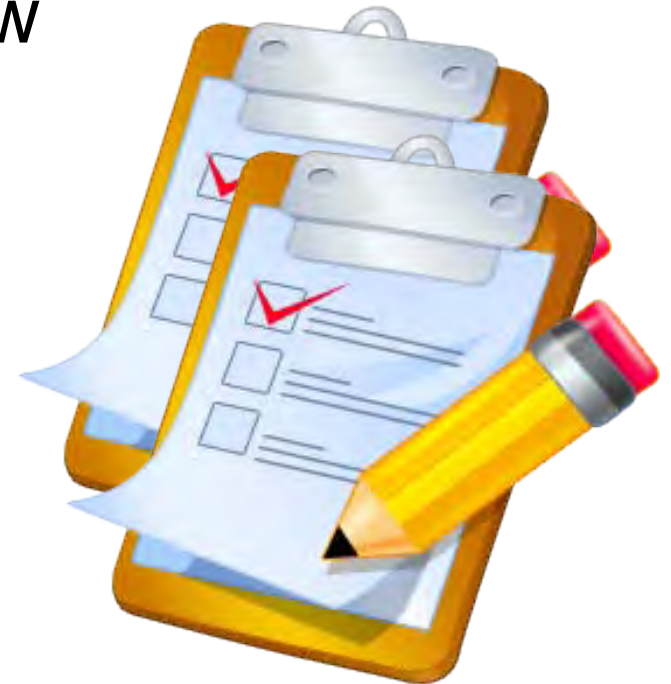
# 100% Consumed

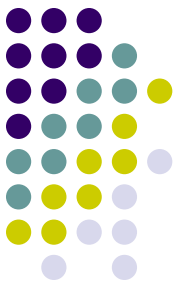


# Food service and Food safety



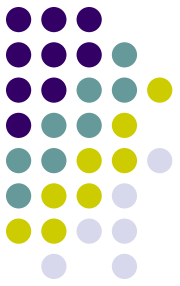
- Develop audit tools to review and manage quality of meals, snacks, supplements served
- Develop audit tools to review and determine food safety is maintained





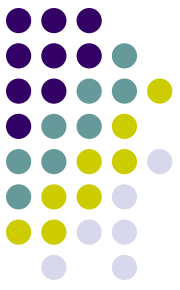
# Daily Responsibilities

- Refrigerator - food covered dated and labeled
- Freezer – boxes off floor, no open packages, food properly wrapped, dated and labeled
- Storeroom – boxes off floor, food stored in airtight containers, sealed; all food dated and labeled, no dented cans
- Hand Washing Sink – soap and paper towels stocked
- Dishroom, Pot sink - test strips and chemicals available
- Thawing – no food left out on counters or thawing improperly
- Equipment cleaned – toaster, microwave, ovens, grill, steam table, can opener
- Floor cleaned
- All temperature logs for food, refrigerator, freezer and dishmachine complete and accurate



# What else?????

- Disaster Plan- is it written, do you have supplies, did you know each state differs?
- Where is it?
- Policy and Procedure Manual
- Everyday policies
- Diet manual
- Menus
- What else are you/dietary responsible for?



# Think like a Surveyor

- Conduct interviews with staff and residents
- Ask the questions surveyors ask
- Become familiar with the SOM
- Know Appendix P and PP
- Complete regular CQI or QA audits
- Prepare facility to be surveyed

**CQI**

**PP**

**SOM**

**QA**

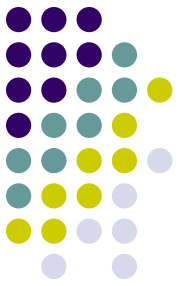
# Proposed regulatory changes



- Federal changes in dietary manager requirements, status?
- State changes in dietary manager requirements and consultant hours, status?



# Who is important?



- Each one of you is a team member and a key part of the team
- Each one of you has an important job to do
- If you don't do your job, the residents suffer from a decrease in quality of life, fluids and nutrient intake

**Questions?**



**Piland, Adams,  
& Associates, Inc**

For Quality Healthcare Services

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