CDM Role in the Interdisciplinary Clinical Teams with High-Risk Patients

Presented by Linda Crandall RD, LD, CEO
Crandall Corporate Dietitians

Managing Your Nutritional Compliance

1. Strong Clinical Systems (Use Standards of Professional Practice)
2. Data Collection Systems
3. Dietary Interview / Pre-Screen identifying high risk resident
4. Thorough Initial, Annual, COC assessment
5. Aggressive Best Practice Guidelines / Recommendations

Managing Your Nutritional Compliance

6. Care Plan correlates with assessment
7. LTC High Risk Resident monthly charting
8. Nutrition At Risk or QOC Meeting
9. Clinical Chart Audit
10. Registered Dietitian’s Quarterly QA Report compliance
Strong Clinical Systems

• Use Standards of Professional Practice
• Refer to thorough Policies and Procedures
• Provided Guidelines for:
  1. Correct use of assessment forms
  2. Recommendation Process
  3. Care Planning
  4. Hospice residents

Strong Clinical Systems

5. Residents with weight variance, pressure ulcers, tube feeding, dialysis, TPN, and/or abnormal labs
6. Hydration Protocol, Fluid Restrictions
7. Fortified foods / SNP
8. NAR meetings
9. Informed Refusal Process

Data Collection Systems

Nutrition Intervention Manual or File – Long-Term Care
1. Nutrition Intervention Request form for Initials, Annuals, COC, QTR Assessments
2. Tracking Form for High Nutrition Risk residents
3. Pressure Ulcer report (weekly) – all stages, open wound, weeping stasis ulcer, deep tissue injury, unstageable pressure ulcers, eschar or necrotic tissue
4. Weight variance Reports – 1 mo, 3 mo, 6 mo, weekly, and gradual
Data Collection Systems

Nutrition Intervention Manual or File – Long-Term Care
5. Residents on tube feedings, TPN, dialysis, ventilators
6. Abnormal labs i.e. low albumin and pre-albumin, elevated osmolality
7. Resident consistently eating < 50%
8. DX dehydration, fecal impaction
9. Hospice

Nutrition Intervention Request

CMM fill out first 9 columns for RD

Nutrition at Risk: Indicator Tracking

NAR/Quality Indicator Tracking
1. Swallowing Disorder
   a) Loss of liquids/food when eating or drinking
   b) Holding food in mouth
   c) Coughing or choking during meals
   d) Complaints of difficulty or pain swallowing
   e) None of the above

2. Height and Weight
   a) Height nearest inch
   b) Round weight
   c) Annual heights
   d) Admission and monthly or weekly weights

3. Weight Loss
   a) 5% 30 days, 10% 180 days
   b) Physician prescribed weight loss regimen
   c) BMI

4. Nutritional Approaches
   a) Parenteral / IV feeding
   b) Feeding tube
   c) Mechanically altered diet
   d) Therapeutic diet
   e) None of the above
MDS Section K: Swallowing / Nutritional Status - Review

5. Percent Intake by Artificial Route
   a) Portion of total calories received from TPN or TF
      - 25%  - 26-50%  - 51% or more
   b) Average fluid intake by IV or TF
      - 500cc/day or less  - 501cc/day or more

6. Proportion of total calories the resident received through enteral or TF

MDS Section K: Swallowing / Nutritional Status - Review

Each area reviews
1. Rationale
2. Steps for assessment
3. Coding instructions
4. Coding tips

CDM may complete Section K
1. Recommend thorough inservicing
2. RD should review competency of CDM

Thorough Clinical Initial / Annual / Change of Condition Assessments

- Have thorough assessment forms
- With EMR charting have Initial / Annual / Change of Condition (COC) Assessment Guidelines
- CDM, collect data
- RD assess and make recommendation
- DTR may complete assessment using RD Guidelines with RD review and signature
**Dietary Interview / Pre-Screen**

- Preferences obtained using Dietary Interview / Pre-Screen Form or EMR Form
- Dietary visitation within 72 hours of admission
- LTC – prescreens for high-risk factor
  - Complete nutritional assessment within 72 hours from identification
  - Appropriate intervention implemented along with a care plan
- Preferably file in medical record affirming dietary visitation within 72 hours.

**CDM Within 72 Hrs of Admission**

**Nutrition Risk Review**
Guidelines for EMR

**INTRA/ANNUAL CHANGE OF CONDITION ASSESSMENT GUIDELINES**

Checklist:
- General, DOB, age, weight, height, CRP, UPP, Hgb, S/D, ESR, BMI, any significant
  variables x 3, 6, months, growth weight variance.
- Details and Consult, Tolerance
- Changes
- Preventive/Diabetes: TEI/TPN support, ST support, and insulin IV fluids
- TEI/TPN routine: Central order, H2O fluids, oral, and Healon. GA, Fos, bee HAU, at least 12
  hours, normal saline 2%. In patient on H2O fluids 2400
- The following nursing problems: Clearing difficulty, eating difficulty, chewing difficulty, intake, fluid intake, non-fluid intake, upper/lower dentures, inflamed dentures, GI distress, abdominal pain, vomiting, diarrhea, abdominal distention, rectal bleeding, diarrhea.
- Characters: None.

Aggressive Best Practice Guidelines / Recommendations

• RD follow Standards of Professional Practice for Best Practice Guidelines
• Use “Dietary Recommendations” form
• Give to DON, Charge Nurse, or Nursing Coordinator, and Director of Dietary (dietitian to keep copy)
• Response is needed within 72 hours
• When interventions are not effective, change and monitor weekly
• Make intervention automatic protocol

Dietary Recommendations

<table>
<thead>
<tr>
<th>RECOMMENDATIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cleanse</td>
<td></td>
</tr>
</tbody>
</table>
| 2. Colon 
  1. Fiber-rich 
  2. Fiber-rich 
  3. Fiber-rich |  |
| 3. Protein intake |  |
| 4. Fiber-rich |  |
| 5. Calcium intake |  |
| 6. Fluid intake |  |
| 7. Fluid intake |  |
| 8. Fluid intake |  |

RD make recommendations
Dietary Recommendations

Automatic Nutritional Interventions
1. Physicians must approve in writing the use of Best Practice Guidelines as Automatic Protocol
2. Use:
   - Interdisciplinary Team Approval form
   - Send “A letter to physicians explaining the use of Best Practice Guidelines for Nutrition Intervention Protocols”
   - Attach “Best Practice Guidelines”

Aggressive Best Practice Guidelines / Recommendations

3. Obtain signature approvals of the above information from:
   - Physicians
   - Dietitians
   - Administrator
   - Director of Nursing
   - Dietary manager and/or Diet Technician
4. A licensed nurse can then write a telephone order for the appropriate approved intervention and state “per physician’s approved protocol.”
5. Be sure to keep signed approvals on file
Interdisciplinary Team Approval

The following Best Practice Guidelines for Nutrition Services have been developed and reviewed by a team of qualified Professionals. The Interdisciplinary Team has reviewed these policies and has approved them.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Best practice Protocol Approval

DON

To: Medical Director

From: DON

Date: [Date]

Subject: Best Practice Guidelines for Nutrition Intervention Protocols

When a resident is assessed for nutritional risk, a clinically appropriate intervention will be implemented on a timely basis following Best Practice Guidelines that have been developed in a Delivery Practice Guidelines. These guidelines can be considered when clinically appropriate, based on sound clinical judgment by the Director and Clinical Team.

Best practice intervention is not considered appropriate based on the resident's nutritional risk.

Care Plan Correlates with Assessment

The Care Plan must:

- Be resident oriented
- State problem / measurable goals / actual approaches (include risk factors)
- Have timetable to accommodate needs
- Be interdisciplinary
- Be reviewed in Care Plan meeting with resident and resident’s family or legal surrogates
The Care Plan must:
• Be reviewed and updated every time charting occurs
• Address preferences of resident
• Be signed and dated
• Example of Nutritional Status Care Plan

Nutritional Status Care Plan

LTC High-Risk Resident Monthly Charting

High-Risk Residents are residents with:
• Significant weight variance in 1 mo (5%); 3 mos (7.5%); 6 mos (10%); weekly (2%) and insidious
• Pressure ulcers, wounds, open stasis ulcers
• Tube feeding / Ventilator / TPN
• Dialysis
High-Risk Residents are residents with:
- Consistent poor po intake ≤ 50%
- Abnormal labs, low albumin, low pre-albumin, increased BUN
- DX dehydration
- Fecal impaction
- BMI < 18.5 or % IWR < 90%

Monthly Charting on High-Risk Residents Guidelines:
- Chart on within 72 hours of identification
- May use fax consultation to meet 72 hour requirement
- Use thorough form and Progress Note or follow monthly High Risk Charting Guidelines for EMR charting
- Update care plan

High-Risk Residents are residents with:
- Caution! Limit distance charting – electronic systems must be encrypted
- Face to face assessing is imperative
- CDM collect data DTR can complete assessment under guidance and review of RD
Holding Weekly Interdisciplinary QOC / NAR Meetings

- Establish set day and time
- Hold calls, pages, interruptions to minimum
- Follow a NAR Weekly Meeting Policy
- Fill out Nutrition At Risk / Tracking form – 4 weekly focuses

Nutrition-at-Risk (NAR) Weekly Meeting Policy

Organize your review as follows:

Week 1
Focus: Pressure Ulcers
- First week weekly weights
- Albumin 2.7 or less, and pre-albumin 10 or less, and elevated osmolality new this week
- Eating 50% or less this week
- Utilize tracking forms to keep track of all high-risk residents and the last time they were discussed

NAR/ Quality Indicator Tracking

<table>
<thead>
<tr>
<th>Resident/Reminder</th>
<th>Risk</th>
<th>Care Planning Factors</th>
<th>Comments</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Data Table]</td>
<td>[Data]</td>
<td>[Data]</td>
<td>[Data]</td>
<td>[Data]</td>
</tr>
</tbody>
</table>
**Nutrition-at-Risk Weekly Meeting Policy**

**Week 2**
**Focus: Weekly Weights**
- Significant weight variance, i.e. 2% or greater weekly, 5% or greater in 1 mo, 7.5% or greater in 3 mos, 10% or greater in 6 mos, insidious
- Albumin 2.7 or less, pre-albumin 10 or less, and elevated osmolality new this week
- Eating 50% or less this week
- Utilize tracking form to keep track of all high risk residents and the last time they were assessed

**Nutrition-at-Risk (NAR) Weekly Meeting Policy**

**Week 3**
**Focus: Dehydration / Dialysis**
- Residents less that 90 % IWR, < 18.5 BMI
- Third week weekly weights
- Albumin 2.7 or less, and pre-albumin 10 or less, and elevated osmolality new this week
- Eating 50% or less this week
- Utilize tracking form to keep track of all high risk residents and the last time they were assessed
Focus: Tube Feeding / TPN / Ventilators

- Fourth week weekly weights
- Albumin 2.7 or less, and pre-albumin 10 or less, and elevated osmolality new this week
- Eating 50% or less this week
- Utilize tracking form to keep track of all high risk residents and the last time they were assessed
Nutrition-at-Risk (NAR)
Weekly Meeting Policy

Week 5
Focus: Summary of all 4 Weeks
• Fifth week weekly weights
• Albumin 2.7 or less, and pre-albumin 10 or less, and elevated osmolality new this week
• Eating 50% or less this week
• Utilize tracking form to keep track of all high risk residents and the last time they were assessed

Nutrition-at-Risk (NAR)
Weekly Meeting Policy

When new high risk occurs, i.e. Pressure Ulcer, **do not wait** until assigned week to review for the first time.

Effectively Running NAR Meeting

Come prepared with the following:
• Bring resident’s medical record
• Nutrition Intervention Manual or File containing current skin report, weight variances, weekly weights, list of TF/TPN/Ventilator, list of dialysis residents
• % meal intake records
• Filled out Nutrition At Risk Interdisciplinary Meeting Agenda
**NAR Interdisciplinary Meeting**

**Nutrition at Risk Interdisciplinary Meeting**

Date: 2/26/13

Agenda:
- Review the following: a) areas served.
  1. High risk resident this week per policy: __________
     (Note those served)
  2. Weekly weights
  3. Food intake records for residents eating 50% or less in 1 week or refusing to eat.
  4. Physician ordered supplements on the MARs with percentage of intake indicated
  5. Weekly skin report for new residents and changes in residents with pressure ulcers

**Effective Discussion in NAR Meeting**

- Discuss progress / effectiveness of previous approaches – review Care Plan
- Check to assure that previous recommendations have been followed up on
- Decide on new approaches if necessary – change care plan
- Document on Weekly NAR Review/Minutes

**Weekly NAR Review with Minutes**

Weekly NAR Review/Minutes
- Documented topics:
  - __________
  - __________
  - __________

Supplies:
- __________
- __________
- __________

Notes for Review:
- __________
- __________

Form: __________

**Form:** __________
Clinical Chart Audit

- Use chart audit form
- Complete a clinical chart audit quarterly
- Correct negative findings
- Write a QA if a pattern of negative findings is found

Clinical Chart Audit / QA

Registered Dietitian’s Quarterly QA Report Monitors Compliance in: