

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

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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

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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

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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

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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

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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

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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

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Nutrition Intervention Request

CDM fill out first 9 columns for RD

NUTRITION INTERVENTION REQUEST FORM DIETARY NEW ADMITS / ANNUAL / CHANGE IN CONDITIONS / QUARTERLY *									
ADMIT DATE	RESIDENT'S NAME	ROOM NO.	INTERVIEW CARDS	I = INITIAL A = ANNUAL Δ = CHANGE Q = QTR ASSESSMENT	MDS	RCP	SIGNATURES MDS/RCP	DATE DUE	DATE REVIEWED BY DIT/IT/IAN
									RD

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NAR/Quality Indicator Tracking

CDM fill out Risk Area, Contributing Factors and Comments

NUTRITION AT RISK / QUALITY INDICATOR TRACKING																
Unit: <u>All</u> Risk Focus for Week: <u>11 / 11N / 11est/11str / 11skdk/ 11shgk / 11bsvsmal/ 11ab / 11wv/ 11c/ 11sk</u> Month: <u>August</u> Year: <u>2014</u>																
Room #	Name	Review Date	Risk Area										Comments	R.D. Review		
			General	Weight	Fluid Intake	Fluid Output	Diets	Medications	Assessment	Interventions	Outcomes	Documentation			Quality Indicators	
1110	Sella, Cliff	8/10														IC #12


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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

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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

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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

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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.




Dietary Interview / Pre-Screen

CDM Within 72 Hrs of Admission

DIETARY INTERVIEW / PRE-SCREEN							
Beverage Preference: Please check resident's beverage choices:							
	Coffee	Decaf Coffee	Tea	Iced Tea	Milk 2%	Skim Milk	Other
Breakfast		<input checked="" type="checkbox"/>					
Lunch		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Dinner							


Special Preferences: Obtain special preferences for each meal per choices at home:

Breakfast	Lunch	Dinner
Cereal (Hot) Cold		
Eggs Scrambled		
Milk Orange		
Other		



Nutrition Risk Review

Nutrition Risk Review	
Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F Date of birth: 8-8-20 Age: 81 Admit Date: 2-21-15 Assessment type: <input checked="" type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> CDC	
Pertinent Diagnosis: H7N, Edema, Constipation, CHF, Parkinson's, NOH	
Nutritional / Medical / Physical Data CDM	
Weight Trends Loss/Gain: <input type="checkbox"/> Stable <input checked="" type="checkbox"/> Variance: Weekly <input type="checkbox"/> 1 mo <input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> Gradual <input type="checkbox"/>	Height: 5' 1" Adm Weight: 117# Current Weight: 117# UREO: 125# BVE: 04-116# BVE %: 100% BMI: 21.7
Diet/consistency Order and Supplement/ Snacks	Diet/consistency: <u>Regular/Mechanical soft</u> % Intake: <u>100</u> Supplement/snack/modular: <u>Healthbar/kefir</u> % Intake: <u>25%</u> Allergies: <u>none</u>
Advance Directive	TPN Support: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided / Unavailable IV Support: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided / Unavailable Recent IV fluids: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



Guidelines for EMR

INITIAL/ANNUAL/CHANGE OF CONDITION ASSESSMENT GUIDELINES

Checklist:
Follow Crandall guidelines for assessment using form 103 or including following data in online charting:

- Gender, DOB, age, height, weight, CEW, UBW, IWR, %IWR, EML, any significant variances x 1, 3, 6, months, gradual weight variance.
- Diet and Consistency, %intake
- Allergies
- Advance Directive: TE/TPN support, IV support, and recent IV fluids
- TE/TPN orders: Current order, H₂O flush order, med flushes, Cal, Pro, free H₂O, total volume of current order. Does current order meet 100% FDA vit/min? Is resident on MVI with min tabs?
- Oral/dental status: No chewing/swallowing problems, chewing difficulty, swallowing difficulty, missing/broken teeth, upper/lower dentures, refuses dentures, ill-fitting dentures, mouth pain, edentulous, pocketing food, drooling while eating, coughing/choking while eating.
- Does resident tolerate oral/parenteral enteral assistance/resume needed?

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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

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Dietary Recommendations

RD make recommendations

DIETARY RECOMMENDATIONS						
ROOM	RESIDENT'S NAME	NUTRITIONAL CONCERNS	RECOMMENDATIONS	NSG (Y/N)	DIET (Y/N)	FOLLOW UP DATE
804	Brown, Jane	1. Chewing 2. Constipation 3. ↓ Albumin 4. Leaking 25% + 5. 5fp, IV Pn 6. 6% wt. Loss x 1 Mo.	1. 4 to 6 oz orange juice bid. 2. ↑ fiber foods 3. DNP w/2 oz 2 cal meal post qid. 4. MVI w/minerals (continuous) 5. 220 mg zinc sulfate/d x 14 d. 6. 500 mg vit C/d x 14 d. 7. Physician to determine future time frame for zinc and vit C.	✓	✓	

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Dietary Recommendations

DIETARY RECOMMENDATIONS

Physician Name: _____	Date: _____
Resident: _____	Floor #: _____
Nutritional need(s) identified: _____	
Recommendation: _____	

Signature _____	Title _____

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Aggressive Best Practice Guidelines / 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"

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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

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Interdisciplinary Team Approval

INTERDISCIPLINARY TEAM APPROVAL

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

NAME	SIGNATURE	DATE

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Best practice Protocol Approval

DON

To: Medical Director
 From: Dietitian
 Date: _____
 Topic: Best Practice Guidelines for Nutrition Intervention Protocols

When a resident is screened at nutritional risk, a clinically appropriate intervention will be implemented in a timely manner following Best Practice Guidelines that have been developed by a Dietitian. Practice Guidelines can be modified when clinically appropriate, based on sound clinical judgment by the Dietitian and clinical team.

In our efforts to implement interventions as timely as possible in order to see clinical outcomes

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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

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LTC High-Risk Resident Monthly Charting

High-Risk Residents are residents with:


- Consistent poor po intake \leq 50 %
- Abnormal labs, low albumin, low pre-albumin, increased BUN
- DX dehydration
- Fecal impaction
- BMI < 18.5 or % IWR < 90%

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LTC High-Risk Resident Monthly Charting

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

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LTC High-Risk Resident Monthly Charting

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

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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

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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

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NAR/ Quality Indicator Tracking


CDM Fill out Risk Area, Contributing Factors and Comments

NUTRITION AT RISK / QUALITY INDICATOR TRACKING											
Units: <u>1012</u> Risk Focus for Week: <u>Pressure Ulcers</u> Weight: <u>100</u> lbs Height: <u>5'10</u> cm Last Review: <u>02/23/16</u> Month: <u>August</u> Year: <u>2014</u>											
Residents Reviewed			Risk Area				Contributing Factors			Comments	RES Review
Room #	Name	Review Date	Albumin < 2.7	Pre-Albumin < 10	Osmolality > 300	Weight > 10% loss	Eating < 50%	Pressure Ulcers	Other	10/100/1000	10/100/1000
1012	Houart, Flatty	02/23/16									


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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

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NAR / Quality Indicator Tracking

CDM Bill out Risk Area, Contributing Factors and Comments

NUTRITION AT RISK / QUALITY INDICATOR TRACKING


Units: South Risk Focus for Week: Weight Loss/Gain, Insidious, Significant Weight Loss/Internal Lbs./Tooze to intake Month: August Year: 2014

Residents Reviewed			Risk Area				Contributing Factors				Comments	R.R. Review			
Room #	Name	Review Date	Weight Change (lbs) 15 days	Weight Change (lbs) 30 days	Albumin (g/dl)	Pre-Albumin (mg/dl)	Osmolality (mOsm/kg)	Intake (% of needs)	Diagnosis	Diets	Medications	Other	Other		
2239	Samuel, Joseph	8/23/14	✓	✓	1.0	12	✓	✓	✓	✓	✓	✓	✓	✓	LC 9/2


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Nutrition-at-Risk (NAR) Weekly Meeting Policy

Week 3
Focus: Dehydration / Dialysis




- Residents less than 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


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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



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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.

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Effectively Running NAR Meeting

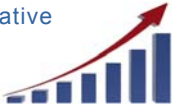
Come prepared with the following:

- 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

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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



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Clinical Chart Audit / QA


CLINICAL CHART AUDIT / QA

Auditor's Name: _____ Title: _____ Signature: _____ Date: _____

Community	Review & Rate of Resident Records	IMACO/ OIR MEDS Checked & Correct	Approved Clinical Factors Used	Last Update Date/Thurs Clearance	Physician Orders Verified/Transcribed/None Left	Diagnosis/ ICD/ICD9/ICD10	Hygiene Available & Correct	Weight Long/Gain in %?	Barbits Discontinued as ordered	Pressure Ulcers Assessed in %?	LABS Assessed in %?	Care Plan Current	Res. Satisfaction in %?
	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA

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Registered Dietitian's Quarterly QA Report Monitors Compliance in:



Nutritional Compliance

- Using Best Practice Guidelines
- Dietary Interview/ Pre-Screen
- Use of Clinical Systems
- NAR / QOC Meetings
- Use of Clinical Audit
- High Risk Charting
- Annual / COC Assessment
- Data Collection System

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