



Care Planning: Looking for and capturing your resident's nutrition changes under COVID!

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Objectives:

This educational session will highlight these critical elements to being successful in capturing your residents personalized Nutritional Clinical Plan of Cares under the COVID-19 Cloud.

1. Knowledge of the Nutrition Data item sets built into the MDS/Care Planning Process
1. Learn the protocols involved for addressing Significant Changes
2. Define the Team Player skills to be an active IDT member

You don't
have to be
crazy to
hang with
me..



I'll train you!!

Define the CDM leader

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



BMI

Supplements

**CDM and the MDS Process
Must Document Something!**

Wounds

Weights

SIGNIFICANT CHANGE???

5% or 10%

Careplans

CAA's



Comprehensive Care Plans

The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.



Assess conditions that
affect ability to
maintain adequate
nutrition and
hydration





how to create the CDM/RD symmetry...

**Ying/Yang relationship building-
RD & CDM...**

the roles each play

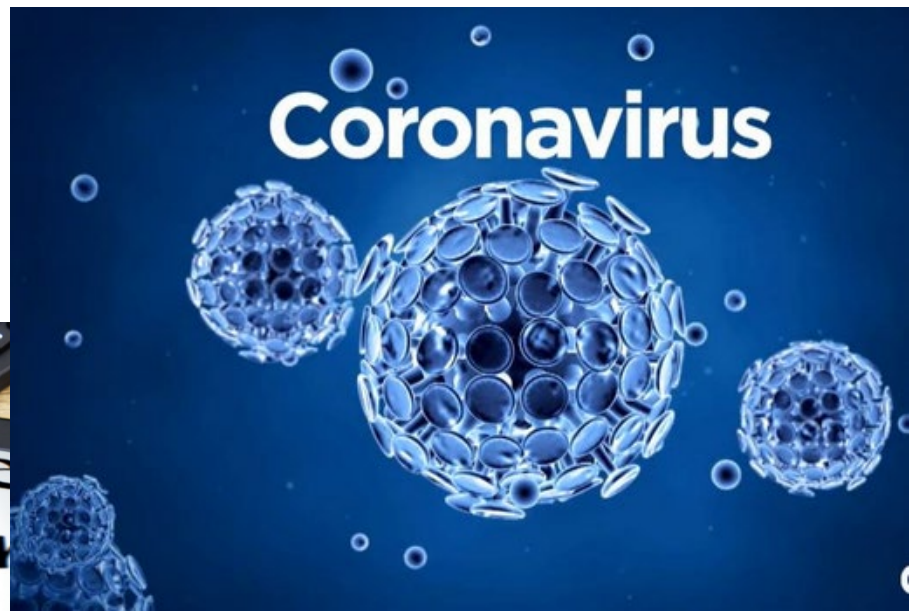
- collaboration with the CDM and RD to maximize the resident's choice with dining and their quality of life
- Working together as a nutritional support team
- what roles each of the nutritional team would be responsible for / comfortable with
- delegating some tasks of the MDS process
- need to be able to work in tandem to provide the necessary cares and nutritional support on all levels



Risks

Elderly are at increased risk for:

- weight changes
- skin breakdown
- and dehydration





Process of Aging

- **Skin**

Fragile

- Use care with hot liquids, encourage protein & vitamins

- **Musculoskeletal**

Decreased range of motion, arthritis

- Position properly, observe for pain contributing to poor appetite

- **Respiratory**

Decreased oxygen in blood

- Encourage rest before meals avoid stress

- **Cardiovascular**

Decreased efficiency

- Tires easily, encourage rest before meals



Process of Aging

- **Gastrointestinal**

Fragile

- May have trouble chewing and swallowing

- **Urinary**

Decreased bladder size

Decreased filtration

- Frequent bathroom trips
several diseases will affect
nutrition

- **Nervous System**

Decreased condition

- Slow reaction time

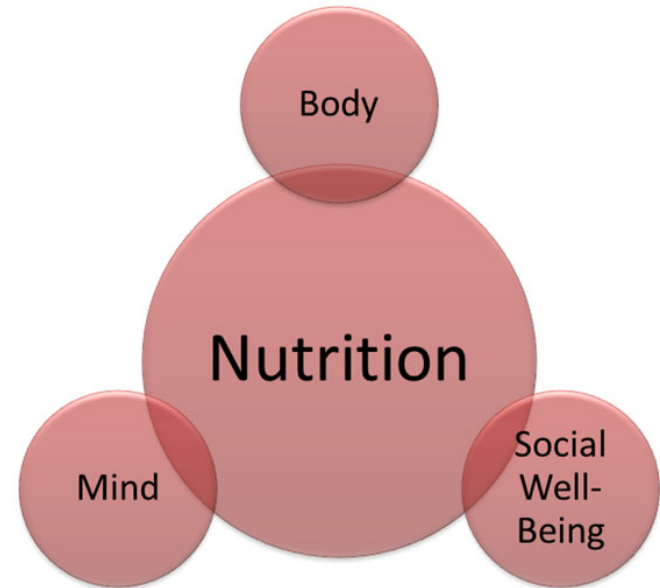
- **Senses**

Decreased in vision, taste,
hearing & touch

- Face person, speak clearly,
aide with eating

- §§483.25(g)(1)-(3), F692,
Nutrition/Hydration

Determine if the facility has managed the resident's nutritional interventions to meet the resident's nutritional needs, while accommodating the resident's allergies, intolerances, preferences, or need for a therapeutic diet.



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



Care planning requires one to look at the entire picture of the resident
Human beings are complex, and issues should not be looked at in isolation.
When considering care planning and goals, a resident's preferences for the care they desire to receive should be honored – whether or not you believe that his or her choices are “good” or “bad.”
Do we make mistakes in care planning and intervention choices?
Can we do everything correctly and still get not so great outcomes?
Is there a way that we can mitigate these types of issues in the care planning process?

Evaluation

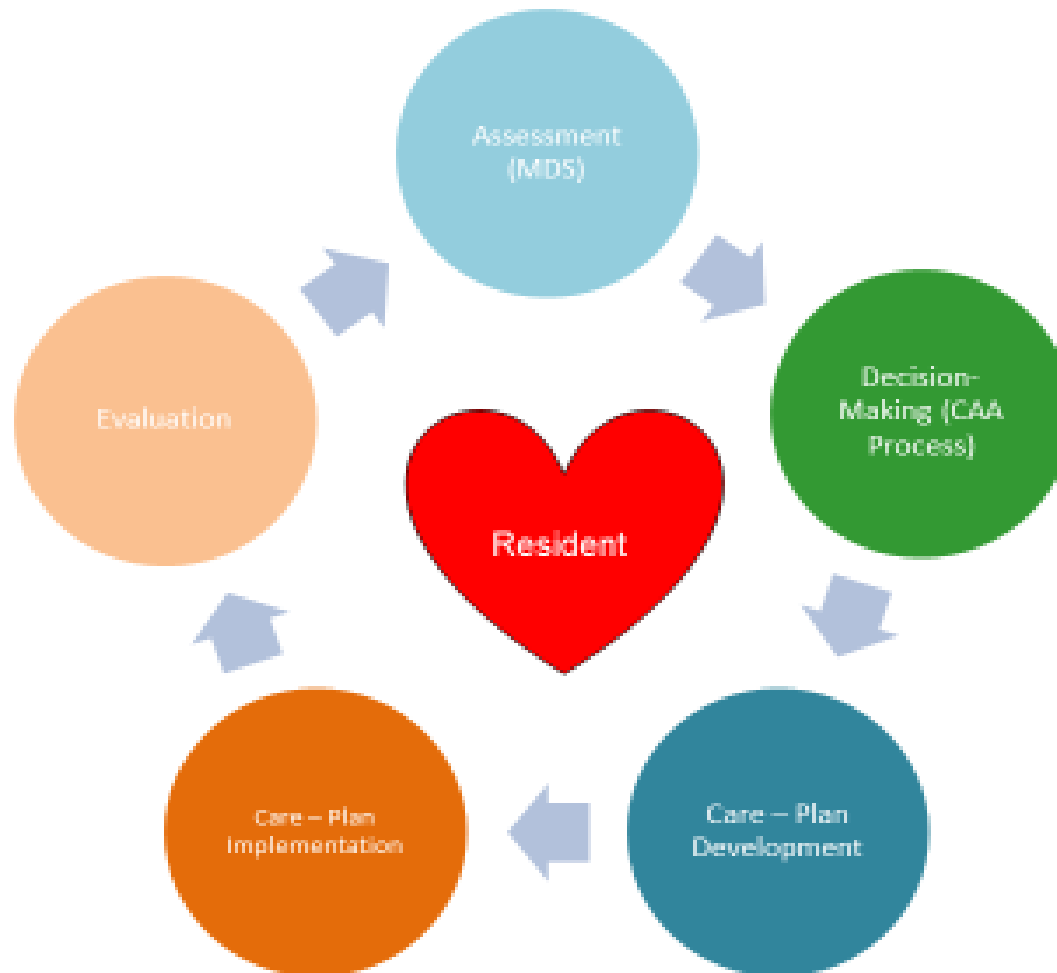


Evaluation is a determination made of the extent to which current and proposed treatments and services have achieved their expected outcomes.

It is an ongoing process that involves:

- o Analyzing the success/failure of interventions
- o Determining if a modification to the care plan is required
- o Input from the IDT and resident, family, other practitioners/specialists (as applicable)

Evaluation



Hospitality Concierge Admission Assessing

- Consider this your new “guests” official check in information. Their first meet and greet with you and your Nutrition Department.
- The Nutritional Interview
- Review of ordered Diet
- Allergies/Food Intolerances
- Likes and dislikes
- Preferences ethnic, cultural
- Past Routines





New Admission



- Ask for weight loss history for past 30-180 days
- Compare admit wt. to any previous recorded wt.'s
- Calculate % of wt. loss if admit wt. is less than previous documented wt.
- Compare and calculate wt. loss to previous 30 and 180 days available wt.'s.

§483.21 Baseline Care Plans



- *(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must: (i) Be developed within 48-hours of a resident's admission (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to:*

AANAC's sister organization AADNS American Association of Director of Nursing Services has created a tool and here is a snapshot of the Dietary Section of the document.

 		Baseline Care Plan Resident: <u>John Doe</u> Admission Date: <u>10/2/17</u>		MR#: <u>123</u> Code Status: <u>Full Code</u>
Allergies: <u>None Known</u>				
Initial Goals <input checked="" type="checkbox"/> Discharge to community <input type="checkbox"/> Remain LTC <input type="checkbox"/> Other: _____ Resident information Resident preferred name: <u>John</u> Representative name: <u>Daughter- Carla Smith</u> Cognition <input checked="" type="checkbox"/> Alert/cognitively intact <input type="checkbox"/> Confused <input type="checkbox"/> Elopement risk <input type="checkbox"/> Intervention: _____ Communication <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Preferred language or method of communication: _____ Vision <input type="checkbox"/> Vision adequate <input type="checkbox"/> Vision impaired: _____ <input checked="" type="checkbox"/> Appliance: <u>Glasses</u> Hearing <input checked="" type="checkbox"/> Hearing adequate <input type="checkbox"/> Hearing impaired: _____ <input type="checkbox"/> Appliance: _____ Communication, hearing or vision risk <input type="checkbox"/> Interventions: <u>None currently</u>	Dietary Orders <input checked="" type="checkbox"/> Regular diet <input type="checkbox"/> Other: _____ <input type="checkbox"/> TPN or tube feeding: _____ <input type="checkbox"/> IV fluids: _____ Resident's dietary preferences <u>No orange juice</u> <u>Requests no desserts offered</u> Dietary risks <input type="checkbox"/> Risk for weight loss <input type="checkbox"/> Risk for swallowing problems <input type="checkbox"/> Risk for chewing problems <input type="checkbox"/> _____ Resident's dietary goal <input type="checkbox"/> Maintain current weight <input type="checkbox"/> Prevent weight loss <input checked="" type="checkbox"/> <u>Weight reduction</u> <input type="checkbox"/> _____ Dietary interventions <input type="checkbox"/> Eats in dining area <input checked="" type="checkbox"/> Eats in room <input type="checkbox"/> Dentures or partials <input type="checkbox"/> Specialty utensils or devices: _____ <input checked="" type="checkbox"/> <u>Willing to discuss weight loss program for home</u>	Therapy Services <input checked="" type="checkbox"/> PT: <u>5x/week - 2weeks</u> <input checked="" type="checkbox"/> OT: <u>5x/week- 2 weeks</u> <input type="checkbox"/> SLP: _____ Restorative <input type="checkbox"/> Program(s): _____ Resident's functional goals <input type="checkbox"/> Maintain current functional status <input checked="" type="checkbox"/> Improvement: <u>Return to independent</u> <input type="checkbox"/> Decline: _____ Functional interventions <input checked="" type="checkbox"/> <u>WBAT</u> <input checked="" type="checkbox"/> <u>Hip precautions</u> Safety <input type="checkbox"/> History of falls: _____ <input type="checkbox"/> History of fall-related injury: _____ <input checked="" type="checkbox"/> <u>Lives at home on own</u>	<input type="checkbox"/> Mental health needs: _____ <input type="checkbox"/> Behavior concerns: _____ <input checked="" type="checkbox"/> PASARR Level II recommendation: <u>None- Not needed</u> <input checked="" type="checkbox"/> Depression screening: <u>No issues, but is using antidepressant for sleep</u> <u>Able to recognize need for placement in nursing home:</u> <u>Strongly agrees with NH placement for recovery</u> Resident's psychosocial goals <u>Continue social interactions with close friends and adult children</u> Social services/psychosocial interventions <input type="checkbox"/> Behavioral interventions: _____ <input checked="" type="checkbox"/> <u>Antidepressant for sleep - will ask doctor to assess</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____	

1 AADNS and AANAC have made every attempt to ensure the accuracy and reliability of the information provided. AADNS and AANAC do not accept any responsibility or liability for the accuracy, content, and completeness of the information. Nursing facilities are responsible for reviewing and understanding the regulatory requirements to participate in Medicaid and/or Medicare programs.



Minimum Data Set (MDS)

Standardized collection of basic data about residents in three key dimensions

- **Physical**
(medical conditions, weight, skin condition, vision)
- **Functional**
(activities of daily living, behavior)
- **Psychosocial**
(preferences, beliefs, goals, interests, family interactions)

Resident _____ Identifier _____ Date _____

QM = 

CAA = 

PDPM = 

SNF Quality Reporting
Program Measure = 

MINIMUM DATA SET (MDS) - Version 3.0

RESIDENT ASSESSMENT AND CARE SCREENING

Nursing Home Comprehensive (NC) Item Set

Section A

Identification Information

A0050. Type of Record

Enter Code

☐

1. **Add new record** → Continue to A0100, Facility Provider Numbers
2. **Modify existing record** → Continue to A0100, Facility Provider Numbers
3. **Inactivate existing record** → Skip to X0150, Type of Provider

A0100. Facility Provider Numbers

A. National Provider Identifier (NPI):

--	--	--	--	--	--	--	--	--	--

B. CMS Certification Number (CCN):

--	--	--	--	--	--	--	--	--	--	--	--

C. State Provider Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<https://www.briggshealthcare.com/MDS-3.0-Nursing-Home-Comprehensive-NC-V1.17.1>

MDS Types of Assessments

1. 102	
A0310. Type of Assessment	
Enter Code <input type="text"/>	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
Enter Code <input type="text"/>	B. PPS Assessment PPS Scheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment (Initial Medicare Assessment) PPS Unscheduled Assessment for a Medicare Part A Stay 08. IPA - Interim Payment Assessment Not PPS Assessment 99. None of the above
A0310 continued on next page	

Skilled Documentation Nutrition Assessment Notes & MDS section K



- ☐ Dehydration
- ☐ IV Feedings
- ☐ Tube Feedings
- ☐ Weight Loss/Gain

Section K**Swallowing/Nutritional Status****K0100. Swallowing Disorder**

Signs and symptoms of possible swallowing disorder

↓ Check all that apply

- ☐ A. Loss of liquids/solids from mouth when eating or drinking
- ☐ B. Holding food in mouth/cheeks or residual food in mouth after meals
- ☐ C. Coughing or choking during meals or when swallowing medications
- ☐ D. Complaints of difficulty or pain with swallowing
- ☐ Z. None of the above

K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up **CAA**

inches

pounds

- A. **Height** (in inches). Record most recent height measure since the most recent admission/entry or reentry BMI ≥40
- B. **Weight** (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.) BMI ≥40

BMI (<18.5 or >24.9) = 12

BMI ≥12 and ≤19.0 (32.01)

BMI (<18.5 or >24.9) = 12

BMI ≥12 and ≤19.0 (32.01)

K0300. Weight Loss **CAA**

Enter Code

☐

Loss of 5% or more in the last month or loss of 10% or more in last 6 months

0. No or unknown
1. Yes, on physician-prescribed weight-loss regimen 12
2. Yes, not on physician-prescribed weight-loss regimen 12 16 29.01

K0310. Weight Gain **CAA**

Enter Code






☐

Gain of 5% or more in the last month or gain of 10% or more in last 6 months

0. No or unknown
1. Yes, on physician-prescribed weight-gain regimen 12
2. Yes, not on physician-prescribed weight-gain regimen 12

K0510. Nutritional Approaches **CAA**

Check all of the following nutritional approaches that were performed during the last 7 days

1. While NOT a Resident Performed while NOT a resident of this facility and within the last 7 days . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS . If resident last entered 7 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed while a resident of this facility and within the last 7 days	↓ Check all that apply ↓	
A. Parenteral/IV feeding 12 14	 <input type="checkbox"/>	 <input type="checkbox"/>
B. Feeding tube – nasogastric or abdominal (PEG) 13 14	 <input type="checkbox"/>	 <input type="checkbox"/>
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids) 12		 <input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) 12		<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

12 Nutritional Status

13 Feeding Tubes

14 Dehydration/Fluid Maintenance

16 Pressure Ulcer

(32.01) Residents with pressure ulcers that are new or worsened (Short Stay)

(29.01) Residents who lose too much weight (Long Stay)

Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury [Risk Adjustment Item] (Measure calculated on Part A PPS Discharge) (S038.01)

Section V

Care Area Assessment (CAA) Summary

V0200. CAAs and Care Planning

1. Check column A if Care Area is triggered.
2. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The Care Planning Decision column must be completed within **7 days** of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan.
3. Indicate in the Location and Date of CAA Documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area.

A. CAA Results

Care Area		A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA Documentation
		↓ Check all that apply ↓		
01.	Delirium	<input type="checkbox"/>	<input type="checkbox"/>	
02.	Cognitive Loss/Dementia	<input type="checkbox"/>	<input type="checkbox"/>	
03.	Visual Function	<input type="checkbox"/>	<input type="checkbox"/>	
04.	Communication	<input type="checkbox"/>	<input type="checkbox"/>	
05.	ADL Functional/Rehabilitation Potential	<input type="checkbox"/>	<input type="checkbox"/>	
06.	Urinary Incontinence and Indwelling Catheter	<input type="checkbox"/>	<input type="checkbox"/>	
07.	Psychosocial Well-Being	<input type="checkbox"/>	<input type="checkbox"/>	
08.	Mood State	<input type="checkbox"/>	<input type="checkbox"/>	
09.	Behavioral Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Activities	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Falls	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Nutritional Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13.	Feeding Tube	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Dehydration/Fluid Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Pressure Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Psychotropic Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Physical Restraints	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Pain	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Return to Community Referral	<input type="checkbox"/>	<input type="checkbox"/>	



DOCUMENTATION

Resident _____	Identifier _____	Date _____	
Section Z Assessment Administration			
Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting			
<p>I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.</p>			
Signature	Title	Sections	Date Section Completed
A.			
B.			
C.			





K0200 Weight

<div><div></div><div></div><div></div></div> <p>pounds</p>	B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)   BMI ≥ 40	BMI (<18.5 or >24.9) = 12 BMI ≥ 12 and ≤ 19.0 (12.0)
K0300. Weight Loss CAA		

- Base weight on most recent in last 30 days
- If multiple weights use the one closest to the Assessment Reference Date
- Upon Admission
- Weigh consistently according to standard facility practice and should reflect the current standards of practice

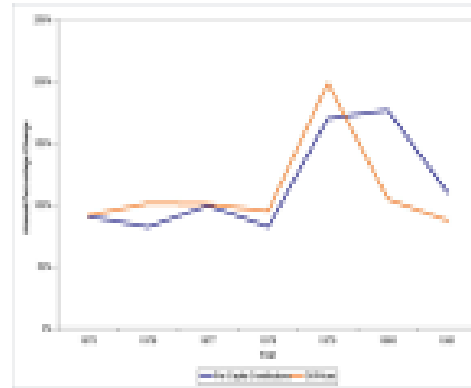
K0300 /K0310 Weight Loss/Gain

K0300. Weight Loss CAA	
Enter Code <input type="checkbox"/>	Loss of 5% or more in the last month or loss of 10% or more in last 6 months <ul style="list-style-type: none">0. No or unknown1. Yes, on physician-prescribed weight-loss regimen 122. Yes, not on physician-prescribed weight-loss regimen 12 16 29.01
K0310. Weight Gain CAA	
Enter Code <input type="checkbox"/>	Gain of 5% or more in the last month or gain of 10% or more in last 6 months <ul style="list-style-type: none">0. No or unknown1. Yes, on physician-prescribed weight-gain regimen 122. Yes, not on physician-prescribed weight-gain regimen 12

K0300 Weight Loss/K0310 Weight Gain



- Determine if there was a 5% weight loss in 30 days or 10% weight loss in 180 days
- Compares resident's current weight to the weight from 2 distinct points in time a resident may have variances in between the snapshot time-requires f/u but not captured on MDS



K0300/K0310 Assessment Guidelines...

Does not consider wt. fluctuations outside the
30- and 180-day time frames!

BUT

If the resident is losing or gaining significant weight,
then you should not wait for the 30 or 180 day
time frame to address it...

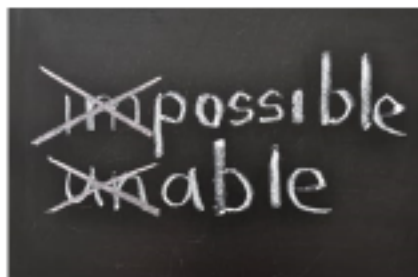
Obtain new weight if...

Last recorded weight was taken more than
30days prior to the ARD



Previous weight is not available

Unable to weigh resident?



Because of extreme pain

Immobility

Risk of pathological fractures

Then mark the answer using the no information code
(-) in all the available spaces.

BE SURE and document the reason for no weight
available in the resident's chart!

K0510 Nutritional Approaches

K0510. Nutritional Approaches CAA		
Check all of the following nutritional approaches that were performed during the last 7 days		
1. While NOT a Resident Performed while NOT a resident of this facility and within the last 7 days . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank 2. While a Resident Performed while a resident of this facility and within the last 7 days	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
A. Parenteral/IV feeding 12 14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Feeding tube – nasogastric or abdominal (PEG) 13 14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids) 12		<input checked="" type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) 12		<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

**Nutritional approaches that vary from the normal
or that rely on alternate methods...**

Can diminish an individual's sense of dignity and
self-worth as well as diminish pleasure of eating...CMS

C. **Mechanically altered diet** – require change in texture of food or liquids (e.g., pureed food, thickened liquids) ¹²



K0510 assessment...

Mechanically altered Diet...

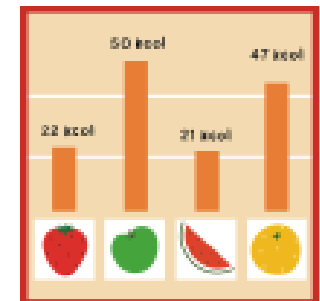
A diet specifically prepared to alter the texture or consistency of food to facilitate oral intake. Examples include soft solids, pureed foods, ground meat, and thickened liquids. A mechanically altered diet should not automatically be considered a therapeutic diet

...CMS

D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) 12

K0510 assessment... Therapeutic Diet

A therapeutic diet is a diet intervention ordered by a health care practitioner as part of the treatment for a disease or clinical condition manifesting an altered nutritional status, to eliminate, decrease, or increase certain substances in the diet (e.g. sodium, potassium) ADA, 2011

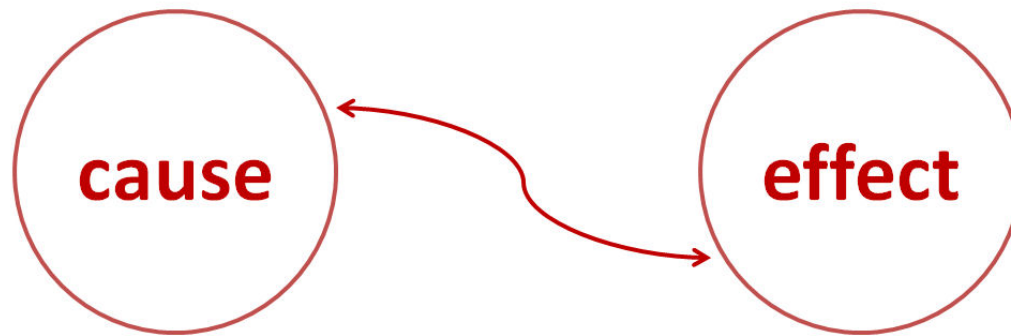




Coding tips for K0510D cont.....

A nutritional supplement (house supplement or packaged) given as part of the treatment for a disease or clinical condition manifesting an altered nutrition status, does not constitute a therapeutic diet, but may be ***part of a therapeutic diet.***





The 20 Care Areas

1. Delirium
2. Cognitive Loss
3. Visual Function
4. Communication
5. ADLs-Functional Status
6. Urinary Incontinence and Indwelling Catheter
7. Psychosocial Well-Being
8. Mood State
9. Behavioral Symptoms
10. Activities
11. Falls
12. Nutrition Status
13. Feeding Tube(s)
14. Dehydration/Fluid Maintenance
15. Dental Care
16. Pressure Ulcer(s)
17. Psychotropic Medication Use
18. Physical Restraints
19. Pain
20. Return to Community Referral



Significant Change in Status

This is the assessment that covers
the time sequence in between
quarterly's that is needed to show
a residents decline or
IMPROVEMENT!!!!

This is where a facility can take credit for
improving a decline, or they can account
for a new onset that is causing a decline.

Conducting the Assessment



Draw conclusions based on the information collected

What is causing or contributing to the problem for this resident?

What is this resident at risk for related to the problem?

What other health professionals should be involved?

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



Lack of activity/boredom

CAREPLAN

Name _____

Date	Problem	Goal/Target Date	Interventions	Discipline	Reviewed
09/01/2020	I have gained weight while under COVID precautions	I will lose weight gradually	<p>Allow me to select foods from the menu that are appropriate for my goal</p> <p>Offer me smaller servings of snacks and/or food at activities</p> <p>Continue to educate me on ways to lose weight</p> <p>Notify my physician if my weight change becomes a problem</p>	<p>D,N</p> <p>All</p> <p>D,N</p> <p>N,D</p>	09/01/2020

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



Beef 'it up...

TOP 10

Ways to Utilize Fortified Foods

This Top 10 list offers guidance on how to best choose fortified foods for your residents' needs and your budget.

A successful outcome requires a good plan! Begin by thinking about these questions in regard to your clientele:

Why do we need supplements?

What do we want to improve?

Who needs supplements?

When and **how** often?


Fortified food recipes can add calories and protein to common, everyday food items without the need to always use a supplement out of a can. Nutrient-dense foods are rich in nutrients relative to the number of calories. Here are ten ideas to get you started down the fortified food path!

1. Food comes first. Common foods boosted with added ingredients such as butter or margarine, whole milk, or cream should still be the first line of defense with unintentional weight loss, and can provide added support for wound healing.
2. Boost protein by adding powdered milk, cheese, eggs, or double milk to soups, sauces, and other recipes as appropriate. Or, serve up a warm cup of bone broth.
3. Use protein powder as an added ingredient in your homemade* peanut butter cookies. Nothing beats a fresh-baked cookie with a tall glass of whole milk!
4. Increase fiber with nuts, dried fruits (a great snack and an awesome finger food), juice with pulp, or add vegetables, dried peas, or beans to soups and casseroles.
5. Increase calories by adding butter or margarine, olive oil, peanut butter, mayonnaise, honey, sour cream, cream cheese, or brown sugar to your dishes as appropriate.
6. For breakfast, try 'super cereal,' warm and sweet with added brown sugar, butter, powdered milk, and evaporated milk.
7. Make 'power pancakes'—pancake mix boosted with cottage cheese and honey.
8. Enhance a true comfort food. Add real cream, sour cream, cream cheese, and butter to mashed potatoes.
9. Serve drinks loaded such as fruit smoothies, milkshakes with powdered milk, and even juices with pulp for some fiber.
10. Take advantage of calorie boosters including chocolate/hazelnut spreads (2T = 200 calories/3 grams protein) and processed cheese spreads (1 oz = 80 calories/4 grams protein). Boost protein with 1 cup low-fat yogurt (14 grams protein) or 1/4 cup low-fat cottage cheese (15.5 grams protein).

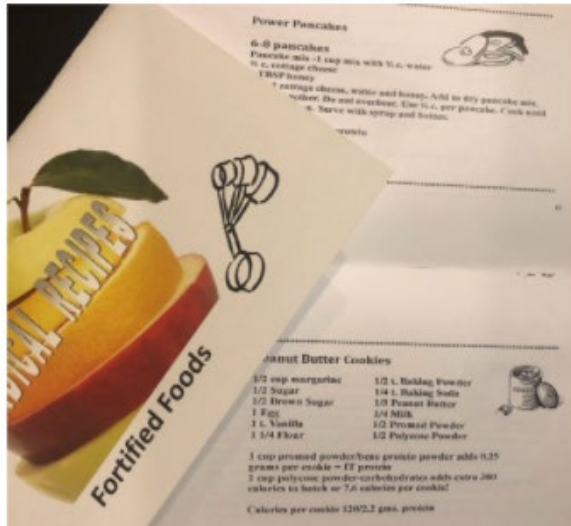
Please Note: Purchased supplement products have value in certain clinical conditions. As always, the CDM and RDN partnership in evaluating individual resident needs will help guide you in determining what is best for fortifying or supplementing. Remember that it is about calories in, foods that our residents choose, and prioritizing food quality over quantity. Specifically look for fortified food recipe books that cater to long-term care residents.

***Resources:**

www.facebook.com/AgingRulesinLTC
Radical Recipes/Fortified Foods Recipe Book

 **Association of
Nutrition & Foodservice
Professionals**





Fortified Meal Program

Philosophy:

Residents in care facilities are at an increased risk of developing nutritional deficiencies. Inadequate intakes can lead to serious complications such as unplanned weight loss, skin breakdown and eventually death. The following is a list of some of the factors which may contribute to inadequate nutritional intakes in facility residents:

- The resident may be less active and/or may have a physical impairment which could limit their activity and could lead to a smaller appetite.
- The resident may be on a wide variety of medications with the potential for decreasing appetite or which may cause nausea/GI distress/constipation leading to decreased intakes.
- The resident may be overwhelmed by large portions of food.
- The resident may have a medical condition or skin impairment that increases the demand for calories and protein.
- The resident may have chewing or swallowing difficulties which limit their nutritional intakes.
- The resident may have cognitive factors such as depression, confusion or dementia which may result in inadequate food consumption.

Fortified meals can aide in improving nutritional status by increasing the caloric density of the food without increasing portion sizes. Fortifying the meals can be beneficial for those with limited intakes and/or increased nutritional demands.

Fortified recipes “my go to’s” ...

Super Cereal

Hot cooked oatmeal, rich, and creamy! A super fortified way to start your morning!

1 1/3 cup uncooked oatmeal 2 cups water
6 oz. evaporated milk 1/2 cup nonfat dry milk
Mix evaporated milk, water and dry milk together in a sauce pan. Bring to a boil. Stir in oatmeal. Cook until done about 5 minutes.

18 oz. evaporated milk 3/4 pound margarine
1/2 pound brown sugar 1 cup white sugar
Add above ingredients to cereal mix and stir until creamy.
Serving size = 1 cup

Calories 498/8 protein



11



Peanut Butter Cookies

1/2 cup margarine 1/2 t. Baking Powder
1/2 Sugar 1/4 t. Baking Soda
1/2 Brown Sugar 1/3 Peanut Butter
1 Egg 1/4 Milk
1 t. Vanilla 1/2 Promod Powder
1 1/4 Flour 1/2 Polycose Powder



1 cup promod powder/bene protein powder adds 0.25 grams per cookie = IT protein
1 cup polycose powder-carbohydrates adds extra 380 calories to batch or 7.6 calories per cookie!

Calories per cookie 120/2.2 gms. protein



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

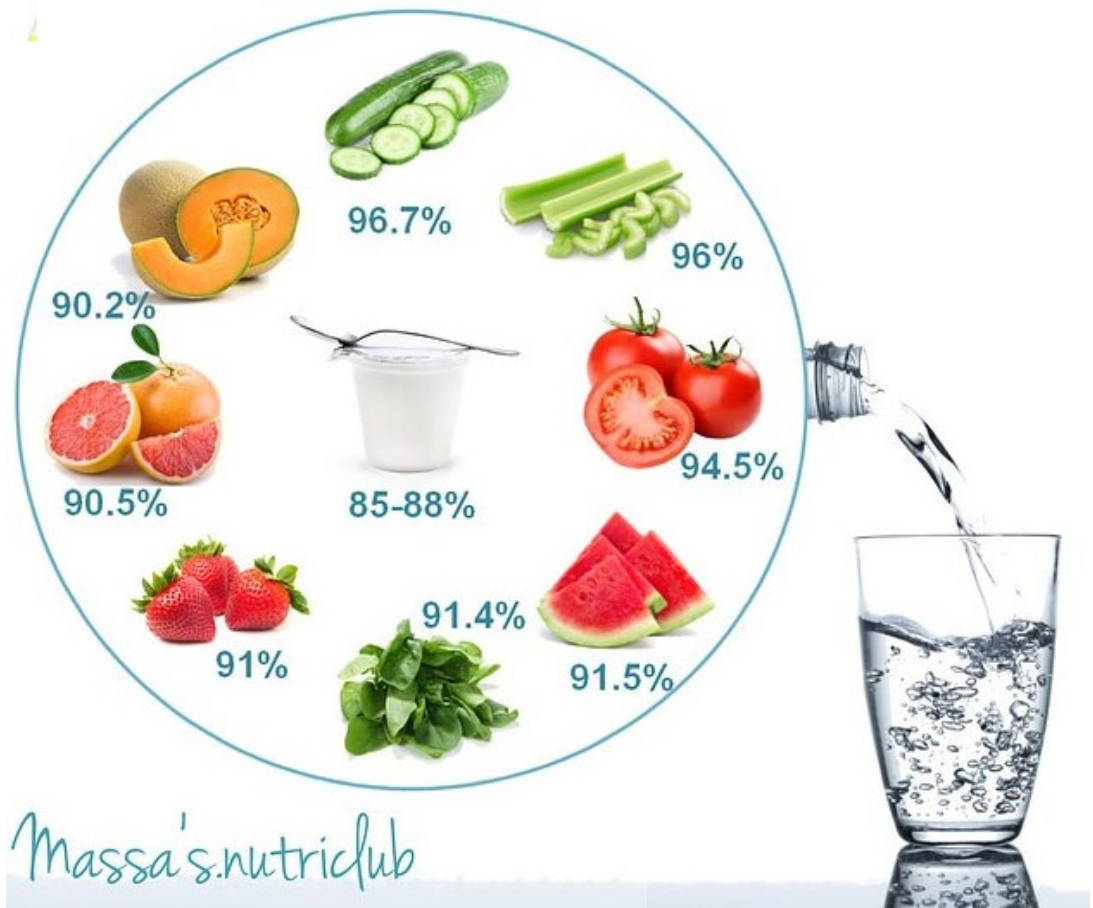
NUTRITIONAL CAREPLAN

Name _____

Date	Problem	Goal/Target Date	Interventions	Discipline	Reviewed
01/01/2017	I have no appetite, I know I am at the end of my life and choose to eat what I want and enjoy	<p>I will accept snacks throughout the day</p> <p>I want to feed myself and eat as much as possible of the foods of my choosing</p>	<p>Respect my food choices/ limited intact during my end of life care</p> <p>Communicate with my doctor & family about my limited intake/loss of appetite</p> <p>Encourage food favorites to be brought in with family visits as able</p> <p>Adjust texture of my diet as necessary</p> <p>Please visit with me often to update my food preferences</p> <p>Provide snacks of choice as desired</p> <p>Respect my desire not to be routinely weighed; Weigh me as often as I agree to</p>	<p>N,D,All</p> <p>N,D</p> <p>N,D,Act,All</p> <p>D</p> <p>D,N</p> <p>N,D,Act, All</p> <p>N,D</p>	01/01/2017

How
dehydrated
are you?

Eat your water



Massa's.nutriclub

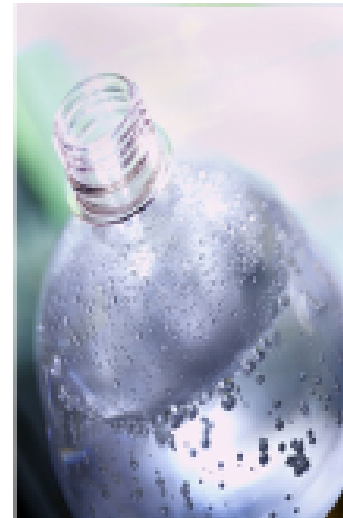
Hydration

- Essential Nutrient
- Total body water declines with age
- Older adults become dehydrated more quickly than younger adults
- Water functions in digestion, absorption, circulation and excretion
- Acts as a lubricant
- Plays important role in maintaining body normal body temperature



Hydration

- Fluid Restrictions
- Thicken liquids
- Medications (Laxatives, diuretics)
- NPO for medical tests



RECOMMENDED DAILY INTAKES

for average adults



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/Nursing Determine if a supplementation order is necessary
- What type of supplementation should be used



Meal Intake Records

Values do not vary based on the resident's 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

PRECISION VS ACCURACY



✓ Precision
✗ Accuracy



✗ Precision
✓ Accuracy



✗ Precision
✗ Accuracy



✓ Precision
✓ Accuracy

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



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

Let's make some COVID changes...

Date	Problem	Goal/Target Date	Interventions	Discipline	Reviewed
06/01/2020	My son tells me my memory is going and I need reminders to eat and what to do at meals	I will continue to feed myself	<p>Remind me, cue me to come to meals and to eat my meal</p> <p>I will eat in supervised area of the dining room and accept help from staff when needed</p> <p>I will allow the staff to check my weight and notify my family/doctor of significant changes</p> <p>I will allow OT to evaluate me if necessary with changes in my memory</p> <p>I will allow therapies to evaluate me for any assistive devices/techniques if my poor memory worsens my ability to feed myself</p> <p>Remind me to attend any food activities and offer me snacks throughout the day</p>	<p>N,D,All</p> <p>N,D</p> <p>N,D</p> <p>N,D</p> <p>N,D</p> <p>N,D,Act</p>	06/01/2020

Let's review for COVID changes....

Date	Problem	Goal/Target Date	Interventions	Discipline	Reviewed
04/01/2020	Recently I had surgery since then I don't have a big appetite however, I do like desserts	I will eat small portions at meals to help restore my appetite	<p>Offer me 2nd 's at meals, I may accept more food as my appetite improves</p> <p>I will accept ice cream as my nightly snack and sweets at activities</p> <p>I would like to have a candy dish in my room to snack on between meals</p> <p>I would like my family to bring in some of my favorite desserts/food favorites when they visit</p>	<p>D,N</p> <p>N,D, Act</p> <p>N,All</p> <p>N,D, All</p>	04/01/2020



Do the best you can to observe the changes in your residents and document them, remembering a condition change that lasts over 14 days needs evaluated and assessed for long term goal setting thus a care plan intervention!

WHO-World Health Organizations humor...

https://www.youtube.com/watch?v=DYkIKU_PcBc

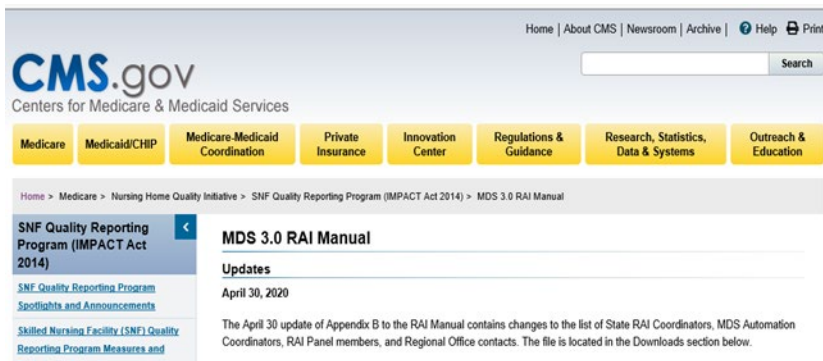


It's all in a day's work.....

**ALWAYS GIVE
100%
AT WORK**

12% on Monday
23% on Tuesday
40% on Wednesday
20% on Thursday
5% on Friday





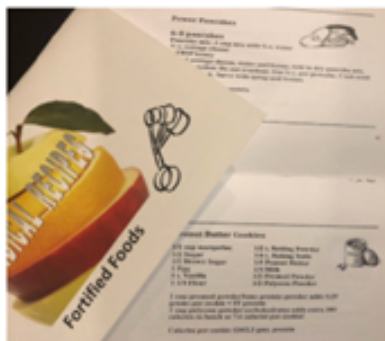
MDS RAI Manual

https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf



MDS 3.0 Nutritional CAA's & I Care Plan Manual

<https://agingrulesblog.com>



Radical Recipes /Fortified Foods

Fortified food recipes to add calories and protein to common everyday food items, without the need to always use a supplement out of a can. A series of modified recipes to support special dietary needs one bite at a time.



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