2015 Dietary Guidelines for Americans

Joanne Slavin, PhD, RD
Professor of Food Science & Nutrition
The Purpose of the Dietary Guidelines for Americans

“Designed for professionals to help all individuals ages 2 years and older ... consume a healthy, adequate diet.”

“Develop food, nutrition and health policies and programs.”
The Dietary Guidelines for Americans: The Cornerstone of US Nutrition Policy & Regulation

- FDA Food Labeling
- USDA Nutrition Programs
- FTC Marketing & Advertising
- Global Influence
The Science Behind the Guidelines

Dietary Guidelines Advisory Committee considers:

- Original systematic scientific reviews
- Existing systematic reviews, meta-analyses and scientific reports
- Dietary data analyses
- Food pattern modeling analyses

Issues technical report with nutrition and health recommendations

DHHS/USDA uses technical report and comments to develop updated Dietary Guidelines
What’s Happening with future Dietary Guidelines for Americans (DGA)?

2015-2020 DGA were controversial

- Suggestions of the 2015-2020 DGA committee including sustainability and taxation policies were considered outside their scope and resulted in congressional hearings on the DGA process.

- USDA/HHS holding listening sessions to respond to congressional request to only make dietary recommendations when the relationship between dietary exposure and health outcome is strong.

- National Academy of Medicine, (formerly IOM), committee to discuss issues with the DGA process and the composition of the DGA committee.

- 2020-2025 DGAs will include from birth – 24 months – new challenges.
Provides 5 Overarching Guidelines:

1. Follow a healthy eating pattern across the lifespan.
2. Focus on variety, nutrient density, and amount.
3. Limit calories from added sugars and saturated fats and reduce sodium intake.
4. Shift to healthier food and beverage choices.
5. Support healthy eating patterns for all.

A healthy pattern includes:

- A variety of vegetables
- Fruits, especially whole fruits
- Grains, at least half of which are WG
- Fat-free/low-fat dairy, including milk & yogurt
- A variety of protein foods
- Oils

A healthy pattern limits:

- Sat fat: <10% of calories/day
- Trans fat: keep as low as possible
- Added sugars: <10% of calories/day
- Sodium: < 2,300 mg of sodium/day

Shift from Individual Foods and Ingredients to Healthy Eating Patterns!
A Healthy Eating Pattern

Includes:
A Healthy Pattern Includes: Vegetables & Fruits

What’s the recommendation?

• 2½ cups vegetables; 2 cups fruits daily
  - Intakes remain significantly below recommended amounts
    • Vegetables: 87% have intakes below goal
    • Fruits: 75% have intakes below goal

What’s changed since 2010?

• Similar to 2010 recommendations:
  - Vegetables: A variety of vegetables from all subgroups – dark green, red and orange, legume, starchy and other
  - Fruit: especially whole fruit
A Healthy Pattern **Includes:** Grains

**What’s the recommendation?**
- At least half of grain intake should be whole grain
  - Continued imbalance of intake between refined grain and whole grain
  - Enriched/fortified grain recognized as important source of folic acid
- **Recommendation for most adults:** 6 ounce equivalents of Grain foods per day
  - At least 3 should be whole grain

**What’s changed since 2010?**
- **Similar to 2010 recommendations:**
  - At least half of grain intake should be whole grain
- **Differences from 2010 recommendations:**
  - 16g whole grain = 1 whole grain ounce-equivalent
    - *Progression from 2010!*
  - Acknowledgement that whole grains vary in fiber content

**What’s the scientific basis?**
- Systematic Reviews, Modeling
A Healthy Pattern **Includes:** Dairy

What’s the recommendation?

• 3 cups for ages 9+
• Choose fat-free or low-fat dairy, including milk, yogurt, cheese and/or fortified soy beverages
  - Almost everyone falls short!

What’s changed since 2010?

• Similar to 2010 recommendations:
  - 2 cups for ages 2-3 years, 2.5 cups for ages 4-8 years, 3 cups for ages 9+
  - Choose fat-free or low-fat dairy foods
• **Differences from 2010 recommendations:**
  - Choose fat-free and low-fat dairy options with little to no added sugars
  - Choose milk and yogurt over cheese to reduce saturated fat and sodium

What’s the scientific basis?

• **Systematic Reviews, Modeling**
A Healthy Pattern **Includes:** 
Protein

What's the recommendation?

- **5½ ounce-equivalents/day from a variety of plant and animal sources**
  - Vary the source: seafood, lean meats, poultry, eggs, legumes, nuts, seeds, soy
  - Average intakes are close to recommended amounts
    - *Protein food intakes do decline in adults older than 71: 30% of women and 50% of men meet the recommended intake level of protein foods.*
    - Intakes of the nutrient protein are adequate across the population and protein is not a shortfall nutrient

What's changed since 2010?

- **Similar to 2010 recommendations:**
  - 5½ ounce-equivalents per day from a variety of plant and animal sources
- **Differences from 2010 recommendations:**
  - Lower intake of processed meats/poultry - should fit within overall recommendations for calories, sat fat, sodium & added sugars

What's the scientific basis?

- **DRIs, Modeling**
What’s the recommendation?

• ~ 5 teaspoons/day (27 g) for a 2000-cal diet
  - Shift from solid fats to liquid oils
  - Not a food group; food sources recognized as important sources of healthy oils (e.g., nuts, fatty fish)
  - Part of healthy eating pattern as a major source of essential fatty acids, vitamin E
    • Intakes remain below recommendations for almost every age group

What’s changed since 2010?

• Similar recommendation to 2010
  - ~ 5 teaspoons/day (27 g) for a 2000-cal diet
A Healthy Eating Pattern

Limits:
A Healthy Pattern **Limits:**
*Saturated, trans, Solid Fats & Cholesterol*

**Saturated fats and trans fats...**

• Consume less than 10% of calories/day from saturated fats
  - *Current intakes ~11%*
• Keep trans fat intake as low as possible

**Why it’s important...**

• Reduction strategies impact all food groups
• Natural sources of trans fats do not need to be eliminated but low-fat dairy and lean meats are encouraged to reduce intake
• While there’s a high consumer interest, coconut oil is still considered a solid fat

**What about Cholesterol?**

• Recommendation for 300 mg limit not carried forward—BUT individuals should eat as little as possible
A Healthy Pattern **Limits:**
*Added Sugars*

**What’s the recommendation?**

- Less than 10% calories per day from added sugar
  - Current intakes average >13% of calories, ~270 calories/day
  - *Nutrient-dense foods with added sugars OK within limits (e.g. fat-free yogurt and whole grain breakfast cereals)*

**What’s changed since 2010?**

- Similar to 2010 recommendations:
  - Reduce added sugar consumption
- Differences from 2010 recommendations:
  - First-time quantitative number

**What’s the scientific basis?**

- World Health Organization Systematic Review, Modeling
- Acknowledgement that evidence is still developing
Sources of Added Sugar in the American Diet

Sources of Added Sugars in the Diets of the U.S. Population Ages 2 and Older, NHANES 2009-2010

- **Beverages**: 47%
  - Soft Drinks: 25%
  - Fruit Drinks: 11%
  - Sport & Energy Drinks: 3%
- **Snacks & Sweets**: 41%
- **Grains**: 8%
- **Fruits & Fruit Juice**: 1%
- **Coffee & Tea**: 7%
- **Dairy**: 4%
- **Mixed Dishes**: 6%
- **Condiments, Gravies, Spreads, Salad Dressings**: 2%
- **Vegetables**: 1%
- **Alcoholic Beverages**: 1%

Sugar Sweetened Beverages: 39%
- Soft Drinks: 25%
- Fruit Drinks: 11%
- Sport & Energy Drinks: 3%

Coffee & Tea: 7%
Alcoholic Beverages: 1%
A Healthy Pattern **Limits:** Sodium

What’s the recommendation?

- <2,300 mg/day ages 14+
  - Current average intake = 3,440 mg/day
  - Based on relationship between ↑ sodium and ↑ BP

What’s changed since 2010?

- Same overall recommendation
  - <2,300 mg/day ages 14+

- **Differences from 2010 recommendations:**
  - 1,500 mg/day for adults with prehypertension/hypertension
    - *No longer recommended for subgroups: 51+, African Americans, those with diabetes/chronic kidney disease*

What’s the scientific basis?

- **DRIs, Systematic Reviews**
Nutrients of Concern & Role of Fortified Foods
Nutrients of Concern & Role of Fortified Foods

What you need to know

• **Nutrients of public health concern:** Calcium, Potassium, Fiber, Vit. D
  - For kids, women capable of becoming/pregnant: iron
  - Women capable of becoming/pregnant: folate

• **Nutrients under-consumed:** Potassium, Fiber, Choline, Magnesium, Calcium, Vitamins A, C, D, and E

Change from 2010 recommendations:
• **Shift** to eating more vegetables, fruits, whole grains, and dairy to increase intake of nutrients of concern

Why it’s important?

• **Fortified breakfast cereals and yogurt** were identified as key foods that provide nutrients of concern

• **Fortified foods and supplements** are useful in providing nutrients with inadequate intakes
Shift to More Fruits & Vegetables

Recommendation recap

• 2½ cups vegetables; 2 cups fruits daily
• Americans are still not getting enough!

How to apply it?

✓ Think easy, economical and great-tasting
✓ Small shifts
✓ All forms count! → Fresh, Frozen, Canned
✓ Include as snacks, as dip and for dipping, hide in recipes
Shift to More Whole Grains

Recommendation recap

• At least half of grain intake should be from whole grain foods
  - Shift to more whole grains, not add more overall

How to apply it?

✓ Read labels:
  - Look for the words “whole grain” on ingredient lists
  - Look for the whole grain stamp
  - Seek at least 8 g/serving

✓ What’s NOT whole grain?
  - “Multi-grain”
  - “Wheat” products

✓ Not all or nothing! Mix both in recipes
✓ Soups, stews and casseroles – great for whole grain and veggies

Whole Grain:

Not Whole Grain:

- Wheat flour
- Multi-grain flour
- Enriched flour
- Unbleached flour
Shift to More Fat-free or Low-fat Dairy

**Recommendation recap**

- 3 cups per day for age 9+
- Choose fat-free or low-fat versions

**How to apply It?**

- Include milk and/or other dairy options at meals
- Lose the fear of lactose
  - Lactose-free + dairy alternatives
- Small shifts
- Choice of dairy should fit into daily recommendations for calories, saturated fat, added sugar
Shift the Source of Protein

Recommendation recap

- Overall intakes adequate; 5 ½ ounce-equivalents/day
- Emphasize lean meats, plant-based sources

How to apply it?

✓ Small shifts:
  - Sub-in seafood favorites
  - Have fun with plant-based protein

✓ Processed meats should fit within overall recommendations for calories, sat fat, sodium & added sugars

✓ Softer, easier to chew meats and protein sources
  - Dairy sources can be a good option
Shift from Solid Fats to Oils

**Recommendation recap**
- ~5 teaspoons oils/day (27 g)

**How to apply it?**
- ✓ Cook with vegetable oils in place of butter or shortening
- ✓ Replace some meat and poultry with nuts and seeds
Beyond Food Groups
Saturated Fat and Sodium

**Common Sources**

- Meat, cheese, sweets, mixed dishes

**Simple Shifts**

- Substitute low-fat or fat-free cheese in mixed dishes
- Trim portion sizes of red meat or full-fat cheese

**Saturated Fat**

**Sodium**

- Bread, cheese, mixed dishes, restaurant foods
- Select lower sodium varieties
- Bulk up fresh or frozen vegetables in mixed dishes
**Nutrients of Concern and Added Sugars**

**Under-consumed nutrients and nutrients of public health concern**

- Potassium, Fiber, Choline, Magnesium, Calcium, Iron and vitamins A, C, D and E

**Fortified foods contribute to nutrient intakes**

- Ready-to-eat breakfast cereals, low-fat or non-fat yogurt

**What about added sugars?**

- Guidelines do allow for some!
  - Limited amounts from nutrient-dense foods
Dig into the **Dietary Guidelines**

Physical Activity in the Dietary Guidelines

“Meet the Physical Activity Guidelines for Americans”

• In addition to following a healthy eating pattern, “Regular physical activity is one of the most important things Americans can do to improve their health.”
“Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.”

--Chapter 3 Dietary Guidelines

Resources:

• Dietary Guidelines Appendix
• MyPlate and ChooseMyPlate.gov
• Communicator’s Guide to the Dietary Guidelines for health professionals
Putting the Dietary Guidelines to Action!

http://www.choosemyplate.gov/older-adults

Healthy Eating As We Age

As we age, healthy eating can make a difference in our health, help to improve how we feel, and encourage a sense of well-being. Eating healthy has benefits that can help older adults:

Nutrients
MyPlate Resources for Older Adults

National Institute on Aging
AgePage
Healthy Eating After 50

"Food just doesn’t taste the same anymore."
"I can’t get out to go shopping."
"I’m just not that hungry."

Sound familiar? Here are some tips to get you started:

- Eat many different colors of fruits and vegetables.
- Make sure at least half of your plate is vegetables.

Two Plans For Smart Food Choices

The Dietary Guidelines for Americans, 2010 from the U.S. Department of Agriculture (USDA) and Department of Health and Human Services (HHS) describes two eating plans. Eating a variety of foods from each food group in either plan will help you get the nutrients you need.

One plan is called the USDA Food Plan. It is available for all Americans.

USDA
10 tips
Nutrition Education Series

10 healthy eating tips for people age 65+

Choosing healthy meals as you get older

Making healthy food choices is a smart thing to do—no matter how old you are! Your body changes through your 60s, 70s, 80s, and beyond. Food provides nutrients you need to stay healthy at each stage of life.

- How much to eat, and which foods to eat, all based on the Dietary Guidelines for Americans. Find sensible, flexible ways to use and prepare tasty meals so you can eat foods you need.
- Learn how much to eat to earn to recognize how much to eat so you can control portion size. MyPlate’s SuperTracker shows amounts you need. When eating out, pack

What’s On Your Plate?

Smart Food Choices for Healthy Aging

Important Nutrients to Know

Plans for Healthy Eating

Healthy Lifestyle

Shopping Tips

Food Safety

Common Questions

Learn More
Conclusions

• Dietary Guidelines for Americans (DGAs) are supported by on an evidence-based review process that is updated every 5 years.

• DGAs affect nutrition policy in the United States – Nutrition Facts panel, feeding programs, etc.

• The 2020 DGAs will include from birth to 24 months, which provide more challenges for the DGAC to review new information.

• The scope of the DGAs is currently being challenged; does it just include dietary recommendations for disease prevention or can it include sustainability, taxation, and other areas that were not included in the original mandate for the DGAs.
Creating an Engaged Team
Christine Link, MBA, RD, LD

Purpose and Objectives
- Discover practical approaches to getting your staff engaged
- Learn how to be a leader and build a positive culture for engagement
- Give examples of hands on learning activities and resources that you can take back to your team

Why is engagement important?
- An employee that is invested in his/her job and team members is less likely to leave.
- Turnover is expensive!
  - Dept of Labor estimates cost of turnover around $3000 to $3600
  - Another common estimate 25% of annual compensation
  - Turnover in long term care is estimated at 50%!
- People that are happy in their job, rarely leave

Dept of Labor estimates cost of turnover around $3000 to $3600
Another common estimate 25% of annual compensation
Turnover in long term care is estimated at 50%!
People that are happy in their job, rarely leave
Benefits of happy employees
- Employees provide better service
- Higher customer satisfaction
- Fewer regulatory issues
- Reduced turnover/absenteeism
- Positive effect on bottom line
- An engaged person helps the business grow!

What is Satisfaction?
- Satisfaction: how employees feel, their “happiness” about their job and conditions, such as compensation, benefits, work environment and career development opportunities.

What is Engagement?
- Engagement: employees’ commitment and connection to work as measured by the amount of discretionary effort they are willing to expend on behalf of their employer.
Satisfaction vs. Engagement

- Who benefits??
- Satisfaction: benefit is to staff member
- Engagement: benefit is not only to them but also to the organization
- A person can be satisfied with their work but not engaged in it.

Engagement in Action...

- Go into a restaurant, food is on time, service is good, you enjoyed the meal (satisfied)
- Or go into a restaurant, waiter knows your name, compliments your outfit, knows your kids’ names, has your favorite drink ready for you as you are sitting down (engaged)

Hospitality can only be delivered and achieved when you have engaged employees

Engagement in Action...

"You can design and create, and build the most wonderful place in the world. But it takes people to make the dream a reality." ~Walt Disney
Lessons from Disney

- Snow White never has a bad day
- Trust + Training = Engagement
- Walk the Park
  - To build trust
- Culture: It’s what people do every day without being told
- Change or Perish
- “Budgets might be tight, creativity is free.”

10 Failproof Employee Engagement Ideas

1. Get involved with employee projects
2. Talk face-to-face with employees
3. Provide regular feedback
4. Discover what makes each employee engaged
5. Freedom to work their way
6. Communicate
7. Keep your word
8. Ask your employees to teach you something
9. Empower Employees
10. Have Fun at Work

How do I boost engagement?

- Trust in leadership!
  - Care about employees
  - Have integrity
  - Demonstrate competence
  - Focus on purpose and values
Intrinsic Motivation

Motivation

- Cool stuff...
- https://www.youtube.com/watch?v=u6XAPnUFjJc

What is important?

**Employee ranking**
1. Interesting work
2. Appreciate/recognition
3. Feeling involved
4. Job security
5. Good wages

**Employer ranking**
1. Good Wages
2. Job Security
3. Interesting Work
4. Recognition
5. Feeling Involved
What is important?

<table>
<thead>
<tr>
<th>Employee ranking</th>
<th>Employer ranking</th>
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<tbody>
<tr>
<td>1. Interesting work</td>
<td>5.</td>
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<tr>
<td>5. Good wages</td>
<td>1.</td>
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Leadership

- Leadership is the ability to take people where they wouldn’t or couldn’t go without them.
- Leadership is NOT management, title or education.
- Happy employees rarely leave. Key = relationship with supervisor.
- Remember motivation is respect and appreciation, not money
- Boss vs. leader

Boss vs Leader
Five ways leaders engage
1. I give the “why” behind decisions
2. I make myself available when others need me
3. I engage in two way exchange of ideas
4. I proactively LISTEN
5. I am responsive to the needs of others

Five ways leaders disengage
1. I ignore or delay requests for my time and help
2. I don’t like to involve myself in team dynamics
3. I have little to no interest in the lives of my staff
4. I give instructions without context.
5. I don’t have time to develop my staff
6. *Disengaged managers are 3x more likely to have disengaged employees*

Disengagement in Action
Engaging employees

- Starts with hiring

Sample job posting

- **Wanted Cooks, Nutritional Service Aides and Utility Workers**, Busy Hospital Food and Nutrition Services Department is looking for Full & Part Time Cooks, Nutrition Service Aides and Utility Workers. We are looking for team players who will take ownership, have excellent interpersonal skills and a passion for service. Along with the ability to work in a demanding fast paced environment successful candidates will help to enrich and nourish lives. We’d like all applicants to have solid previous experience in a similar setting but will consider all levels of experience. Our department operates 7 days per week and we offer competitive wages and benefits. If you think you might be a good fit for our team, please apply in person.

  - [https://www.youtube.com/watch?v=3tUnzdrcEi&feature=youtu.be](https://www.youtube.com/watch?v=3tUnzdrcEi&feature=youtu.be)

Save time by getting bad job applicants to leave BEFORE the interview

- The simplest step is to send them a quiz to bring to the interview.
- 3 benefits from sending a quiz
  - A quiz will allow you to know if the applicant at least knows how to get correct information.
  - Your questions tell the applicant what types of things you expect.
  - Many won’t do it.
  - **Bonus benefit**: The quiz will reveal training opportunities. Wrong answers aren’t necessarily a deal breaker. If the applicant has other desirable qualities, the quiz will show you where to focus training in the beginning.
Getting the most out of your interview

- Behavioral interviewing
  - Best predictor of future is past
  - No hypothetical—ask for specific examples
  - Can they describe their work in a way that demonstrates a willingness to truly care?
- Peer interviewing
  - Example: peer tour of facility

How do you want your new hires to FEEL after they have been through your employee orientation?

- Excited;
- Pumped-up;
- Inspired;
- Ready to jump in;
- Prepared;
- Happy;
- Enthusiastic about working for our company!

How do you want your new hires to FEEL after they have been through your employee orientation?

- Have paperwork completed prior to first meeting
- Make them feel welcomed!
- Focus on Your Mission and Values
- Tell Stories Worth Sharing
- Teach Them How to Make Mistakes
- Remember Learning Styles
- Visit other departments
- Set High Expectations and Prepare Them Well
- Socialize/ice-breakers

- Zappos example—company culture is important!
  - Zappos takes specific actions every day that reinforce its culture of a fun workplace that is a tiny bit weird. With a majority of call center employees, this makes sense.
Developing engagement
- Create work groups/teams to solve problems
  - Engagement builds when staff see their ideas come to fruition
- Have a fun event outside of work and involve families
- Engagement is all about ownership and commitment
  - To get commitment you have to give commitment

Let Teams be Creative!

Creating Interest in Work
- Build on employee strengths:
  - Gallup found when we use our strengths we are 6 x more likely to be engaged
- Point out strengths
- Assign tasks based on strengths
- Plan fun dining activities for the residents
Mentoring
- Develop a strategic mentor program
- Have a mentor that is invested

What type of employee?
Negative People: The Profile

- Technically proficient
- Determined to be dissatisfied
- “If it wasn’t for me…”
- Always show up
- We know them by name and tolerate them

Remove negativity

- Negative attitudes—only a little arsenic in the soup.
- Impact on new staff?
- 3% of people are negative
- Make negative behavior punishable—zero tolerance..
  - Have a policy written by peers

The power of positive expectations

- Pygmalion Effect: phenomenon where the greater the expectation placed on people, the better they perform
Pygmalion Effect: Four Factors

1. Climate
   - Warmer for kids with higher expectations.
2. Input
   - Teachers taught more material to kids with positive expectations. Not going to spend time with kids that aren’t going to learn.
3. Response opportunity
   - Kids had more of a chance to respond.
4. Feedback
   - Kid is praised more

What do teams need to succeed?

YOUR SUPPORT!!

- Encourage
- Teach
- Give goals
- Reward
- Opportunities to interact, build
- Allow creativity!
- Positive expectations

Meshing with Person Centered Care

- Engaged staff goes hand in hand
- Allow staff time to interact and get to know residents
  - Example: staff can spend up to two hours paid per month doing an activity not related to his/her job.
- Empower staff to do things residents request without asking permission
Creating Opportunities
- Engaged organizations often promote from within
- Outline career expectations
- With an engaged culture, it’s more successful to promote from within than to bring someone from the outside in

Creating Team Identity
- “So much in Common”
- By realizing that you share commonalities with people, you will become more familiar with them
- Being familiar allows you to feel comfortable:
  - Asking for help
  - Talking and forming bonds
  - Voicing your opinion to others
- What you need:
  - Sheet of paper
  - Divide into 3 columns and for the name of each partner and then numbered 1-10 below each name

Discussion Questions for after game:
- How many of you found 10 things in common?
- What are some of the unusual items you discovered?
- How did you uncover these commonalities?
- Did you find you had more in common than you may have thought?
Team achievements

- Game of Memory (fast game to do before inservice)
- Demonstrates that teams can accomplish more than working alone

- What you need:
  - Table or box of items (around 8-10) that cannot be seen by the group until you let them.

Building Trust

- The Blind Fold activity (who has done this?)
- Allows the group to listen to each other and build trust

- What you need:
  - Bandanas
  - A route
  - Discussion

- [https://www.youtube.com/watch?v=93vqu-1Zb1o](https://www.youtube.com/watch?v=93vqu-1Zb1o)

To help everyone problem solve

- “Please Pass the Problems”
- Allows everyone to help each other come up with solutions to what they are going through. Someone may have a great solution they have already figured out!

- What you need:
  - Sheets of paper OR note cards
Engaged staff

- Hopefully a very important thing can be built with these activities:
  - A group of staff that have gotten to know each other, feel more comfortable with each other, and work more like a team!!

> "TREAT EMPLOYEES LIKE THEY MAKE A DIFFERENCE AND THEY WILL."
> - JIM GOODNIGHT

Thank you!

- Don't be afraid to give up the good to go for the great."
  - John D. Rockefeller, American Industrialist

- Be a yardstick of quality. Some people aren't used to an environment where excellence is expected."
  - Steve Jobs, American entrepreneur
Objectives

Participants will:
1) Learn how to apply the elements of QAPI and Root Cause Analysis to address facility concerns,
2) Learn how to develop an action plan to implement QAPI, and
3) Discuss the role of small-scale tests and pilot projects in ensuring the success of an improvement project.

Healthcare Challenges

- Government Unrest
- Reform initiatives
- Reimbursement Changes
- Increased Costs
- Regulatory Changes
- Performance Measures - Continuum
- External Oversight
- Providers who “play will stay”

Current Industry Landscape

- Increase quality
- Decrease costs
- Increase efficiency
- Safety
- Care transitions
- Move care to lower cost settings
- Data = Quality
- Clinical Integration and Readiness
- Innovation

Organizational Data

QUALITY
Quality Measures

Public Data - Five Star

Internal Data

Shift in Focus

QAPI for Internal and External Data

Together, Quality Assessment and Process Improvement provide the model for:
- effective problem identification
- root cause analysis
- system and culture changes

Establish care delivery improvements to realize healthcare consumer defined goals.

GET STARTED!
The Issue: A nursing home received deficiencies during the annual survey because residents had unexplained weight loss, and weights and food intake were not accurately and consistently documented.

What the NH did next: The QA Committee developed a Plan of Correction, which contained the following components: Re-weighing all residents, and updating the weight records for the affected residents; in-servicing the Nursing Department on obtaining and documenting weights and intake. They stated they would conduct 3 monthly audits of weight and intake records, with results reported to the QA committee. This plan of correction was accepted by the State Survey Agency.

The Issue: During the monthly QAPI meeting at the NH staff discovered a trend of unexplained weight loss among several residents over the last two months. During the discussion, a representative from dining services noted that there had been an increase in the amount of food left on plates, as well as an increase in the amount of supplements being ordered. Although other issues and opportunities for improvement were identified at the meeting, the QAPI Steering Committee decided to launch a PIP on the weight loss trend because unexplained weight loss posed a high-risk problem for residents.

What the NH did next: The QAPI Steering Committee chartered a PIP team composed of a CNA, charge nurse, social worker, dietary worker, registered dietitian, and a nurse practitioner. The team studied the issue, and then performed a root cause analysis (RCA) to help direct a plan of action. The RCA revealed several underlying factors, which included:

1. No process existed for identifying and addressing risks for weight loss such as dental condition, diagnosis, or use of appetite suppressing medications;
2. No system existed to ensure resident preferences are honored;
3. Staff lacked an understanding of how to document food intake percentages; and
4. Residents reported the food was not appetizing.

Based on the identified underlying causes, the PIP team recommended the following interventions:

- Development of a protocol for identifying residents at risk for weight loss to be done on admission and with each care plan. This protocol included a review of medications (appetite suppressants), new diagnoses, and resident assessments, including dental issues;
- Development of standing orders for residents identified as “at risk” for weight loss. These would include bi-weekly weights, referral to attending physician and dietitian for assessment, and documentation of meal percentages;
- Development of a new program for CNAs to be “Food Plan Leads” for at risk residents. The program would include identification of food preferences and accurate documentation of meals - laminated badge cards with pictures of meal percentages were distributed to all CNAs; and
- Revision of the menu to focus on favorite foods, adding finger foods and increasing choices outside of mealtimes.

The interventions were implemented in one area of the building that was home to 25 residents. The PIP team collected data from dietary (food wasted and supplement use), CNAs (observation of resident satisfaction and meal percentages), residents (satisfaction surveys), and weights.

After 3 months, they found that 5 residents gained weight, 15 remained stable, and 5 lost weights, but the weight loss was not unexpected and consistent with their clinical condition. Food costs did not increase and supplement costs decreased by 12%.

The NH decided to adopt and expand the changes to other areas of the facility. They received no deficiencies in the areas of nutrition on their annual survey. Using QAPI allowed them to identify and correct developing issues before they escalated to larger problems.
The Issue: During the noon meal on Tuesday, a resident in the memory care community received a regular texture diet. Her diet order was pureed. The resident fed herself a few bites of the regular diet and choked on the regular textured meat. Staff performed the Heimlich and the resident was transported to the hospital as a precautionary measure.

The full time day cook was on vacation. The printer in the dietary office was out of ink so the meal tickets were not printed.

Fish Bone Analysis

<table>
<thead>
<tr>
<th>Fish Bone Analysis Fishbone - DO</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Organization Change Capability

Determine organization ability for change

- Assess Readiness
- Care Transitions
- Data and Technology
- QAPI

Assess Organizational Readiness

Assess Organization Systems
- Corporate Programs and Outcomes
- Facility specific protocols

Assess need to change

Benchmark internal systems for review
- Current status
- Industry standards
- Best practice approach

Identify opportunities
Assess Organizational Readiness

Assess Readiness
- Your Role
- Industry initiatives
- Market initiatives and expectations
- Quality Outcomes
  - Payer and External Expectations
  - Consequences
- Internal competency process
- Right People and Right Roles

DATA

Resident Satisfaction Surveys
Family Satisfaction Surveys
Staff Turnover/Staff Feedback
Health Dept. Survey Outcomes
Clinical Indicators (weight loss, labs)
What's the Competition Doing?

Worksheet to Create a Performance Improvement Project Charter

What is a project charter? A project charter clearly establishes the goals, scope, timing, milestones, and team roles and responsibilities for an Improvement Project (PIP). The charter is typically developed by the QAPI team and then given to the team that will carry out the PIP, so that the PI team has a clear understanding of what they are being asked to do. The charter is a valuable document because it helps a team stay focused. However, the charter does not tell the team how to complete the work; rather, it tells them what they are trying to accomplish.

Use this worksheet to define key charter components.

PROJECT OVERVIEW

Name of project:

- Problem to be solved
- The goals for this project
- Project Manager
- Team Members
- Barriers and how to overcome them

Prioritization Worksheet for Performance Improvement Projects

Instructions: This tool will assist in choosing which potential areas for improvement are the highest priority based on the needs of the residents and the organization. Follow this systematic assessment process below to identify potential areas for PIPs. This process will consider such factors as high risk, high volume, or problem-prone areas that affect health outcomes and quality of care. This tool is intended to be completed and used by the QAPI team that determines which areas to select for PIPs. Begin by listing potential areas for improvement in the left-hand column. Then score each area in the following columns based on a rating scale of 1 to 5 as defined below:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = very low</td>
<td>Low risk, low impact on health outcomes</td>
</tr>
<tr>
<td>2 = low</td>
<td>Medium risk, medium impact on health outcomes</td>
</tr>
<tr>
<td>3 = medium</td>
<td>High risk, high impact on health outcomes</td>
</tr>
<tr>
<td>4 = high</td>
<td>Extremely high risk, extremely high impact on health outcomes</td>
</tr>
<tr>
<td>5 = very high</td>
<td>Critical risk, critical impact on health outcomes</td>
</tr>
</tbody>
</table>

Potential improvement areas with a higher score indicate a higher priority.

BARRIERS TO IMPLEMENTATION
In Summary:

- Prepare ALL staff now
- Look at your data
- Develop an Action Plan
- Consider a QAPI, PIP
- Involve the ENTIRE team
- Ongoing re-evaluation
- Monitor Data
- Ongoing Communication
- Always Follow up
- Position Yourself Successfully for the Future

"Great leaders are almost great simplifiers, who can cut through issues or doubt to offer a solution everybody can understand."

Colin Powell, Statesman, General Retired

Redesign – Innovation

Resources

Thank You!
Transitional Care Units
Key to Successful Patient Outcomes

Margene Reno, MS, RD
The Yes Group
Medtrition Inc.

Keys to Successful Outcomes Outline

- Review: Transition from Acute/Surgery Center to TCU
- Foodservice On Demand/Room service
  - Customer Service
  - Menu Planning
  - Delivery and Equipment
- Meeting Special Nutritional Needs

Review: Acute - TCU

- Transition within 30 days must:
  - An Interactive Contact
  - Certain non-face-to-face services
  - A face to face visit
  - Dept of Human Services ICN 908628 March 2016

- Study May 17, 2016
  - 2 of 3 of LTC Facilities had 22% additional ER or return to Hospital within 30 days
  - Re-Admit important for Medicare Pts
  - Successful facility had clear understanding of plan of care
What was done right?

- A clear understanding of the need for transitional care of the patient and what was needed
- Used formal TC team meetings and tracking tools to plan care
- Engaged in interdisciplinary team interactions to adjust care where needed
- Support from leadership to deliver what was needed – THIS IS KEY!

Tolis, Colon-Emeric, Barroso, Anderson "Transitional Care in Skilled Nursing Facilities A Multi Case Study" May 17, 2016

ROOM SERVICE: On Demand

Room Service Impact

- Service/Customer Service/Social Support
- Menu Planning for On Demand / More Selection
- Delivery and Equipment
Why is this preferred?

- Patient privacy. Transitional Care Temporary Visitors
- Physical Therapy and Follow Up Schedules. Need for more options, timing
- Need for more one on one interaction to speed recovery
- Generally younger and more alert that LTC population

What is Room Service?

- Patient is presented with a restaurant style menu and has the opportunity to choose
- The patient decides when they would like to receive their meal and places the order via telephone or directly, through the service staff
- Each meal is prepared “to order” and assembled by the Food Service staff
- Meals are delivered within a guaranteed timeframe of 45 minutes or less

Planning

- Considerations Prior to Implementing a Room Service System
  - Labor (skills & additional training)
  - Budget (food preparation & delivery equipment, communication tools)
  - Menu – On Demand Modified
  - Nursing/PT (meal delivery & medications)
  - Equipment (layout & design)
  - Make Adjustments to fit your facilities capabilities
Room Service
- Meet with patient upon admission to review:
  - Room Service hours of operation
  - Menu (patient & guest)
  - Approximate delivery windows
  - Address any special patient dietary needs

Menu: Keep it Simple
- Patient is expecting options but no need to overdo it.
- What is on the Menu first option (LTC or Assisted)
- Perhaps one alternate
- Sandwiches Hot and Cold
- Salad with Protein/Soup

Menu: Example
- Chicken Parmesan w/ Rice and Veg (LTC)
- Cheese Burger w/ Potato and Veg (LTC Alt)
- Sandwiches Hot Options: Grilled Cheese, Reuben
- Sandwiches Cold Options: Turkey Cheese, Egg Salad
- Pizza
- Small Chopped Salad with Chicken
- Soup or Chili of the day
Room Service

- Delivery Equipment layout and design:
  - Coordinate menu and equipment purchase
  - On Demand Cooking equipment
  - When to consider induction heating system
  - Delivery cart(s) - 10 – 12 capacity
  - Tray appearance /presentation

On Demand Cooking

Vent-less High Speed Cooking:

- Ovention: High Qty Slower
  - Forced Convection Air
  - $11,000 - $13,000

- Amana: Low Qty High Output
  - Infrared Convection & Microwave
  - $9,500 - $10,500

- Ease of operation
- No Hood required... cost $2,000 per foot
- Menu Variety
- Production speed ... speeds up service
- Consistent product quality throughout system and staffing
Plate Heater

Meal Delivery Equipment

Induction Heating System - Smart Therm
- State-of-the-art induction technology
- Available in 120v, 208v and 240v
- Consistent heating
  - A microprocessor in the charger ensures optimum performance. Every base is heated to the same temperature.

Meal Delivery Equipment

Induction Heating System
- Maintains hot food temperatures up to 45 minutes
- Uses electromagnetic energy to charge the bases
- Base sides remain cool to the touch after heating
- Smart chip in base communicates with the charger ensuring consistent base temperature for every base
**Meal Delivery Equipment**

**Induction Heating System - DuraTherm**

- Fast, state-of-the-art digital technology
- Heats base in 10 seconds
- Heats bases to 240 F for 1 hour holding
- Would need if remote or long distances to patients

**Meal Delivery Equipment**

**Room Service Tray Delivery Carts**

- Good
- Better
- Best

**Room Service**

- Room Service presentation:
  - Tray and tray top dishware
  - Tray cover/Non Skid
  - Menu
  - Create an image (brand)
Room Service Menu Holders

- High quality, reusable holders for daily menus and patient information
- Sanitary, easy to clean
- Wide variety of page configurations
- Custom insert pages
- Reusable table tent holders

Meal Delivery Equipment

- Drying Racks
- Induction Table

Mealtime Express
Mealtime Express

Features:
- Operates on standard, economical 120V
- 4 full-pan capacity hot top
- Dual insulated holding cabinets for 16 full pan capacity
- Air convection for even heat distribution
- 40-80 meal capacity
- Easy access to all serviceable components
- Upscale décor for Room Service or other congregate serving
- Simple to operate with single on/off switch

Support Cart and Transport Dolly

Nutritional Needs

- Team Approach to Success
  - Acute Care/Surgery Center RD/Report
  - Consulting RD or Staff RD
  - Dietary Manager/Chef Manager
  - All Play a Key Role in Success of Nutritional Support!
**Nutritional Needs**

- Meet with patient upon admission to review and have a plan for:
  - New Dysphagia Patients - Stroke
  - Post Surgery Healing
  - Dehydration
  - Complications

**Nutritional Needs**

- Dysphagia Patients
  - Thickened Liquids
  - Appealing Pureed Foods
  - Speech Therapy
  - Dehydration due to new diagnosis

**Nutritional Needs**

- Post Surgical
  - Increased need for protein for healing
  - Increased need for hydration due to higher protein/healing
  - Pre/Pro Biotics combine with Antibiotics
  - Address complicating factors – Diarrhea.
Nutritional Needs

- Hydration
  - Key to functioning health and healing
  - Popsicles, Water, Infused Waters
  - Reducing potential for UTI's

Summary

- Review: Transition from Acute/Surgery Center to TCU
- Foodservice On Demand/Room service
  - Customer Service
  - Menu Planning
  - Delivery and Equipment
- Meeting Special Nutritional Needs

Thank you!
Ergonomics 101: How to Avoid Sprain and Strain Injuries

Melissa Gill, DPT
On-Site Solutions Physical Therapy
Goals of the presentation

- Define sprain vs. strain injuries
- Complicating factors to speedy recovery
- Posture
- Neutral positions
- Functional tasks
- It's about the core
Strain

A strain can occur in a muscle or tendon. They occur in response to a quick tear, pull, or twist of a muscle. It is an acute injury that results from over stretch or over contraction.

Symptoms are pain, weakness, or muscle spasm.
Upper back muscle strain
Long term complications of a muscle strain

- Decreased range of motion
- Muscle imbalance
- Weakness in the muscle or surrounding muscle
- Long term dysfunction and lack of functional use
Window of time for healing

- Healing occurs immediately
- First 24-48 hours is local inflammation, tenderness, pain, lack of function
- Healing process takes 6-8 weeks for tissue to regenerate and heal, significant muscle damage must allow time to regain strength and range of motion
- Poor nutrition, health issues, smoker, poor sleep habits, and continually irritating the strain can increase the time of healing.
Sprain

- Sprains are injuries that occur to ligaments, strong bands of cartilage that connect bone to bone.
- Sprains occur in response to stretch or tear in a ligament. Results from trauma or movement that places the joint out of its normal alignment.
- Can have a mild stretch to a complete tear.
- May see bruising, swelling, instability and painful movement.
Lumbar strain
An employee has a new muscular strain. Why don’t they heal in 6 weeks?

- Group participation.....
A few factors.....

- Age
- Disruption of the healing process
- Lifestyle (smoking, hydration, diet, sleep)
- Attitude (warrior vs. worrier)
- Stress/anxiety (clinical or behavioral issue?)
- Job demands
Age

- Biological age ≠ Chronological age

- Age is *not an excuse* for decline in functional abilities and doesn’t mean someone is at more risk for an injury

- Never, ever, ever assume you know where someone else is on the aging continuum
Age is relative....
Posture demonstration

- Standing posture

- Sitting posture
Posture with plumb line
Intradiscal pressure in the spine with various positions
Neutral position definition

Def -
correct ergonomic positioning of the body in order to
reduce stress and fatigue on muscles and joints thereby
reducing the possibility of neuromuscular disorders or
repetitive strain injuries to the clinician.

Mosby's Dictionary, 2nd edition. © 2008 Elsevier, Inc. All rights reserved.
Neutral positions of the major joints

- Spine – maintain the “S” curve
- Wrist – flat and in line with the middle finger
- Shoulders – back and down
How can you apply “neutral positions” to home and work?

- One foot forward
- Hinge at the waist
- Thumbs up
- Tuck chin
Neutral position?
Can this be maintained?
If cant maintain neutral then...

- General stretch program
- Counteract the position with opposite direction
- Maintain healthy weight as to not pull spine into poor posture
Desk Ergonomics - Neutral positions

Workstation ergonomics: ideal set-up

- Top of monitor at eye level or just below
- Monitor roughly arm's length away
- Minimal bend at wrists
- Document holder

- Back straight
- Elbows close to body
- Backrest supporting lower back
- Adjustable swivel chair

- 90°-120°
- Front of seat not pressing on back of knees
- Feet flat on ground or resting on footrest
Job demands and basic ergonomics

- Balance work from right side to the left side
- Sit and stand in good posture (equipment and education)
- Heavy lift between shoulders and hips
- Task rotation every 2 hours
- Is there better and/or lighter equipment to do the job task?
- What would make your job easier on your body?
- Holistic approach to ergonomics and decreasing injuries
Core strength

- Core muscles
- Need to engage and strengthen
- Breathe
Thank you!

- Questions?