LONG-TERM CARE NUTRITION: PRACTICE UPDATES AND DINING TRENDS

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LEARNING OBJECTIVES

- Describe any overall changes to MDS 3.0
- Describe the accurate way to code Section K for MDS 3.0
- Identify how Section K affects the nursing home quality indicator survey
Learning Objectives

- Review the importance of food and the dining experience
- Describe the progression of dining in the culture change movement
- Identify the risks and benefits of diet liberalization in long-term care
- Identify best practices for the overall dining experience and improvement of quality of life
The medical nutrition therapy provided for older adults.
Nutrition practices focused on health promotion, risk reduction, and disease prevention in the older population.
To preserve the health of the geriatric population, especially those with chronic disease.
THE ROLE OF THE RD/RDN

To combine sound nutrition principles with the variety of lifestyles, diverse backgrounds, and health challenges among the older population.
FACTORS THAT MAY AFFECT AGING AND CHRONIC DISEASE

- Genetic profile
- Physical activity
- Food insecurity
- Culture and Religion
- Environment
- Access to food and nutrition services
- Political events
- Exposure to disease
- Climate and natural disasters
EFFECTS OF MALNUTRITION

A major contributor to:

- increased morbidity and mortality
- decreased function and quality of life
- increased frequency and length of hospital stay
- higher health care costs
"MDS was improved to include the resident in the assessment process... "
Intent:
To assess the many conditions that could affect the resident’s ability to maintain adequate nutrition and hydration.

- Health-related quality of life
- Plan for care
Evaluation for “oral problems” has been changed to “assessment of swallowing disorder.”

Subsection K1 - evaluate for “signs and symptoms of possible swallowing disorder.”
SECTION K

(K0200) Height and Weight
- Documented in inches and pounds

(K0300) Significant weight loss
- 5% or more in the last 30 days
- 10% or more in the last 180 days

(K0310) Significant weight gain
- 5% or more in the last 30 days
- 10% or more in the last 180 days
How does your facility compare?

**Benchmarks**

National - 8.2%
State - 7.6%
WHAT IS PLANNED WEIGHT LOSS?

Were the changes a result of a physician-prescribed weight change regimen?

How do we define planned weight loss?
SECTION K (K0510)

Review of “nutritional approaches.”

Check all routes or types of diets that applied in the last 7 days and whether this occurred while a resident was within the facility or while he/she was not a resident.
GOALS FOR NUTRITIONAL APPROACH

- Maintain good health and well-being and reduce the risk of chronic and debilitating diseases

- Provide patient-centered care
INTERDISCIPLINARY TEAM

- Nursing
- Registered Dietitian
- Dietary Manager / Diet Technician Registered
- Speech Language Pathologist
- Social Worker
- Community Life Coordinators
- Medical Director
- CNAs
- Others (Pharmacist, Occupational Therapist, etc.)
KEY FACILITY NUTRITION PROGRAMS

- Food service and dining programs
- High risk nutrition
- Weight monitoring program
- Hydration program
- Skin and wound care program
- Real Food/Nutritional supplement program
- Quality Improvement program
Nutrition F325

Nutrition 483.25(i)

Based on a resident’s comprehensive assessment, the facility must ensure that a resident:

(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident’s clinical condition demonstrates that this is not possible

(2) Receives a therapeutic diet when there is a nutritional problem
The intent of this requirement is that the resident maintains, to the extent possible, acceptable parameters of nutritional status and that the facility will:

- Provides nutritional care and services to each resident, consistent with the comprehensive assessment
- Recognizes, evaluates and addresses the needs of every resident, including but not limited to, the resident at risk or already experiencing impaired nutrition
- Provides a therapeutic diet that takes into account the resident’s clinical condition, and preferences, when there is a nutritional indication.
KEY SYSTEMS

- **Customer Satisfaction**
  - Resident Council
  - Newsletters
  - Surveys
  - Meal Rounds
    - Dining managers, Chefs and RDs present during mealtimes

- **Culture Change**
  - “Self-Directed Living”
  - “Informed Choice”
  - “Options”
Diet is to be determined with the resident and in accordance with his/her informed choices, goals and preferences, rather than exclusively by diagnosis.
GUIDE TO INTERVENTIONS

- Diet liberalization
- Real Food First
- Honoring resident preferences
- Pleasure feeds with enteral feedings
What do we do when:

- Patient/Resident chooses items NOT on their prescribed diet
- States that he/she does not want to follow the prescribed diet
- Receives food from outside that is not on the prescribed diet
An interdisciplinary task force, sponsored by the Pioneer Network and the Rothschild Foundation, released new dining practice recommendations in 2011 for nursing home residents with a focus on improving quality of life for the elderly in nursing home settings.
By encouraging creative care plan design for meal times, nutritional intake, and choices of the resident, we significantly improve quality of life and satisfaction.
“Although therapeutic diets are designed to improve health, they can negatively affect the variety and flavor of the food offered.”

DO THEY HAVE TO?
When Dietitians and Chefs work together the food can be healthy and taste good!
RESOURCES FOR BEST PRACTICE