Thank you to WY State Survey Agency and CMS Region VIII for funding this CMP Grant

Implementing Culture Change throughout
Wyoming;
Affecting Resident-Directed Living and
Team Member Retention

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Dining Practice Standards: Altered Consistency & Real Foods First

Carmen Bowman, MHS Regulator turned Educator

Blending Innovation & Regulation

EDU-CATERING

Catering Education for Compliance and Culture Change in LTC 303-981-7228 carmen@edu-catering.com



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Creating Home I

- "The federal government is listening"
- Background paper, transcripts and all papers and presentations available at

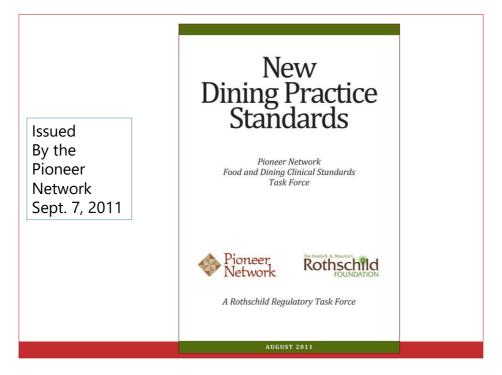
www.pioneernetwork.net

- Results:
 - National Life Safety Task Force: proposals re: LSC to NFPA
 - o2009 Quality of Life Interpretive Guidance
 - OPN/CMS Dining Symposium in 2010

Action Pac

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- 1. American Association for Long Term Care Nursing (AALTCN)
- 2. American Association of Nurse Assessment Coordination (AANAC)
- 3. Academy of Nutrition and Dietetics (AND)
- 4. American Medical Directors Association (AMDA)
- 5. American Occupational Therapy Association (AOTA)
- 6. American Society of Consultant Pharmacists (ASCP)
- 7. American Speech-Language-Hearing Association (ASHA)
- 8. Association of Food and Nutrition Professionals (AFNP)
- 9. Gerontological Advanced Practice Nurses Association (GAPNA)
- 10. Hartford Institute for Geriatric Nursing (HIGN)
- National Association of Directors of Nursing Administration in Long Term Care (NADONA/LTC)
- 12. National Gerontological Nursing Association (NGNA)

Agreement from 12 National Standard Setting Organizations

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Sections

- Diet Liberalization: Diabetic, Low Sodium, Cardiac
- Altered Consistency Diet
- Tube Feeding
- Real Food First
- Honoring Choice
- Shifting Traditional Professional Control to Support Self Directed Living
- New Negative Outcome

Each Section includes:

- AMDA
- The Academy of Nutrition and Dietetics
- CMS
- Research Trends
- Current Thinking
- Recommended Course of Practice
- Last 6 Mayo Clinic Proceedings-Ethical Dilemmas
- 60 pages total

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Altered Consistency Diet

• AMDA:

Swallowing abnormalities are common but do not necessarily require modified diet and fluid textures, especially if these restrictions adversely affect food and fluid intake.

Altered Consistency Diet

• AND:

intake and weight loss.

Older adults consuming modified texture diets report increased need for assistance with eating, dissatisfaction with foods, and decreased enjoyment of eating, resulting in reduced food

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 Modification of food and fluid consistency may be an appropriate intervention, however it may unnecessarily decrease quality of life and impair nutritional status by affecting appetite and reducing intake. Many factors influence whether a swallowing abnormality eventually results in clinically significant complications, such as aspiration pneumonia.

 Identification of a swallowing abnormality alone does not necessarily warrant dietary restrictions or food texture modifications. No interventions consistently prevent aspiration and no tests consistently predict who will develop aspiration pneumonia.

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Altered Consistency Research Trends

 The anticipated outcome of solid foods ground or pureed and liquids thickened to nectar or honey thickness is improvement in oral intake and a reduced risk of choking and/or aspiration. However, data on their effectiveness is inconsistent; not all residents with dysphagia aspirate or choke and not all aspiration results in pneumonia.

Altered Consistency Research Trends

 There is evidence that improved oral care can reduce the risk of developing aspiration pneumonia in the elderly. In addition, oral care can impact clinical issues such as **dehydration**. For example, residents with swallowing problems may be able to have water

throughout the day (i.e. the Frazier free water protocol), as long as good oral care is provided.



Getting Good Oral Care

- Mouth Care aide position
- Mouth care after meals especially for those at risk for choking/aspirating
- Accountability
- Team
- Lead CNAs
- Mouth Care without a Battle
 - www.mouthcarewithoutabattle.unc.edu

Altered Consistency Diet

 While there are currently no published studies that show that tube feeding prevents aspiration, one study found that people who were orally fed with dysphagic disorders had significantly less aspiration than tube-fed people.

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Taste Test

- Have you ever tasted thickened liquids?
- What do they taste like?

"Honey thick coffee is like the memory of coffee flavor. It's an aftertaste; not a real taste."

Potential Natural Thickeners

- Milk: yogurt, ice cream
- Juice: mashed banana, applesauce
- Soup: soft bread (no crust), crackers, instant potatoes
- Hot coffee: gelatin, Jello instant pudding
- Iced coffee: ice cream
- Ginger ale: applesauce
- Carbonated water: applesauce
- Tea: honey and a little thickener

Thank you to Edgewood Centre in Portsmouth, New Hampshire Be sure to involve your speech language pathologist.

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Rose had a stroke at 82 left her immobile, unable to speak clearly or feed herself aspirating upon swallowing physician strongly recommended a permanent feeding tube Despite her losses, Rose was very mentally clear and strongly indicated no tubes! POA defended her choices Rose was hand fed pureed food and she did die of aspiration ... 7 years later.

Liberalized/Alt Consistency Diets/Real Foods Recommended Course of Practice

 Diet determined with the person not exclusively by diagnosis.

WITH WITH WITH

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- Monitor person and condition related to their goals regarding nutritional status, physical, mental and psychosocial well-being.
- Although a person may have not been able to make decisions about certain aspects of their life, that does not mean they cannot make choices in dining.

- Most professional codes of ethics require professional to support the person in making their own decisions.
- When one makes "risky" decisions, plan of care will be adjusted to honor informed choice, provide support to mitigate risks.

 When caring for frail elders there is often no clear right answer. Possible interventions often have the potential to both help and harm the elder. This is why the physician must explain the risks and benefits to both the resident and interdisciplinary team. The information should be discussed amongst the team and resident/family.

 The resident then has the right to make his/her informed choice even if it is not to follow recommended medical advice and the team supports the person and his/her decision, mitigating risks by offering support, i.e., offering foods of natural pureed consistency when one refuses recommended tube feeding.

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 It is when the team makes decisions for the person without acknowledgement by all that problems arise.
 The agreed upon plan of care should then be monitored to make sure the community is best meeting the resident's needs.

• All decisions default to the person.

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Real Foods First

 AMDA: Provide foods of a consistency and texture that allow comfortable chewing and swallowing. A resident who has difficulty swallowing may reject pureed or artificially thickened foods but may eat foods that are naturally of a pureed consistency, such as ... mashed potatoes, ...puddings, ... and yogurt, finely chopped foods may retain their flavor and be equally well handled.

AMDA Clinical Practice Guideline for Alteration in Nutrition, 2010

WHAT ELSE?



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Real Foods First Research Trends

- Oral supplements..... often go wasted or conflict with medications.
- Homes eliminating supplements have found significant increase in food consumption and reduced incidence of weight loss.
- Ever tasted them?
- Consider stop dates. Linda Roberts, RD

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Opportunities for the Pharmacist

- One home \$70,000 \rightarrow \$20,000/yr in supplements
- Crestview saved \$1,164/mon, 72→14 in 2 yrs
- One home eliminated supplements, hired a baker.
- Eliminating OTC meds/med passes
 - Too many cause kidney failure
 - Research shows not assimilated
 - Kaiser cutting back on calcium for older ind.
- With decreasing meds and med passes, the pharmacist can be the HERO Denise Hyde, PharmD, Eden Community Builder

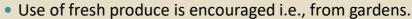
Real Foods First Recommended Course of Practice

- Advocate the use of real food before supplements.
- Recommend using real food before any modified foods including laxative mixtures or single source nutrient powders/liquids.
- Instead of artificial supplements, extra protein, vitamin and fiber powders can be added to smoothies, shakes, malts and other real foods people like to eat.

Would you rather drink a supplement or a malt?

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cont.





Resident Garden Alpine Nursing Home Thornton, CO



Shucking Corn at Spring Creek Nursing Home Ft. Collins, CO

CMS and Gardens

- F812
- Food safety requirements. The facility must –
- Procure food from sources approved or considered satisfactory by federal, state or local authorities.
- This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.

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- This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and foodhandling practices.
- This provision does not preclude residents from consuming foods not procured by the facility.

- Nursing Home Gardens Nursing homes that have their own gardens such as, vegetable, fruit or herbs may be compliant with the food procurement requirements as long as the facility has and follows policies and procedures for maintaining and harvesting the gardens, including ensuring manufacturer's instructions are followed if any pesticide(s), fertilizer, or other topical or root-based plant preparations are applied.
- NOTE: Facilities must be in compliance with any State or local requirements that may exist pertaining to food grown on facility grounds for resident consumption.

cont.

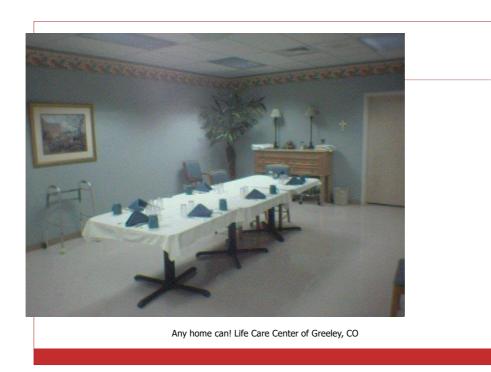


- The dining experience should be as natural as possible comparable to eating at home.
- Resident satisfaction with the quality of the food and the dining experience should be a home's priority.

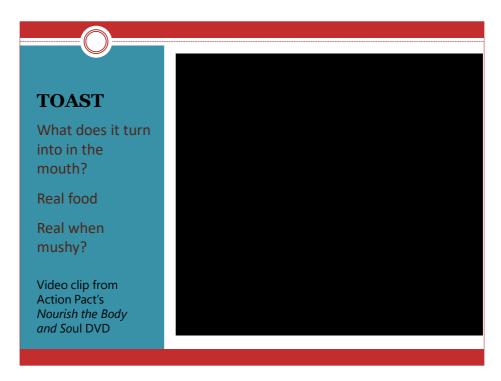
The Power of Home or The Power of the Institution

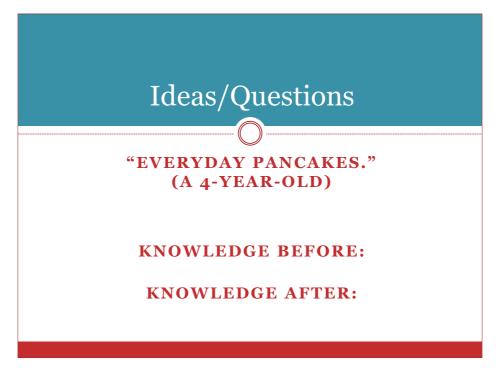


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Consider a Word of the Month

Institutional words

Facility

Patient/resident

- Feeder, hoarder, wanderer, isolator, screamer, complainer, frequent faller
- Intervention
- Problem/s
- Toileting, "Does she toilet herself?"

Normal words to consider

- Home, community, name of the nursing home
- Person/NEIGHBOR
- No label. "Label jars not people." The only label one needs is the one their parents gave them."
- Approach, individualized approaches
- Preferences
- Bathroom, use of bathroom, Can she use the bathroom independently?"

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Wyoming Culture Change Coalition BIG GOALS for WYOMING NURSING HOMES

BIG GOAL #1

Every person working in a WY nursing home receives culture change training. PLEASE PASS ON THE LINKS TO LIVE AND RECORDED WEBINARS TO YOUR TEAMMATES, AND ANY RESIDENTS AND FAMILIES INTERESTED.

BIG GOAL #2

Every resident of a WY nursing home sleeps until they wake up. Natural awakening is a gift; uninterrupted, restorative sleep improves physical health, psychosocial wellbeing, quality of life.

Contact Carmen Bowman, Project Coordinator carmen@edu-catering.com 303-981-7228

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Seeking WY Nursing Homes

BE A PART OF THE CULTURE CHANGE GRANT WHERE YOU IMPLEMENT CULTURE CHANGE PRACTICES AND SEE WHAT IT DOES TO TEAM MEMBER RETENTION AND RECRUITMENT!

YEAR 3 (OF 3)
BEGINS
APRIL 2023



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Save the 2023 Date!

FRI. AUG. 11, 2023
A ONE-DAY
CULTURE CHANGE CONFERENCE
THE INN AT LANDER

- SEEKING CC TOPICS DESIRED -

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Next webinar:

Fri. Nov. 18, 2022 2:00 pm MT

Dining Practice Standards:
Honoring Choice, Shifting
Traditional Professional Control
to Support Self-directed Living

Webinars are recorded and available after-the-fact

All info is sent out from Jill Hult of Mountain Pacific – Thank you Jill!