

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: Diet Liberalization

Carmen Bowman, MHS
Regulator turned Educator

Blending Innovation & Regulation

EDU-CATERING
Catering Education for
Compliance and Culture Change in LTC
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105-Year-Old Woman Says Bacon Is Key To Longevity

A 105-year-old Texas woman who worked a life of physical labor and mothered seven children revealed the secret to her longevity: bacon.

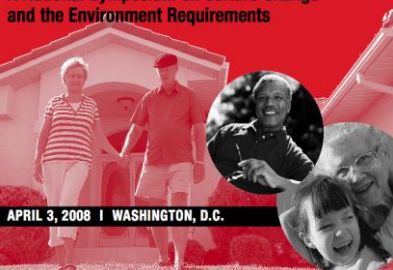
"I love bacon, I eat it everyday," Pearl Cantrell told NBC affiliate KRBC when asked the secret to living so long. "I don't feel as old as I am, that's all I can say," Cantrell added.

Cantrell, who lives in central Texas and still dances, also told KRBC that her 105th birthday party was a three-day affair with more than 200 guests.

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The Creating Home Symposiums

Creating Home in the Nursing Home:
A National Symposium on Culture Change
and the Environment Requirements



APRIL 3, 2008 | WASHINGTON, D.C.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

**Pioneer
Network**

Centers for Medicare & Medicaid Services
and Pioneer Network Presents

Creating Home in the Nursing Home

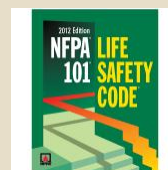
In cooperation with
American Association of Homes and Services for the Aging

aahsa
Creating the Future of Aging Services

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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
 - 2009 Quality of Life Interpretive Guidance
 - PN/CMS Dining Symposium in 2010



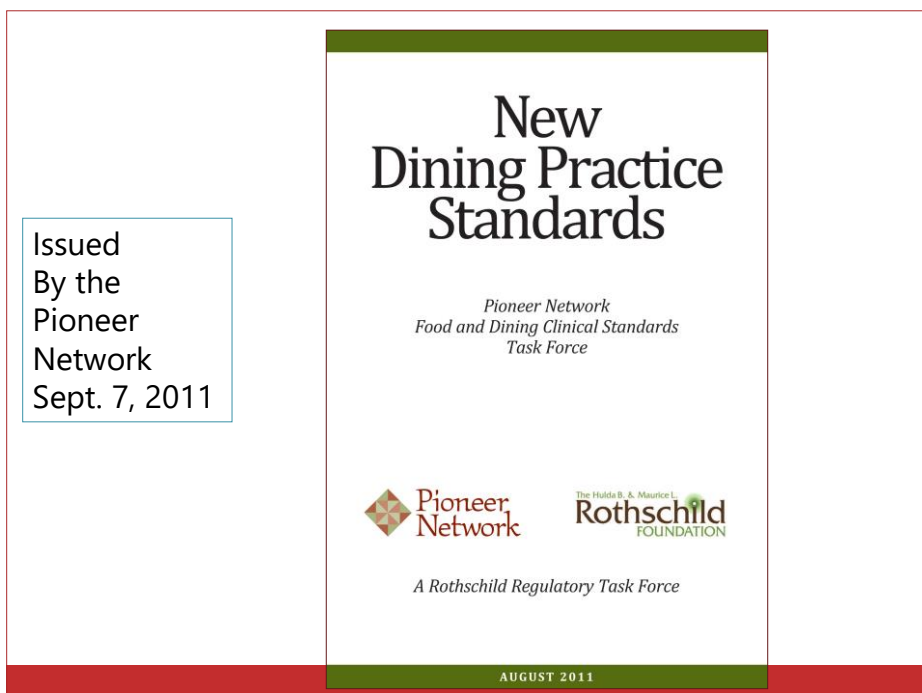
Action Pact

www.culturechangenow.com

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This block contains a collage of promotional materials. At the top left is a red banner for the '2010 AHCA/NCAL Quality Symposium' held in February 9-10, 2010, in Baltimore, Maryland. It features logos for AHCA (American Health Care Association) and NCAL (National Center for Assisted Living). Below this is a photograph of a city skyline at night with the text 'THREE DAYS OF LTC EDUCATION BALTIMORE MARRIOTT WATERFRONT, BALTIMORE, MARYLAND'. To the right of the skyline photo is a photograph of four people (three women and one man) sitting around a table, smiling and talking. Below the skyline photo is a yellow banner for the 'Creating Home in the Nursing Home II: A National Symposium on Culture Change and the Food and Dining Requirements' held on February 11, 2010. It features logos for CMS (Centers for Medicare & Medicaid Services) and Pioneer Network. At the bottom right of the collage is the website address www.culturechangenow.com.

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1. American Association for Long Term Care Nursing (AALTCN)
2. American Association of Nurse Assessment Coordination (AANAC)
3. American Dietetic Association (ADA)
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. Dietary Managers Association (DMA)
9. Gerontological Advanced Practice Nurses Association (GAPNA)
10. Hartford Institute for Geriatric Nursing (HIGN)
11. 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



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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 - trying to bring to life



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Diet Liberalization

DIABETIC/CALORIE CONTROLLED
LOW SODIUM
CARDIAC DIET

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Diet Liberalization AMDA

- One of the **frequent causes of weight loss** in the LTC setting is therapeutic diets. Therapeutic diets are often **unpalatable and poorly tolerated** by older persons and **may lead to weight loss**. The use of therapeutic diets, including low-salt, low-fat, and sugar-restricted diets, **should be minimized** in the LTC setting.
- **Attending physicians** are encouraged to consider **liberalizing dietary restrictions** that are **not essential to well being**, and that **may impair quality of life or acceptance of diet**.

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The Academy of Nutrition and Dietetics



- It is the position of the Academy that **quality of life and nutritional status** of older residents may be **enhanced** by **liberalization of the diet prescription**. Medical nutrition therapy **must balance** medical needs and individual desires and maintain quality of life. The recent paradigm shift **from restrictive institutions to vibrant communities** requires dietetics professionals to be open-minded when assessing risks versus benefits of therapeutic diets, especially for frail older adults.

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The Academy of Nutrition and Dietetics



- Although therapeutic diets are designed to improve health, they can negatively affect the variety and flavor of the food offered. Individuals may find restrictive diets unpalatable, resulting in reducing the pleasure of eating, decreased food intake, unintended weight loss, and undernutrition – **the very maladies health care practitioners are trying to prevent**.

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Diabetic/Calorie Controlled Diet

- **AMDA: ...intensive treatment of diabetes may not be appropriate for all individuals in the LTC setting.** To improve quality of life, diagnostic and therapeutic decisions should take into account the patient's cognitive and functional status, severity of disease, expressed preferences, & life expectancy.
- An **individualized regular diet** that is **well balanced** and contains a **variety of foods** and a **consistent amount of carbohydrates** has been shown to be more effective than the typical treatment of diabetes.

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Diabetic Diet Current Thinking

- The only benefit to sliding scale insulin is with a new diagnosis where the clinician is attempting to estimate daily dosage of insulin. For this reason, insulin **sliding scale should be used sparingly if at all**, and **glucose monitoring should be done no more than once daily in stable diabetics**, more frequently, albeit temporary, if actively adjusting the regimen.
(Drs. Leible and Wayne,
Creating Home II)

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Diabetic Diet Research Trends



- Recent studies have failed to show that tight glycemic control prevents heart attacks and strokes in diabetics and may in fact worsen outcome. Tighter glycemic control may prevent complications of retinopathy, neuropathy and nephropathy **in newly diagnosed diabetics** however these conditions take years to develop and **few, if any, older adults would benefit from this approach.**

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Diabetic Diet Research Trends



- Given the lack of clear evidence to guide treatment in the older adult population, AMDA recommends individualizing the treatment plan based on a resident's underlying medical condition and associated co-morbidities and has stated a **target hemoglobin A1C between 7 and 8 is reasonable.**

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Diabetic Diet Recommended Course of Practice

- Diabetic diets are not shown to be effective in the long term care population of elders for reducing blood glucose levels and therefore **should only be used when benefit to the individual resident has been documented.**

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Low Sodium Diet

- AMDA: Such dietary restrictions may benefit some individuals, but **more lenient blood pressure and blood sugar goals in the frail elderly may be desirable** while a less palatable restricted diet may lead to weight loss and its associated complications.

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Low Sodium Research Trends

- The typical two gram sodium diet that is often recommended for individuals with hypertension, has been shown to reduce **systolic blood pressures, on average, by only 5 mmHg**, and **diastolic blood pressures by only 2.5 mmHg** making this diet's effect on blood pressure **modest at best** and **has not actually been shown to improve cardiovascular outcomes in the nursing home resident.**

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Low Sodium Recommended Course of Practice

- Low sodium diets are not shown to be effective in the long term care population of elders for reducing blood pressure or exacerbations of CHF and therefore **should only be used when benefit to the individual resident has been documented.**

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Cardiac Diet Current Thinking

- Limiting salt intake in individuals with congestive heart failure is felt to be of benefit by limiting fluid retention, but the clinical experience of two medical directors of numerous nursing homes shows that this is **necessary in only a minority of nursing home patients, usually those who are salt sensitive and often have advanced disease.** (Drs Leible and Wayne, The Role of the Physician Order, Creating Home II)



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Cardiac Diet Research Trends

- Effects of traditional low cholesterol/low fat diets typically ... **decrease lipids by only 10-15%.**
- If aggressive lipid reduction is appropriate for the nursing home resident it can be more effectively achieved through the use of **medication that provides average reductions of between 30 and 40%** while still allowing the individual to enjoy personal food choices.

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Cardiac Diet - Recommended Course of Practice

- Low fat (low cholesterol) diets have only a **modest effect** on reducing blood cholesterol in the long term care elder population and therefore should only be used when benefit has been documented.

Patty Melt at Creekside,
the Restaurant in a Nursing Home,
Spring Creek,
Ft. Collins, CO



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Food and nutrition services §483.60

- “We proposed to re-designate existing §483.35 “Dietary Services” as new §483.60 “Food and Nutrition Services” and revise introductory language to include taking resident preferences into consideration.”
- ✓ The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the **preferences** of each resident.



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F692 Assisted nutrition and hydration.

- Based on a resident's comprehensive assessment, the facility must ensure that a resident—
 - (1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible **or resident preferences indicate otherwise;**

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- (2) **Is offered** sufficient fluid intake to maintain proper hydration and health;
 - (3) **Is offered** a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet

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F692 continued



Diet Liberalization:

- Based on the resident's assessment, it could be beneficial to minimize restrictions, such as therapeutic or mechanically altered diets, and provide preferred foods before using supplementation.

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F692 continued



However, it is the responsibility of the facility to:

- Talk with the resident, their family and representative (whenever possible) and provide information pertaining to the risks and benefits of a liberalized diet;
- Work with the resident's physician and other nursing home professionals (dietary manager, nurses, speech therapists, etc.), using the care planning process, to determine the best plan for the resident; and
- Accommodate the resident's needs, preferences, and goals.

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New Negative Outcome

- CMS: Tag F692 Nutrition, Deficiency Categorization
- Severity Level 4 - **Immediate Jeopardy:**
- *Dietary restrictions or downgraded diet textures, such as mechanical soft or pureed textures, were provided by the facility **against the resident's expressed preferences** and resulted in substantial and ongoing decline in food intake resulting in significant or severe unplanned weight loss with accompanying irreversible functional decline to the point where the resident was placed on Hospice;*

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Severity Level 3 - **Actual Harm:**

- *The **failure to assess the relative risks and benefits of restricting or downgrading diet and food consistency** or to **accommodate a resident's choice to accept the related risk** resulted in declining food/fluid intake and significant weight loss;*
- *The failure to accommodate documented resident food dislikes and **preferences** resulted in poor food/fluid intake and a decline in function;*

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Ideas/Questions

**“EVERYDAY PANCAKES.”
(A 4-YEAR-OLD)**

KNOWLEDGE BEFORE:

KNOWLEDGE AFTER:

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Consider a Word of the Month

<u>Institutional words</u>	<u>Normal words to consider</u>
<ul style="list-style-type: none">• Facility• Patient/resident• Feeder, hoarder, wanderer, isolator, screamer, complainer, frequent faller• Intervention• Problem/s	<ul style="list-style-type: none">• 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

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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!**



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Save the 2023 Date!

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

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Next webinar:
Fri. Oct. 21, 2022 2:00 pm MT
**Dining Practice Standards:
Altered Consistency Diet &
Real Foods First**

Webinars are recorded and available
after-the-fact

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



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