New Dining Practice Standards

Sam Plaster
State Culture Change Coordinator
Missouri Department of Health and Senior Services
sam.plaster@health.mo.gov 573-522-8318

Introduction

Malnutrition is *one of the most serious problems facing health professionals in long term care.*

It has been found that most residents with evidence of malnutrition were on restricted diets that might discourage nutrient intake.

Creating Home II National Symposium on Culture Change and the Food and Dining Requirements (2010)

- CMS
- Pioneer Network
- American Health Care Association
- Rothschild Foundation

Food and Dining Clinical Standards Task Force

- CMS
- US Food and Drug Administration
- Centers for Disease Control and Prevention
- Standard Setting Groups

Food and Dining Clinical Standards Task Force

Goal Statement: Establish nationally agreed upon new standards of practice supporting individualized care and self-directed living versus traditional diagnosis-focused treatment.

New Dining Practice Standards completed in August 2011

Standards reflect evidence-based research and include:

- Current Thinking
- Relevant Research Trends
- Recommended Course of Practice

- Diet Liberalization
- Diabetic/Calorie Controlled Diet
- Low Sodium Diet
- Cardiac Diet
- Altered Consistency Diet
- Tube Feeding
- Honoring Choices
- Shifting Traditional Professional Control to Individualized Support of Self Directed Living
- New Negative Outcome
- Patient Rights and Informed Consent/Refusal Across the Healthcare Continuum

"Not supporting individualized care and person's choice, not supporting 'the right to folly' causes learned helplessness, depression, learned dependency, even bringing about death earlier. We have not intended harm with our good intentions, but we are creating it."

"Routine dietary restrictions are usually unnecessary and can be counterproductive in the LTC setting. Special diets for diabetes, hypertension and hearth failure, and hypercholesterolemia have not been shown to improve control or affect symptoms."

"One of the frequent causes of weight loss in the long-term care setting is therapeutic diets."

"Weight loss is a far greater concern to the often frail nursing home resident and easily outweighs the potential modest benefits a medicalized diet can only sometimes offer."

"There is no evidence to support prescribing diets such as no concentrated sweets or no sugar added for older adults living in health care communities, and these restricted diets are no longer considered appropriate."

"While a modified barium swallow may show that thickened liquids reduce the risk of aspiration acutely, there is little to no long term evidence that this intervention prevents aspiration pneumonia."

"Often, aspiration risks must be tolerated because of other, more immediate or probable risks such as nutrition or hydration deficits."

"Historically, it has been shown that giving people food they like to eat minimizes the use of supplements and can reduce cost."

"Caregivers often fear that residents' mealtime choices will result in negative outcomes. Mealtime dining studies provide evidence that enabling residents to choose what they want to eat at mealtime does not result in negative nutritional outcomes."

"We all need to shift to agreeing that care givers will offer to do what is clinically best for a person and if the person refuses, that's okay."

"All health care practitioners and care giving team members offer choice in every interaction even with persons with cognitive impairment… to prevent any harm from not honoring choice which has been proven to bring about earlier mortality."

Research suggests that the goal of food service should be to create a meal situation as natural and independent as possible, comparable with eating at home: making choices from a wide range of menu items tailored to the resident's wants; and seeking input from residents, family and staff. Stringent diet restrictions limiting familiar foods and eliminating or modifying seasonings may contribute to poor appetite; decreased food intake; and increased risk of illness, infection and weight loss."

The Bottom Line

"individualized care"

"Diet is to be determined with the person and in accordance with his/her informed choices, goals, and preferences, rather than exclusively by diagnosis."

"All decisions default to the person."

Organizations Agreeing to the New Dining Practice Standards

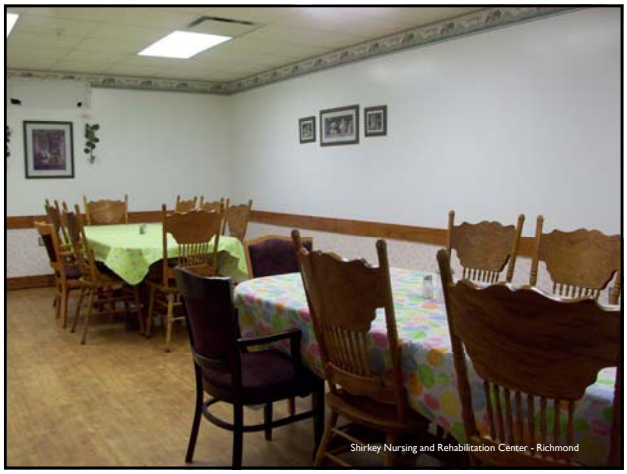
- American Association for Long Term Care Nursing
- American Association of Nurse Assessment Coordination
- American Dietetic Association
- American Medical Directors Association
- American Occupational Therapy Association
- American Society of Consultant Pharmacists
- American Speech-Language-Hearing Association
- Dietary Managers Association
- Gerontological Advanced Practice Nurses Association
- Hartford Institute for Geriatric Nursing
- National Association of Directors of Nursing Administration
- National Gerontological Nursing Association

Now What?

Regulations require that residents choices be sought and honored and that services provided or arranged by the facility meet professional standards of quality.

CMS is currently developing a video to introduce the New Dining Practice Standards to surveyors. It should be released shortly, along with a Survey and Certification letter.

Watch SLCR Blog/listserv for additional information as it is released.



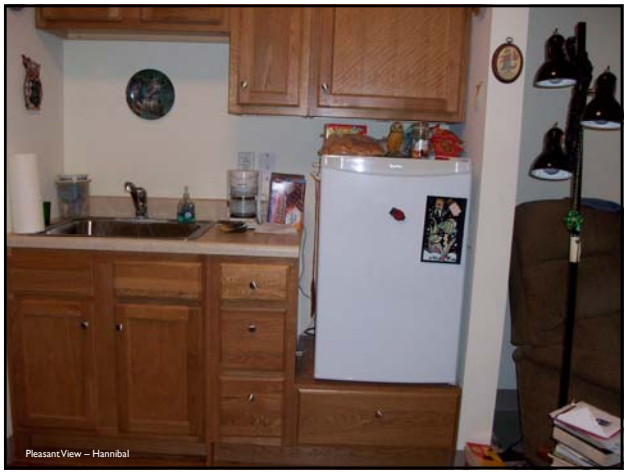

Lincoln Community Care Center - Lincoln

Cypress Point - Dexter


Cypress Point - Dexter

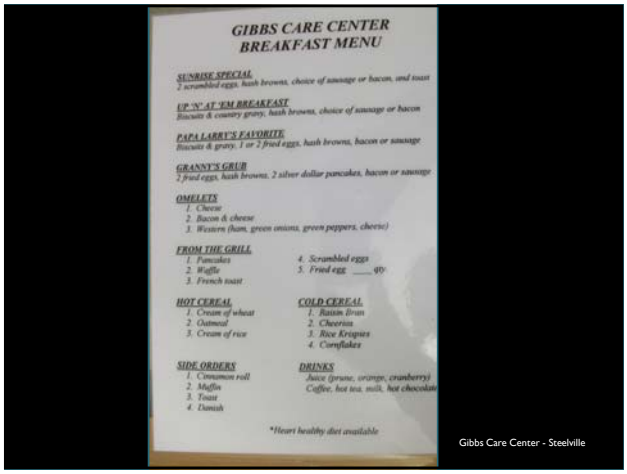

Gasconade Manor - Owensville


NHC Desloge


Pleasant View – Hannibal

The Mary Culver Home – Kirkwood

WestVue – West Plains



GIBBS CARE CENTER
BREAKFAST MENU

SUNRISE SPECIAL
2 scrambled eggs, hash browns, choice of sausage or bacon, and toast

UP 'N' AT 'EM BREAKFAST
Biscuits & country gravy, hash browns, choice of sausage or bacon

PAPA LARRY'S FAVORITE
Biscuits & gravy, 1 or 2 fried eggs, hash browns, bacon or sausage

GRANNY'S GRUB
2 fried eggs, hash browns, 2 silver dollar pancakes, bacon or sausage

OMELETS
1. Cheese
2. Bacon & cheese
3. Western (ham, green onions, green peppers, cheese)

FROM THE GRILL
1. Pancakes
2. Waffle
3. French toast
4. Scrambled eggs
5. Fried egg ____ ea.

HOT CEREAL
1. Cream of wheat
2. Oatmeal
3. Cream of rice

COLD CEREAL
1. Raisin Bran
2. Cheerios
3. Rice Krispies
4. Cornflakes

SIDE ORDERS
1. Cinnamon roll
2. Muffin
3. Toast
4. Danish

DRINKS
Juice (prune, orange, cranberry)
Coffee, hot tea, milk, hot chocolate

*Heart healthy diet available

Gibbs Care Center - Steelville

New Dining Practice Standards

http://www.pioneernetwork.net/Data/Documents/NewDiningPracticeStandards.pdf

Questions?