



Integrating the MDS 3.0 Into Daily Practice

**Webinar Series Two:
Clinical Applications**

Individualized Dining:
New Practice Standards



Welcome!

Integrating the MDS 3.0 Into Daily Practice

**Webinar Series Two:
Clinical Applications**
Individualized Dining:
New Practice Standards

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on
Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation



Integrating the MDS 3.0 Into Daily Practice

MARCH 22, 2012

PART FIVE: **Individualizing Dining: New Practice Standards**

TODAY'S PRESENTERS:

Carmen Bowman, Edu-Catering: Catering Education for Compliance
and Culture Change, Denver, CO

and the Brookshire House, Denver, CO Team

Caroleen Burns, RN, Director of Nursing

Dee Napitupula, CNA

Jody Abrams, RD, Dietary Manager

Donna Walker, Life Enrichment Coordinator

Julie Kennedy, RD, Pinon Nutritional Quality Improvement Specialist

Karyn Leible, MD, former Pinon Chief Medical Officer,
now CMO with Jewish Senior Life in Rochester, NY

Carolyn Shaw, Resident of Brookshire

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Individualized Dining: New Practice Standards

Case Studies

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The New Dining Practice Standards

Carmen Bowman, Edu-Catering: Catering
Education for Compliance and Culture Change,
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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.



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



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Creating Home in the Nursing Home II:

**A National Symposium on Culture Change
and the Food and Dining Requirements**

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Webinars Available to All



Creating Home in the Nursing Home II:

A National Online Symposium on Culture Change
and the Food and Dining Requirements

Speaker and background papers available at www.pioneernetwork.net.

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The Big 2 Recommendations

- **National stakeholder workgroup develop guidelines for clinical best practice** for individualization to provide regulatory guidance and prepare related education materials to facilitate implementation.
- **Each profession serving elders in LTC develop and disseminate standards of practice for their professional accountability** that addresses proper training, competency assessment, and their role as an active advocate for resident rights and resident quality of life from a wellness perspective in addition to quality of care from a medical perspective.



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Issued
By the
Pioneer
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New Dining Practice Standards

*Pioneer Network
Food and Dining Clinical Standards
Task Force*



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Rothschild
FOUNDATION

A Rothschild Regulatory Task Force

AUGUST 2011

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National Clinical Standard Setting Organizations

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)

Brookshire House Team

- Caroleen Burns, RN, Director of Nursing
- Jody Abrams, RD, Dietary Manager
- Dee Napitupula, CNA
- Donna Walker, Life Enrichment Coordinator
- Julie Kennedy, RD, Pinon Nutritional Quality Improvement Specialist
- Karyn Leible, MD, former Pinon Chief Medical Officer, now CMO with Jewish Senior Life in Rochester, NY
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Carolyn's Story

Carolyn has lived here since 2009

She is 65

She has MS

From Caroleen, DoN: Carolyn's Medical Situation

- Had a Stage 4 decubitus ulcer 8 X 10 with tunneling and undermining, weighed only 98 pounds
- Was set on not weighing over 100 pounds so staff could move her and to move herself
- Pre-albumin was extremely low
- Doctor told her she would probably die if she kept going the same way; led to turnaround; began to improve clinically

Carolyn's Perspective:

- *"I did say that I would not let my wound rule my life"*
- *"I also realize that the wound was not going to get any better unless I helped myself"*
- *"It's very important for me to be independent"*
- *"I always have been a terrible eater"*
- *"I'm very direct"*
- *"I mulled over the two prospects and came to a happy medium"*

From Dee, CNA: *“Is she comfortable?”*

- Since she doesn't want to lay down, we just make her comfortable in her chair
- I check in on her and ask *“is she comfortable?”*

From Caroleen, DoN: How We Did It:

- Heart-to-heart talks
 - *“doesn’t want her wound to run her life and doesn’t want to die either.”*
- *Working together* to bring up her protein
 - 125 pounds
- Protein in her diet instead of protein shakes
- Reposition herself
- Developed own care plan and her own goals



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Since I stopped being “*such a nurse –
it’s my way or the highway...*

it’s a win-win situation”

From Jody, Dietary Manager:
“help her fulfill those choices”

- Honor her choice to skip lunch by finding other ways to give her protein
- chocolate milk in morning and at night
 - ♣ she keeps in her personal refrigerator
- hard boiled egg and bacon for breakfast



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From Jody, Dietary Manager:

“Between Carolyn and I, every quarter we look at other ways we can help her in her goal of wound healing and maintaining a healthy weight and try to have those options available for her.”



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From Caroleen, DoN: Outcomes

- Pressure ulcer is now the size of a quarter

From Caroleen, DoN: Outcomes

- What was it that Carolyn wanted out of her life?
What was her goal?
- *“Carolyn agreed to meet us half way”* –
 - to eat healthier foods
 - to have a salad for lunch or not eat lunch
 - to lay down once a day
 - to allow the CNAs to help her reposition



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“Built a Trust”

- A new way of doing the care plan
- *“they are the managers here,”* not the DoN, not the administrator...
- Making their own care plan

From Caroleen, DoN:

“They are the managers here”

From Caroleen, DoN:
“They know their bodies better than we do”

- *“It’s hard for me... I struggled a lot.”*
- *“I’m not so stressed out now.”*
- It used to be me the nurse but *“they know their bodies better than we do.”*



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From Caroleen, DoN: Advice

- We have to become better listeners.
- We get a lot better information, better care plans

“your job is a lot less stressful.”

From Dr. Karen Lieble, Medical Director

- She has a role and say in her care
 - Given back some of her independence that her disease had taken away from her
- Share standards and knowledge so residents understand why
- What works for them as an individual
 - her own way of managing her illness
 - they know their own bodies
- We give information; they take what works for them and what they're comfortable living with



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From Dr. Karen Lieble, Medical Director

Importance of Protein to Carolyn

- Nourishment for Muscles
- Needed to Heal Open Wound

Importance of Going by Carolyn's choice for how to get the protein

Exercise:

Quality of Care Goals and Interventions

+

Quality of Life Considerations and Methods

=

Better Quality of Care and Quality of Life Outcomes

From Caroleen, DoN: About David

- 54 year old man with MS and some dementia
- Used to be a flight attendant
- Fluent in German
- Likes talking with people
- Difficult to understand but alert and oriented
- Needs total assistance with all ADLs, including eating

From Caroleen, DoN: David's Story

- Recently hospitalized due to urosepsis
- Difficulty with swallowing
- Signs/symptoms indicated probably aspirated: watery eyes, runny nose, gurgly sounds, wet vocal quality, O2 sats 65%, temp 105 degrees
- *"We just knew he aspirated"*
- Called 911, but stat x-ray negative, hospital x-ray negative, did not aspirate and instead was urosepsis

From Caroleen, DoN: David's Story

- David says *"he doesn't care if he dies from choking"*
- We care
- Trying to find a way that his care needs are not in conflict with his preferences

Dr. Lieble: Myths re: Aspiration

- Aspiration is hard, since it is inflammatory process and there is a lag time with x-ray.
- Can aspirate oral secretions.
- Not all with swallowing difficulties aspirate.
- Not all who aspirate develop pneumonia either.

Dr. Lieble: Myths re: Aspiration

- There is a lot of supposition on the role the diet plays.
- With honey thickened, aspiration is down but not pneumonia.
- Other problems are dehydration and UTI.
- Don't have data to support thickened liquids and we are in conflict with resident's choices.

Dr. Lieble: UTI and Dehydration

- Most people don't like thickened liquids.
- Don't have a thirst drive when we're older or with disease.
- Less fluids overall increases dehydration and risk of UTI.

From Caroleen, DoN: Give regular food

- David gets UTI's and pneumonia from decreased liquid intake
- Caregivers need to know signs and symptoms to look for if he's in trouble.
- It's traumatic if he chokes.
- In the meantime, give him his regular food and drink to decrease UTI's and pneumonia

From Donna Walker Life Enrichment Coordinator:

- Restaurants – *“one of his favorite outings”*
- Give him the menu
- Remind him what would be easier for him to eat but honor his choice.
- If David chooses regular foods, we cut it into small pieces.



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From Dr. Lieble:

*“David experiences joy
from being around other people and going out to eat.”*

*“Why would we want him not to have that joy and that
quality of life to maintain a regimen of thickened
liquids or pureed foods that may or **may not** have an
affect overall on his life span?”*

“Honor his choice.”

From Jody Abrams, Dietary Manager

- Very able to make his preferences be known
- Doesn't eat lunch so:
 - double eggs at breakfast
 - double entrees at dinner
 - favorite apple and cranberry juices
 - toast and Fruit Loops (soggier)



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From Jody Abrams, Dietary Manager

“We meet as a team with the caregivers to find what works for that person and then we make it available.”

From Dee, CNA:

*“I know he has a problem with swallowing
but he also has a right to eat whatever he wants.”*

*“We try to get what he wants
even if it’s not on the menu.”*

*“I ask my charge nurse if it is okay,
and if she says okay, I give it to him.”*

From Jody, Dietary Manager

- After return from hospital, David was failing

“We had to bring him back up”

“Let him know what options he had and what the risks were with those options”

From Jody, Dietary Manager

David said:

"I don't want to eat the pureed food."

- We told him the results of the barium swallow... that he should only eat thickened
- David didn't want that.
- He chose the foods that were important to him – toast, pizza.

David said:

"That's what makes me happy."

From Jody, Dietary Manager

David has very few choices in life.

“It’s really important to listen to that mental being and support him and help him in any way that he needed.”

Came up with a modified plan:

- pureed meat
- mechanical soft for all else
- one to one care with him at meals because of danger from choking.



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From Caroleen, DoN

David requested gin and tonic.

“And that was one thing he did not want thickened”

He chose not to do it.



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Trust

The beauty of meeting someone where they are.

From Dr. Lieble

- Depression if not able to make choices. Need to honor choices.

“What is care without quality of life? Not either/or.”

- We collaborate by giving the information, and they choose.



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From Caroleen, DoN:

Assessment: *The Story of Me*

- To know a new resident who comes to our home
- *“Better serve them for who they are as an individual”*
- Who they are and how we can help them
- Can do daily if something changes

“We meet their needs on a daily basis and that’s how we get the information”

From Caroleen, DoN: Asking How Residents are Feeling

- Abiqis gives us the same questions as surveyors
- All about residents' rights and choices
- Do they feel they are getting what they need from our home?
- Alerts us to potential situations, to find out more.
- Gives us a better idea of how they are feeling, *"really from their heart, how they feel"*



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From Caroleen, DoN: Organizational Practices

- Neighborhood meetings/huddles every day to communicate changes, updates, education so everyone is getting what they need.
- Consistent/dedicated staff develop relationships and *“It’s amazing what a CNA can do with a person they know.”*



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From Caroleen, DoN: on MDS 3.0

- MDS 3.0 Section F captures routines and choices and “*gives a better picture of the whole person.*”

From Julie Kennedy, RDA: A Hotdog Tip

- Hot dogs due to circular circumference and quarter size will get caught.
- Bun makes it a gooey mass - gets stuck.

Tip:

- Cut the hotdog in a lengthwise slice and then slice quarter inch horizontally
- Can swallow without it getting stuck and it still looks like a hotdog.
- Can pick it up and chew and swallow safely



New Dining Practice Standards 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
- ADA
- CMS
- Research Trends
- Current Thinking
- Recommended Course of Practice

Reflecting the New Standards

Shifting Professional Control to Support Self-directed Living

- Working with a person, not against, builds trust and rapport, able to listen
- *Most professional codes of ethics require professional to support the person in making their own decisions.*

- *If the patient is sufficiently informed about the risks and benefits of acceptance (informed consent) or refusal (informed refusal) of a proposed intervention or treatment and refuses, the clinician should respect the patient's decision.*

Mayo Clinic Proceedings 2005

- *Algorithm for Decision Making* included in the New Dining Practice Standards

Reflecting the New Standards

Real Foods First

Advocate the use of real food before supplements.

- Didn't hear about supplements or non-foods
- Would you rather have a malt/shake or a supplement?

Reflecting the New Standards

Honoring Choices

- It's all about preferences: QIS, MDS 3.0, even Tag 325 Nutrition
- **All decisions default to the person.**
 - *"They know their bodies better than we do."*
 - Standards are generic lacking data
 - Individualized care, not generalized/ generic

Honoring Choices Standard

- *There needs to be another new “red flag” whereby any notation in a resident record or care plan of a resident as “non-compliant” with physician orders is viewed as an obvious contradiction to resident choice with a shift to facility non-compliance with requirements to offer choice at Tag 242, right to refuse treatment at Tag 155 and right to same rights as any citizen of the US at Tag 151.*
- *Instead of labeling one as “non-compliant,” nurses work with physicians to eliminate “orders” for restrictive diets residents don’t eat and instead create plans with the person that work for the person.*

Recommended Course of Practice

- *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.*
- *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.*

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.*
- *ADA: 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 intake and weight loss.*

Altered Consistency Research

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. (3 studies)

Altered Consistency Research

*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.*



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pioneernetwork.net/Providers/DiningPracticeStandards/

New Dining Practice Standards

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Food and Dining Clinical Standards
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AUGUST 2011

Include references to all research found, papers for the Creating Home II symposium, the Frazier free water protocol and the Algorithm for Decision making by the 2005 Mayo Clinic Proceedings.

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In Sum – See Tip Sheet

- Be Direct
- Dietary Preferences not Dietary Supplements
- Quality of Care Medical Goals/Interventions
+ Quality of Life Considerations/Methods
= Better Quality Outcomes
- Promote Independent Exercise of Choice
- Meet as a Team to Find Out What Works and
Make it Available
- Team Support
- Organizational Practices

Exercise:

Think about examples where you worked with residents with swallowing problems or other medical concerns, and were able to accommodate their individualize preferences.

*How were you able to
minimize risks and maximize choice?*

Share your experiences with each other

How to Minimize Risk and Maximize Choice:

Assessment and care planning –

What to assess and include in the care-plan?

Who to involve in assessing and care planning?

Implementation –

What training is needed for which staff?

How would staff handle situations when a resident wants to eat something that's a choking danger?

What supports are needed to assist staff in assisting residents to exercise their choice?

Policies – What's needed for individualized dining?



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Smooth Transitions in Care: Getting New Residents Off to a Good Start from Day One

April 19, 2012
at 2 PM ET

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It's Not Too Late!

The original three-part webinar series,
Integrating the MDS 3.0 into Daily Practice,
is a good foundation for this new series.

All three parts are still available to purchase
as archived recordings at
www.PioneerNetwork.net