

 **New Dining Practice Standards**

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 **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

Basis in Current Thinking and Research

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

Recommended Course of Practice

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

Diabetic/Calorie Controlled Diet

Basis in Current Thinking and Research

“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.”

Recommended Course of Practice

“All decisions default to the person.”

Low Sodium Diet

Basis in Current Thinking and Research

“A liberal approach to sodium in diets may be needed to maintain adequate nutritional status, especially in frail older adults.”

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.”

Cardiac Diet

Relevant Research Trends

“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.”

Recommended Course of Practice

“Support self-direction and individualize the plan of care.”

Altered Consistency Diet

Basis in Current Thinking and Research

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

Recommended Course of Practice

“Empower and honor the person first, and the whole interdisciplinary team second, to look at concerns and create effective solutions.”

Tube Feeding

Basis in Current Thinking and Research

“Before deciding to initiate tube feeding, the interdisciplinary care team should meet with the patient and family to carefully consider the risks and benefits of tube feeding and the patient’s preferences.”

Recommended Course of Practice

“The interdisciplinary team including the elder’s primary care physician should meet to address the elder’s and or POA goals for care and develop a care plan that meets the changing needs of the elder.”

Real Food First

Relevant Research Trends

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

Recommended Course of Practice

“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.”

Honoring Choices

Current Thinking

“Choice of food has tremendous impact on quality of life. Some might say it defines quality of life.”

Recommended Course of Action

“Choices with meaningful options in accordance with the person’s preferences are offered to each resident numerous times daily, i.e. when to awaken, when to eat, what to eat, where to eat, what to do, when to bathe, when to retire, what to wear, etc.”

Shifting Traditional Professional Control to Individualized Support of Self Directed Living

Current Thinking

“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.”

Recommended Course of Action

“All decisions default to the person.”

New Negative Outcome

Relevant Research Trends

“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.”

Recommended Course of Practice

“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.”

Patient Rights and Informed Consent/Refusal Across the Healthcare Continuum

“...any course of treatment could be inserted into this four-topic approach to decision making”

- Medical Indications
- Patient Preference
- Quality of Life
- Contextual Features

The Bottom Line

Individualized care

Informed choices should be honored

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 is anticipate to be released around the end of June, along with a Survey and Certification letter.

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

New Dining Practice Standards

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


