

**YOUR IMPORTANT ROLE IN HELPING PATIENTS & RESIDENTS WITH CHOICE & RIGHTS: ASSESS MNT, EDUCATE RISKS, MONITOR, OFFER ALTERNATIVES**

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**OBJECTIVES-PARTICIPANTS WILL BE ABLE TO:**

- Review regs on rights
- Identify the goal of the new "Toolkit" for Dining Practice Standards- CMS/Pioneer Network Task Force: HOW healthcare (hospital and nursing home) dietary leadership can develop systems to help patients/residents with their rights and choices
- Establish Model Policies and Procedures: Such as "Liberalizing Diets", "Honoring Choice and Shifting Professional Control to Support Self-Directed Living", "Real Food First", "Preventing Negative Outcomes"

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**OBJECTIVES (CON'T)**



- Develop Tools: True Showmanship
- Review Tip Sheets for Professionals
- Review Reference Documents and Examples from across the nation
- Evaluate how to use of the Toolkit Document (developed by presenter): "Applying CMS Mandated QAPI 5 Elements to Ensure the New Dining Practice Standards, Resident Rights, and Resident Performance Improvement Leaders"
- Establish Performance Improvement to set up markers and thresholds with benchmarks

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**WHAT ARE THE DINING PRACTICE STANDARDS?**

- ◉ **CMS Memo S&C: 13-13-NH** : “An interdisciplinary task force composed of national clinical organizations that set standards of practice has released a document expanding dining, diets, food consistency, thickened liquids, and tube feedings...included 12 organizations, representing clinical professions involved in developing diet orders and providing food service (including physicians, nurses, occupational and physical therapists, pharmacists, dietitians among others)...formed in 2011 from 2010

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

- ◉ **CMS Memo S&C: 13-13-NH** “Research has indicated that many older individuals may not need to be limited to very restrictive diets, pureed foods, and thickened liquids even though they may have many chronic conditions. Conversely, restricting food choices can result in loss of appetite and eventual weight loss.
- ◉ Surveyor training video; Standards(3/2013): <http://surveyortraining.cms.hhs.gov/pubs/Videoinformation.aspx?cid=1101>

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**“TOOLKIT” 6/2014  
MODEL POLICIES AND PROCEDURES**

- ◉ 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
- ◉ (Preventing) New Negative Outcome

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**TOOLS: TIP YOUR HAT TO TIP SHEETS AND FORMS**

- Liberalizing Restricted Diets Tip Sheet
- Honoring Choice and Shifting Professional Control to Support Self-Directed Living Tip Sheet
- Offering More Choice of Real Food First Tip Sheet (includes Naturally Pureed Consistency Foods & Natural Thickeners)




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**NOT SO CHEESY: DEVELOPED TOOLS**

- Informed Choice form
- Meal Rounds tool
- Resident Council Interview tool
- Resident Food and Dining Satisfaction tool
- Learning Circle Questions to use with residents: Honoring Choice in Dining
- Personal Nutritional Biography Form




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**BROCHURES FOR RESIDENTS AND FAMILIES**

- The Right to Choice
- Liberalized Diets
- Real Food First and Altered Consistency Diets




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**TOOLS TO ACHIEVE NEW DINING STANDARDS**

- New Dining Standards Benchmark Report Template
- New Dining Standards Benchmark Report Sample from Avante Melbourne
- Sample Doctor Letter for Liberalizing Diet
- Guide for Developing a QAPI Plan for Supplement Alternative
- Launch Ideas for Food First
- Dining Preferences Summary

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**MANY REFERENCE DOCUMENTS IN "TOOLKIT"**

- Providence Mount St. Vincent Resident Dining Policies
- Frazier Free Water Protocol
- Mouth Care without a Battle Implementation Guide
- Vanderbilt Center for Quality Aging Observational Tools for Nursing Home Supervisors and Dietary Managers

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**APPLYING CMS MANDATED QAPI 5 ELEMENTS TO ENSURE THE NEW DINING PRACTICE STANDARDS, RESIDENT RIGHTS**

- (In Toolkit) Pioneer Network Conference Seattle, WA 8/14/2013 by Linda Handy
- Let's review and consider the application of the new CMS QAPI (Quality Assessment, Performance Improvement) 5 Elements?  
<https://www.cms.gov/SurveyCertification/enInfo/Downloads/fiveelementsqapi.pdf>

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**PLAN, DO, STUDY, ACT:  
RIGHTS AND CHOICES**

**PLAN:**

- Evaluate the regulatory requirements and guidance for:
- Liberalizing or eliminating resident diets
- Resident rights to refuse a medical therapy (therapeutic or texture modified diet orders) and also the requirements for nutrition care.
- Evaluate the standards of practice for ensuring resident

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**PLAN, DO, STUDY, ACT:  
RIGHTS AND CHOICES**

- Evaluate standards of practice for ensuring rights, with medical and ethical aspects
- Evaluate the current practices of LTC/Nursing Home compared to the regulatory requirements, when a resident:
  - States that he/she doesn't want ordered diet
  - Requests non-diet items on his/her tray
  - Receives food from outside: not on ordered diet




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**PLAN, DO, STUDY, ACT:  
RIGHTS AND CHOICES**

**DO:**

- Develop and approve new protocols for LTC/Nursing Home staff to ensure resident dietary rights:
  - Inform residents of their dietary rights
  - Ensure that LTC/Nursing Home staff understand and follow new protocols for resident dietary rights
  - Ensure appropriate documentation by LTC/Nursing Home staff in the medical record
- Develop training on the new protocols for resident rights for LTC/Nursing Home staff

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**PLAN, DO, STUDY, ACT:  
RIGHTS AND CHOICES**

**STUDY:**

- ◉ Monitor LTC/Nursing Home staff with audits to determine if the new protocols are followed

**ACT:**

- ◉ Evaluate staff compliance to regulatory requirements and new approved protocols. Provide corrective actions when approved protocols are not followed, with additional training to meet and sustain goal thresholds.




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**REGULATIONS  
ON NUTRITION CARE & RIGHTS:  
FACILITY RESPONSIBILITY TO  
“ASSESS AND OFFER” CARE**

- ◉ **Regulations on Nutrition Care:** LTC/Nursing Home staff are to identify residents at risk for altered nutritional status, to fill out MDS data, to establish prioritizing screens and assessments, to develop resident care planning needs, timely re-evaluated as necessary to ensure their ongoing nutritional needs are met

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**REGULATIONS  
ON NUTRITION CARE & RIGHTS:  
FACILITY RESPONSIBILITY TO  
“ASSESS AND OFFER” CARE**

- ◉ **Resident Rights:** Requirement that resident or representative (surrogate decision maker) is to have a voice in care planning. A resident has the right to make a determination (to an informed consent or refusal of medical therapies, including diet orders.) Residents who refuse food served should be offered substitutes that are of equal nutritional value in order to meet nutritional needs.

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**REGULATIONS  
ON NUTRITION CARE &  
RIGHTS:  
FACILITY RESPONSIBILITY TO  
“ASSESS AND OFFER” CARE**

- ◉ “Reasonable accommodation” according to the CMS Reasonable Man concept (F 366 states the intent: “For example, if a facility never serves smoked salmon, they would not be required to serve this as a food substitute.” This is unreasonable, whereas a bagel and cream cheese for breakfast every morning is reasonable.)

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**“UNWRAP” THE STANDARDS OF  
PRACTICE FOR ENSURING  
RESIDENT RIGHTS, WITH  
MEDICAL AND ETHICAL ASPECTS**

- ◉ Task Force prepared papers and webinars:  
<http://www.pioneernetwork.net>>Conferences>Creating Home: II Dining>The Sessions  
Survey Interpretation of the Regulations  
Meet the Presenter: Linda Handy,  
MS, RD, Consultant,  
Retired Specialty/Trainer  
Surveyor CDPH.



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**RECOMMENDED COURSE OF  
PRACTICE FROM DINING PRACTICE  
STANDARDS:  
EVALUATE HOW ARE YOU DOING?**

- ◉ *...Diet is to be determined with the person and in accordance with his/her informed choices, goals and preferences, rather than exclusively by diagnosis. Assess the condition of the person. Assess and provide the person's preferred context and environment for meals, in other words the person's preferences, patterns and routines for socialization, timing of meals (i.e. typical community or unique meal times) and personal meaning/value of the dining experience (i.e. breakfast ...).*

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**RECOMMENDED COURSE OF PRACTICE FROM DINING PRACTICE STANDARDS: EVALUATE HOW ARE YOU DOING?**

- ◉ *Include quality of life markers such as satisfaction with food, service received during meals, level of control and independence...Empower and honor the person first, and the whole interdisciplinary team second. to look at concerns and create effective solutions. Support self-direction and individualize the plan of care.*

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**MAYO CLINIC PROCEEDINGS ON ETHICS AND PATIENT RIGHTS**

- ◉ **ONE OF MOST THOROUGH RESOURCES FOUND ON SUBJECT PERTAINING TO A PERSON'S RIGHTS ACROSS THE CONTINUUM OF HEALTHCARE.** Guidance to LTC/Nursing Home staff in establishing protocols, decision trees, ethical considerations, & required documentation. Example: Elderly resident with mild dementia on a tube feeding who wants to eat and drink, & considerations for her informed choice & ultimate right to make that choice (applicable to an informed choice for all therapeutic & texture modified diets.) **Pg. 52-58**

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**MAYO CLINIC PROCEEDINGS ON ETHICS AND PATIENT RIGHTS**

- ◉ *It is ethically and legally permissible for residents with decision making capacity to refuse unwanted medical interventions and to ignore recommendations of the clinician. A resident's choice not to adhere to a clinician's recommendations may be at odds with a clinician's desire to "do good" or avoid harm.*

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### MAYO CLINIC PROCEEDINGS ON ETHICS AND PATIENT RIGHTS

- ◉ *If the resident 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 resident's decision*

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### DON'T "GO BANANAS" WHEN RESIDENT CHOOSES ITEMS NOT ON ORDERED DIET

- What efforts are being made to liberalize or minimize restrictive diets and customize to resident needs?
- What is the practice when a resident with a diet order:
  - States that he/she doesn't want ordered diet
  - Requests non-diet items during dining or on his/her tray
  - Receives food from outside that is not on the ordered diet



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### PATIENT/RESIDENT RIGHT TO OUTSIDE FOOD (INCLUDING FOODS NOT ON ORDERED DIET)

- ◉ Many residents desire their own cultural foods made by the family, participation in staff/family buffets, or favorite foods from outside restaurants (important to healing & well-being of residents). Many residents want these foods in lieu of the resident menu or ordered diet. Are they discouraged from this? It is their right. Protocols should be developed to educate & inform, when this happens

[www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09\\_39.pdf](http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09_39.pdf)

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**DEVELOP AND APPROVE NEW PROTOCOLS FOR LTC/NURSING HOME STAFF TO ENSURE RESIDENT DIETARY RIGHTS: THINKING POINTS**

- ◉ Inform residents of their dietary rights (All staff, especially "first responders" like Dietary Managers who interview residents initially.)
- ◉ Ensure that LTC/Nursing Home staff understand and follow new protocols for resident dietary rights
- ◉ Ensure appropriate documentation by LTC/Nursing Home staff in the medical record

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**DIETITIAN'S RESPONSIBILITY TO MONITOR OUTCOMES**

- ◉ Some may think that the RD role may be less with so much liberalization & resident choice
- ◉ In reality, demonstrating nutrition care: screening progress must continue
- ◉ Dietary Mgr/RD need effective systems: monitor resident progress & timely response
- ◉ When there are negative outcomes (blood sugars elevated, swollen ankles, edema, HTN, & for refusal of texture modification: choking), it will be expected resident's EDUCATED, ALTERNATIVES OFFERED ACCORDING TO PREFERENCES

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**DEVELOP TRAINING ON THE NEW PROTOCOLS FOR RESIDENT RIGHTS**

- ◉ Training should be to ensure:
- ◉ Initial orientation for competency in new approved policies & procedures/protocols for resident rights
- ◉ Ongoing training to sustain it



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**MONITOR STAFF WITH AUDITS TO DETERMINE IF THE NEW PROTOCOLS ARE FOLLOWED**

- Audits & monitoring:  
Evaluate if staff understanding and practices are according to the new approved P & P.



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**PROVIDE CORRECTIVE ACTIONS WHEN APPROVED PROTOCOLS ARE NOT FOLLOWED, WITH ADDITIONAL TRAINING TO MEET AND SUSTAIN GOAL THRESHOLDS**

- If there are weaknesses in staff understanding and practices, identify what further training is needed
- Apply other QAPI tools such as looking at ROOT CAUSE ANALYSIS that can be analyzed to determine what can be done to meet goals

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**PROVIDE CORRECTIVE ACTIONS WHEN APPROVED PROTOCOLS ARE NOT FOLLOWED: TRAINING TO MEET AND SUSTAIN GOAL THRESHOLDS**

- CMS wants a proactive, preventative, forward looking approach to Performance Improvement and prevention of Adverse Events
- In this case, the Adverse Event would be denying a resident right to an informed choice or refusal of the ordered diet (based on his/her quality of life expectations) and not addressing associated negative outcomes.

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**MAY YOU IMPLEMENT THE  
"TOOLKIT"  
AND ENSURE RIGHTS AND  
CHOICES!**

Based on new  
Manual:  
*Dining Practice  
Standards & Toolkit:  
A Resident's Right to  
Make Choices;  
Facility's  
Responsibility to  
"Assess & Offer"*



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Best Wishes:  
May Your Surveys Go Well!!!

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