

Nutrition/Eating

The committee has looked at issues affecting Nutrition and Eating in the long term care setting. They sought input from expert clinicians with a background in nutrition in the nursing facility. Barriers were identified and the committee looked at best practices to eliminate the barriers and improve nutrition.

Issues the committee focused the practices towards were in the areas of:

- Staff levels during meal times
- Oral/Dental problems
- Consistency in recording food consumption
- Knowledge of non licensed staff in recognizing problems with eating and intake
- Lack of knowledge regarding the possible cause(s) of poor eating and the use of environmental stimulation
- Identification and documentation of avoidable and unavoidable causes
- Effective utilization of dietary consultant hours

The committee recognizes that there are major hurdles for managing nutrition in long term care facilities. The members identified some practices that would positively affect the area of nutrition and eating but would require changes to the regulation at the federal and state levels in order to implement the practice. **One example that would require assistance in changing the regulations is the use of trained volunteers "Nutritional Aides" to assist with feeding during meal times.**

A second area of concern is routine dental services for Medicaid resident's in nursing facilities. Currently only emergency dental services for Medicaid recipients is reimbursed through a voucher. **The committee has requested DADS to compose a Provider Letter explaining what emergency dental services are currently covered under the state Medicaid requirements and the procedures on submission of a voucher for reimbursement.**

The best practice for consistency in food consumption provides a facility with three choices of how staff licensed and non licensed can

consistently observe and record food intake for residents. The committee has also made a recommendation to add this material to the nurse aide training curriculum.

The members of the committee have taken the "Nutrition Care Alerts" developed by the American Dietetics Association, the National Council on Aging and the American Academy of Family Physicians and made them into 3x5 laminated cards (placed on a ring) for staff to carry with them and refer to. Combine with the laminates is a "Managing Nutrition" algorithm for facility staff and the attending physician to utilize. Steps in the algorithm lead them through assessing the cause and implementing interventions.

Another document to assist with consistent practice in managing nutrition is the standards of professional practice of consultant dietitians in health care facilities. The committee has added additional best practice recommendations for a facility to utilize in setting expectations for the consultant interdisciplinary involvement.

The following Nutrition and Eating best practices are recommended practices and there is no requirement that precludes a facility from utilizing these practices. If a facility already has a practice or system in place that is effective and has positive resident outcomes, then continue it.

NUTRITION/EATING BEST PRACTICES

Available through the Best Practices
Committee an Alliance of Organizations
providing resources to help improve
resident outcomes