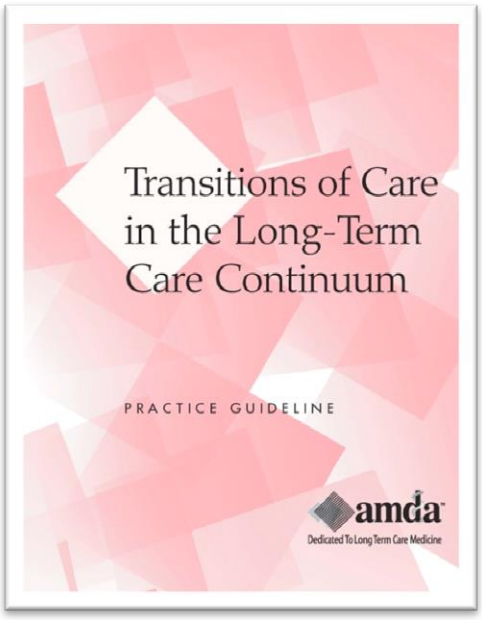
Transitions of Care in the Long-Term Care Continuum - Practice Guideline



Continuing Professional Education Self-Study Course

Written by Liz Friedrich, MPH, RD, CSG, LDN, FAND
Edited by Becky Dorner, RDN, LD, FAND

Becky Dorner & Associates
Your Premier Senior Nutrition Resource

www.beckydorner.com
info@beckydorner.com
800-342-0285

546 Scotland Street
Dunedin, FL 34698

Health professionals are encouraged to apply what they learn from this publication in their practice. It is provided for your own personal, educational non-commercial use as a resource aid only. The program provides general concepts and, therefore, where its use may be appropriate for one person, its use may not be appropriate for another. It is not intended to be a substitute for professional medical advice. BD&A shall not be liable for any loss or damage directly or indirectly to the users of this publication.

Acknowledgements

Continuing Professional Education Program Self-Study Course

Written by Liz Friedrich, MPH, RD, CSG, LDN, FAND
President of Friedrich Nutrition Consulting in Salisbury, NC

Edited by Becky Dorner, RDN, LD, FAND
President, Becky Dorner & Associates, Inc.
Dunedin, FL

Thank you to the following expert reviewers for carefully reviewing this course:

Mary Ellen Posthauer, RDN, CD, LD, FAND
President, M.E.P. Healthcare Dietary Services, Inc.
Evansville, IN

Rose Hoenig, RD, CSG, LD
Consultant Dietitian
Davenport, IA

Mary (Marne) E. Keeler, RDN, LD
Director of Clinical Services, Abshire Dietary Consulting, LLC
El Campo, TX

Professional Approvals

For details on professional approvals for this course, please check the product description on our website. You may also wish to visit this page: beckydorner.com/continuing-education/professional-approvals/.

Becky Dorner & Associates, Inc. has been a Continuing Professional Education (CPE) Accredited Provider (NU004) with the Commission on Dietetic Registration (CDR) since 2002.

We maintain records of course completions for a period of 7 years.

How to Complete this Course and Receive Your Certificate

For details on how to complete a continuing education course and obtain your certificate, please visit beckydorner.com/continuing-education/how-to-complete-cpe/.

This course and test must be completed prior to the expiration date. To obtain your continuing education certificate, you must review the material provided, take and pass an online test, and complete a simple evaluation. You may re-take the online test as many times as needed prior to the expiration date. If you are interrupted and cannot finish the test, you can save the test and come back later to finish it.

Carefully review the contents of this program. Keep in mind the practical applications it has for you in your individual setting. The focus is to increase your knowledge and application of the subject matter. For multiple choice questions select the one best answer from the choices given.

Course Expiration Date Must be completed prior to this date	Continuing Education Hours	CDR Level
June 11, 2020	**1**	**II**

Course Description

The AMDA Practice Guideline *Transitions of Care in the Long-Term Care Continuum* outlines a set of actions designed to ensure care coordination during care transitions.

Transition of care refers to the movement of patients between health care locations, providers or different levels of care within the same location as their conditions and care needs change. Transitions can occur within settings; (primary care to specialty care, for example), or between settings (such as from the hospital to skilled nursing care), across health states (curative care to palliative care), or between providers. This Practice Guideline:

- Discusses barriers to effective care transitions.
- Reviews the benefits of providing continuity of care.
- Provides guidelines for implementing a care transition program.

Objectives:

After completion of this CPE program, participants will be able to:

1. Define sites of care within the long-term care continuum.
2. Understand barriers to effective care transitions.
3. Understand what information is needed to assure continuity of care during transitions.

Suggested CDR Learning Needs Codes

- 3000 Nutrition assessment
- 5040 Long-term care, intermediate, assisted living
- 5100 Elderly
- 5410:Client protocols, clinical guidelines

Suggested CDR Performance Indicators

- 2.1.9 Ensures written communications are timely, legible, accurate and professional in nature.
- 10.2.7 Prioritizes specific nutrition problem(s).
- 8.1.1 Interprets and applies evidence-based comparative standards for determining nutritional needs.

Note: Numerous Other Learning Needs Codes and Performance Indicators May Apply.

Continuing Professional Education Self-Assessment Test and Answer Key

Mrs. Jones is an 82 year-old resident of a skilled nursing facility who was recovering from a mild stroke. She was found on the floor and was sent to the emergency room for evaluation.

1. Which of the following is important to discuss when arranging for emergency transportation to the hospital, and why?
   a. Her diet order, in case she needs to eat during transport.
   b. Her calorie needs, because of her BMI.
   c. Her weight, to assure the stretcher can accommodate her during transport (page 30).
   d. Her food likes and dislikes, so if she is admitted the hospital will have the information.

Mrs. Jones was admitted to the hospital. After surgery for a broken arm and a short recovery she is ready to return to her skilled nursing facility. Mrs. Jones's primary diagnosis on her hospital discharge summary includes: fractured right radius and ulna with surgical repair, UTI, increased confusion. Her secondary diagnoses are: mild dementia, class 3 obesity (BMI of ≥ 40), dysphagia. Medications include Metformin, Tylenol, Oxycodone, MOM, Lasix, Lisinopril, KCl, Namenda, and Cipro.

2. Which of the following is essential information for the skilled nursing facility to provide appropriate nutrition care upon her return?
   a. Mrs. Jones's payor source.
   b. Mrs. Jones's functional status (ability to perform ADLs) (page 29 and 72).
   c. List of medical tests that have results pending.
   d. Discharge plans from the skilled nursing facility when her therapy is completed.

Mrs. Jones has a diagnosis of recent stroke and dysphagia but has no diet order on her discharge information from the hospital when she returned after her fall.

3. How can the facility be sure they are providing continuity of care when delivering her diet?
   a. Talk to the facility's registered dietitian nutritionist to decide if she needs a pureed diet.
   b. Ask Mrs. Jones what her diet was in the hospital.
   c. Put her on the diet she was on before going to the emergency room.
   d. Contact the hospital and request information on special dietary needs (diet consistency) from Mrs. Jones's medical record (page 23).

4. Which of the following from the transfer paperwork is of interest for the facility registered dietitian nutritionist but not necessary to assure continuity of nutrition care?
    a. Weight
    b. Diet order
    c. Food preferences (page 24 Table 6)
    d. Blood glucose results

Mrs. Jones' was discharged to her home 8 weeks after her fall, after therapy for her stroke was completed and her cast was removed.

5. What should the facility's discharge planners do to help assure she has access to food after her discharge?
    a. Provide her family with information on home meal delivery and community nutrition programs for older adults (page 36).
    b. Change her diet consistency to something that might be easier for her to manage at home.
    c. Give her a list of foods to avoid.
    d. Assume Mrs. Jones can use the same resources to obtain food that she used before her stroke.