Becky Dorner & Associates Staff Call - March 5, 2020

Follow Up from NFPE Malnutrition Training:

- NFPE Cheat Sheet

- If identifying at risk for malnutrition, be sure to document in detail and/or reference MST or MNA. Be sure to notify/recommend to MD/CNP the resident is at risk for malnutrition. In order to capture "at risk for malnutrition" on the MDS, it is coded under Section I Active "*Diagnosis I5600, malnutrition (protein or calorie) or at risk for malnutrition. Identify diagnoses: The disease conditions in this section require a physician-documented diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 60 days."*

  https://www.mna-elderly.com/forms/mini/mna_mini_english.pdf

  https://static.abbottnutrition.com/cms-prod/abbottnutrition-2016.com/img/Malnutrition%20Screening%20Tool_FINAL_tcm1226-57900.pdf

- CBC interpretation for inflammation
  https://www.iwmf.com/sites/default/files/docs/bloodcharts_cbc(1).pdf

- Additional resource for NFPE. Dr. Mary Litchford and Abbott Nutrition Health Institute; free CPEUs
  https://anhi.org/education/course-catalog/NFPE-1and2

Reminders: PDPM

- Communication system with ST for MDS Section K swallowing disorders. Ensure findings are documented.
- If MDS ARD date allows capturing IV fluids from the hospital, be sure to document dehydration risk or hydration compromise that IV fluids were given.
  Section K "*K0510 Parenteral/IV feeding—The following fluids may be included when there is supporting documentation that reflects the need for additional fluid intake specifically addressing a nutrition or hydration need. This supporting documentation should be noted in the resident's medical record according to State and/or internal facility policy:*
  IV fluids or hyperalimentation, including total parenteral nutrition (TPN), administered continuously or intermittently
  — IV fluids running at KVO (Keep Vein Open)
  — IV fluids contained in IV Piggybacks
  — Hypodermoclysis and subcutaneous ports in hydration therapy
  — IV fluids can be coded in K0510A if needed to prevent dehydration if the additional fluid intake is specifically needed for nutrition and hydration. Prevention of dehydration should be clinically indicated and supporting documentation should be provided in the medical record."

Questions and Observations from Recent Surveys:

Appendix PP
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Recording intake of oral nutrition supplements:
BDA P & P Manual 10-5: #4, #5, #6
F 692 (citation) p. 342 Appendix PP:
*On-going **monitoring** of care planned interventions is necessary for all residents. Ongoing monitoring should include, but is not limited to:…….*
Page 352:
KEY ELEMENTS OF NONCOMPLIANCE
To cite deficient practice at F692, the surveyor's investigation will generally show that the facility failed to do one or more of the following:
*• Identify, implement, **monitor,** and modify interventions (as appropriate), consistent with the resident's assessed needs, choices, preferences, goals, and current professional standards of practice, to maintain acceptable parameters of nutritional status;*
F 803 – citation for food preference recording - Known facility cited d/t one resident was missing food preferences.
BD P & P Manual 2-29 #e, 2-31 #1, 2-32 #5
F 803: page 569 Appendix PP
GUIDANCE §483.60(c)(1-7)
*The facility must make reasonable efforts to provide food that is appetizing to and culturally appropriate for residents. **This means learning the resident's needs and preferences and responding to them.** For residents with dementia or other barriers or challenges to expressing their preferences, facility staff should document the steps taken to learn what those preferences are.*
It is not required that there be individualized menus for all residents; however, alternatives aligned with individual needs and preferences should be available if the primary menu or immediate selections for a particular meal are not to a resident's liking. Facilities must make reasonable and good faith efforts to develop a menu based on resident requests and resident groups' feedback
PROBES §483.60(c)(1-7)
Through interviews, observations and record reviews determine if:
• Residents are receiving food in the amount, type, consistency and frequency to maintain normal body weight and acceptable nutritional values.
• Resident preferences and needs are incorporated into the development of the individual food plan?

Examples of Level.2 - No actual harm with a potential for more than minimal harm (physical or psychological) that is not immediate jeopardy, include but are not limited to:
o ***The facility failed to ensure the resident's menus and/or the individual resident's food plan met her/his nutritional needs and preferences.***
o A repetitive menu was provided to the residents resulting in complaints about the lack of variety in food options.

Is it indicated to not record a hospital weight on the MDS?
RAI Guidelines – K-3, K-5: clearly indicate to review weight from transfer documentation and interview. **MDS RAI Guidelines appear silent as to whether a hospital weight can be recorded on the MDS. However, I do feel it should be an exception to use a hospital weight on the MDS.**
RAI Guidelines Oct. 2019:
1. Base weight on the most recent measure in the last 30 days.
2. Measure weight consistently over time in accordance with facility policy and procedure, which should reflect current standards of practice (shoes off, etc.).
3. For subsequent assessments, check the medical record and enter the weight taken within 30 days of the ARD of this assessment.
4. If the last recorded weight was taken more than 30 days prior to the ARD of this assessment or previous weight is not available, weigh the resident again.
5. If the resident's weight was taken more than once during the preceding month, record the most recent weight.

For a New Admission
1. Ask the resident, family, or significant other about weight loss over the past 30 and 180 days.
2. Consult the resident's physician, review transfer documentation, and compare with admission weight.
3. If the admission weight is less than the previous weight, calculate the percentage of weight loss.

Appendix PP: page 344.
F 692; 483.25.
ASSESSMENT
……The nutritional assessment may utilize existing information from sources, such as the RAI, assessments from other disciplines, the existing medical record, observation, direct care staff interviews, and resident and family interviews. *The assessment should identify those factors that place the resident at risk for inadequate nutrition/hydration. The nutritional assessment may include the following information:*
Weight: Weight can be a useful indicator of nutritional status, when evaluated within the context of the individual's personal history and overall condition. Weight goals should be based on a resident's usual body weight or desired body weight. The facility should have a procedure in place that includes, but is not limited to, establishing a consistent method

of weighing a resident (e.g. using the same scale, wearing the same clothes, weighing at the same time of day, adjusting for use of a prosthetic, etc.), ***verifying the resident's weight upon admission,*** *monitoring a resident's weight over time to identify weight loss/gain, verifying weight measurements when changes in weight occur, and reassessing interventions when appropriate.*

Current professional standards of practice recommend weighing the resident on admission or readmission (to establish a baseline weight*), weekly for the first 4 weeks after admission and at least monthly thereafter to help identify and document trends such as slow and progressive weight loss. Weighing may also be pertinent if there is a significant change in condition, food intake has declined and persisted (e.g., for more than a week), or there is other evidence of altered nutritional status or fluid and electrolyte imbalance.* ***In some cases, weight monitoring is not indicated (e.g., the individual is terminally ill and requests only comfort care).***

Do families need notified of significant weight changes?
BDA P & P Manual 9-12 #6
Appendix PP: page 348:
Weight-Related Interventions: For at risk residents, the care plan should include nutritional interventions to address underlying risks and causes of unplanned weight loss or unplanned weight gain, based on the comprehensive or any subsequent nutritional assessment. The development of these interventions should involve the resident and/or the resident representative to ensure the resident's needs, preferences and goals are accommodated
Appendix PP: page 351
KEY ELEMENTS OF NONCOMPLIANCE
To cite deficient practice at F692, the surveyor's investigation will generally show that the facility failed to do one or more of the following:
• ***Notify the physician as appropriate in evaluating and managing causes of the resident's nutritional risks and impaired nutritional status****;*

Miscellaneous:
Regulation for nurse in dining room during meals?
Does not appear to be a specific regulation addressing this. However, it could be considered a safety issue if residents at high risk for choking do not have supervision at meals. This may be a specific facility policy or procedure. It could also indicate that residents that are high risk of choking may need approval (i.e., ST) to eat in DR or room that does not have direct nursing supervision.

Regulation to wash hands or utilize hand sanitizer in between tray passes?
Does not appear to be a specific regulation addressing this, but may be specific facility policy or procedure. If a deficit is observed, it would be considered infection control citation. May be more concern during tray passing in room vs. dining rooms d/t staff would be touching other things in the resident's room (wheelchair, tray table, the resident, etc.).

2019 International Guideline Nutrition Recommendations for Pressure Injury Management
Recorded Webinar on BDA Website: Current Nutrition Approaches for Pressure Injury Management (live webinar was Dec. 2019)

Nutrition Risk for Developing PI: increased nutrition needs, inadequate food & fluid intake, unintended weight loss, malnutrition, sarcopenia.

Recommendations:

- 30-35 kcal/kg/day adults with pressure injury who are malnourished or at risk malnutrition.
- 1.25-1.5g/kg/day adults with pressure injury who are malnourished or at risk malnutrition.
- If nutritional requirements cannot be met by normal dietary intake, offer high calorie, high protein nutrition supplements, in addition to usual diet, for malnourished or at risk malnutrition.
- If stage 2 or greater pressure injury who are malnourished or at risk malnutrition, provide high calorie, high protein, arginine, zinc, and antioxidant oral nutrition supplement or enteral formula (3-9 grams arginine/day may be recommended).
- Good practice statement: Provide and encourage adequate water intake for hydration, when compatible with goals of care and clinical condition.
- Evidence on the efficacy of extra protein and energy provision in the healing of PI is substantial.
- BDA 2019 Diet and Nutrition Care Manual: *"Research supports the recommendation to provide a daily multivitamin with minerals if a nutrient deficiency is suspected (54)."*
  (Pressure Injuries Pages 9-21 thru 9-33).

- https://npiap.com/
- https://npiap.com/page/FreeMaterials
- https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/posters/1a._npuap_staging_poster.pdf

References:

1. CMS's RAI Version 3.0 Manual: https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf

2. CMS Appendix PP: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

3. Nestle Nutrition Institute: https://www.mna-elderly.com/forms/mini/mna_mini_english.pdf

4. Abbott Nutrition: https://static.abbottnutrition.com/cms-prod/abbottnutrition-2016.com/img/Malnutrition%20Screening%20Tool_FINAL_tcm1226-57900.pdf

5. International Waldenstrom's Macroglobulinemia Foundation, Blood Test Results: CBC Explained: https://www.iwmf.com/sites/default/files/docs/bloodcharts_cbc(1).pdf

6. Abbott Nutrition Health Institute: https://anhi.org/education/course-catalog/NFPE-1and2

7. Diet and Nutrition Care Manual A Comprehensive Nutrition Care Guide, Becky Dorner & Associates, 2019.

8. Policy & Procedure Manual Food and Nutrition Services in Healthcare Facilities, Becky Dorner & Associates, 2019

9. Current Nutrition Approaches for Pressure Injury Management 2019 International Guideline Nutrition Recommendations, Live Webinar Dec. 5, 2019. Presented by Dr. Nancy Munoz, DCN, MHA, RDN, FAND and Mary Ellen Posthauer, RDN, LD, FAND

10. National Pressure Injury Advisory Panel: https://npiap.com/