Simplifying Liberalized Diets

May 2, 2014

Handouts are available on the FHCA website and a recording of the webinar will be posted in the next few days.

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**Today’s Speaker’s**

- Diane Hall  
  President  
  Balanced Senior Nutrition

- John H. Potomski  
  Medical Director  
  Brevard Geriatrics

- Karen Goldsmith  
  FHCA’s Regulatory Counsel  
  Goldsmith & Group, P.A.

- Jim Mikula  
  Executive Director  
  Pacifica Senior Living Ocala

**Dietitian interviews physician about liberalized diets in LTC – Is it sound medicine??**

Diane Hall, President, Balanced Senior Nutrition  
John H. Potomski, Medical Director, Brevard Geriatrics

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**Research Summary from American Medical Directors Association**

**Relevant Findings:**

- Routine dietary restrictions are usually unnecessary and can be counterproductive.
- Special diets have **NOT** been shown to improve, control or affect symptoms.

AMDA Clinical Practice Guideline for Alteration in Nutritional Status, 2010, 20


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**Relevant Findings:**

- Special diets are often less palatable and poorly tolerated and can lead to weight loss.

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**Relevant Findings:**

- The presence of one diagnosis alone is insufficient justification for continuing dietary restrictions.
- The reasons for any dietary restrictions that are ordered should be clearly stated in the patient’s record.

AMDA Clinical Practice Guideline for Alteration in Nutritional Status, 2010, 20

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**Graph:**

- NCS/ RCS DIABETIC DIET
- NAS
- THICKENED LIQUIDS

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**Diagrams:**

- Bar chart showing percentages of NCS/ RCS DIABETIC DIET, NAS, and THICKENED LIQUIDS.
Research Summary from American Medical Directors Association

Relevant Findings
- Intensive treatment of diabetes may NOT be appropriate for all individuals
- Quality of life issues must be considered

AMDA Clinical Practice Guidelines: Diabetes Management in the Long-Term Care Setting 2008.

Relevant Findings from Academy of Nutrition and Dietetics

- NO evidence to support diets such as No Concentrated Sweets or No Sugar Added
- Using medication rather than dietary changes to control glucose, lipid levels, and blood pressure can reduce the risk of malnutrition in older adults

ADA Position Paper Individualized Nutrition Approaches for Older Adults in Health Care Communities 2010

Research Summary from American Medical Directors Association

Relevant Findings
- Elderly nursing home residents with diabetes can receive a regular diet
- Monitoring of blood sugars more than once/day in stable diabetic patients should be discouraged
- More frequent monitoring can lead to citations under F329

Leible and Wayne, The Role of the Physician’s Order, paper written for CHII 2010.

Research Summary from Academy of Nutrition and Dietetics

Relevant Findings
- The only benefit to sliding scale insulin is with a new diagnosis where the clinician is attempting to estimate daily dosage of insulin
- Insulin sliding scale should be used sparingly
- Glucose monitoring should be done no more than once daily in stable diabetics

Leible and Wayne, The Role of the Physician’s Order, paper written for CHII 2010.

Relevant Findings
- Little evidence supports the use of sliding scale insulin
- Current standard is to fix the fasting blood sugar first with a long acting insulin, i.e. basal insulin
- If necessary, give short acting insulin to prevent post meal spikes in blood sugar, i.e. bolus insulin

CONTROLLING BLOOD SUGAR: Best Practice

- Once blood sugar control is achieved, the QID finger sticks should be eliminated.
- Clinician should monitor monthly FBS and HgbA1C every 3 months.
- Finger sticks should be taken NO MORE often than once every day.
- Alternate approach is four times weekly prior to different meals or even once weekly is acceptable.
RESTRICTING SODIUM

LOW SODIUM RESTRICTION

• Guidelines for blood pressure targets for older adults differ from those of younger people.  
  31
• More lenient blood pressure goals in the frail elderly may be desirable while a less palatable restricted diet may lead to weight loss and its associated complications. 27

27 AMDA The Role of the Medical Director in Person-Directed Care White Paper, Mar. 2010, 3

LOW SODIUM RESTRICTION

• Intervention for hypertension in elderly should be limited. 31
• Lowering blood pressures may increase mortality. 32


CONTROLLING HEART FAILURE

Best Practice

• The typical two gram sodium diet has had limited success in the nursing home resident regarding the treatment of cardiovascular and blood pressure outcomes.


CONTROLLING HEART FAILURE

Best Practice

• Older people’s taste preferences are set and therefore low sodium, low fat meals are not always appetizing. 34
• Low sodium diets are not shown to be effective in the long term care population.


CONTROLLING HEART FAILURE

Best Practice

• A liberal approach to sodium in diets may be needed to maintain adequate nutritional status, especially in frail older adults.
• 2 gram sodium restricted diet should be limited to ejection fraction of less than 8%.

ADA Liberalization of the Diet Prescription Improves Quality of Life for Older Adults in LTC 2005
RESTRICTING CHOLESTEROL

Controlling Cholesterol: Best Practice

• Effectiveness of low cholesterol/low fat diets varies greatly

• Decreasing lipids can be more effectively achieved through the use of medication


CONCLUSION FOR BEST PRACTICES

Dietary restriction is sometimes essential:
- over a short period
- during an acute episode

CONCLUSION FOR BEST PRACTICES

Restrictive Diets That May be Justified:

• Moderate caloric restriction for complicated obesity especially with Type II diabetes
• Moderate reduction in sodium intake for resistant hypertension or de-compensated CHF
• Moderate protein restriction for chronic kidney disease (pre-dialysis)

CONCLUSION FOR BEST PRACTICES

Unwarranted diets without benefit:
— Low sodium diet for hypertension or CHF
— Low carbohydrate for Type II diabetes
— Low fat diet for hyperlipidemia
— Low protein diet for chronic kidney disease

IT TAKES A TEAM TO PROVIDE INDIVIDUALIZED CARE
RESIDENT BENEFITS FROM NORMAL DIETS

CASE STUDY: Diabetes
Mr. S is a 75 year old with diabetes who is unhappy with diet restriction.

GOALS
• To provide resident with choices to increase satisfaction
• To control her blood sugar

SOLUTION
• Use the most current standards to monitor blood sugar and adjust medication as needed
• Change the care plan goals from diagnosis driven to person directed

CASE STUDY: Weight Loss
Because of Mrs. K’s diagnosis of diabetes and chronic pulmonary disease, she was admitted with a NAS, NCS diet. Poor intake has caused a weight loss trend.

GOALS
• Avoid further weight loss
• Provide adequate nutrition and hydration

SOLUTION
• Evaluated for adverse reaction to restricted sweets and determined treatment was limiting preferred foods, which were high in calories, fat and sugar.
• Normalized diet to Regular which resulted in adding enriched oatmeal, regular desserts, and sweet snacks in-between meals.

CASE STUDY: Dehydration
Mr. P’s was dysphagic which resulted in treating with thickened liquids. He was readmitted to hospital due to dehydration.

GOALS
• Avoid aspiration
• Maintain adequate nutrition and hydration

SOLUTION
• Evaluated for adverse reaction to thickened liquids and determined treatment was causing dehydration related to poor fluid intake.
• Liberalized diet to include thin liquids with supervision which resulted in no more episodes of dehydration

“Geriatrics is a discipline that emphasizes medical care in the proper context, including its impact on function, quality of life and personal preference.”

Quote from AMDA, Role of the Medical Director-white paper March 2010

Goals of Liberalizing Diets

Janet McKee, President, Nutritious Lifestyle
How the Facility Benefits

- Better clinical outcomes survey results
- Reduced food costs and decreased food waste
- Happier, healthier residents with a better quality of life and fewer food complaints

Survey Outcomes

- Restricted diets may lead to negative survey outcomes
  - Potential Citations for Residents on restricted diets
    - CMS Tag F151 - Residents have the right to refuse treatment.
    - CMS Tag F155 - Residents have the right to informed choice.
    - CMS Tag F249 - Residents have the right to choice.

Survey Outcomes

- Restricted diets
  - Could potentially be used to substantiate an F325 citation for avoidable weight loss or other negative nutritional outcomes
  - Potential collateral tags F280 and F281 (interdisciplinary team and professional standards)
  - Increases risk of diet errors (F365)

Survey Outcomes

- Liberalized diets may lead to positive clinical and survey outcomes
  - Less avoidable weight loss (F325)
  - Fewer resident complaints about meals (F364)
  - Enhanced Quality of Life (F309)

Food Costs

- Simplified ordering and reduced costs with less need for specialized items
- Decreased labor time for food preparation, tray service and delivery
- Less food waste and fewer special orders during meal service
- Less supplement usage
- Decreased cost of foods used during activities

Happier, Healthier Residents

- Residents eat better when they can choose what to eat, where and when to eat it and with whom they will eat.
- Residents with the freedom to choose have better intakes and less weight loss and an improved quality of life.
GOAL:
Liberalize therapeutic and mechanically altered diets without adverse effects/negative clinical outcomes

Starting Point

NUMBER OF RESTRICTED DIETS

Starting Point

NUMBER OF SIGNIFICANT WEIGHT LOSSES

IT’S A MULTIDISCIPLINARY APPROACH

• Support from corporate (operations, clinical and rehab therapy)
• Support from administrator showing admin was the key driver for each community
• Support from community Clinical staff (nursing, dietitian, speech therapist)
• Support from line staff, residents & families
• Financial
• Regulatory

Support of Medical Director

• Role of medical director to be supportive of community’s new policy/ standard for Regular diets
• Letter from medical director
• Present at QA

Considerations

• Data collection to identify any potential adverse outcome
• Potential financial implications
• Potential liability issues
• Regulations
Mechanically altered diets

New corporate policy for Speech Screens & Interventions

Therapeutic diets

- Validate the medical necessity for all residents on therapeutic diets with specific goals
- Talk with resident or POA, educate as needed
- Review their glycemic management, and refer for medical review if needed
- Dialysis was contacted and all diets reviewed for individualized plan of care regarding diet & fluid restriction

Ongoing

- Liberalized diets are becoming the norm
- Enjoy positive outcomes:
  1. More choices lead to increased meal satisfaction, fewer food complaints
  2. No more “non compliant” care plans
  3. Simplified audits
  4. Reduced UTIs, weight loss, and dehydration
  5. Market competitiveness

Implementation of Liberalized Diets

SNACKS/ REAL FOOD

Resident First!!

Assessment of Residents

- Determine desired diet with the resident in accordance with his/her informed choices, goals and preferences, rather than exclusively by diagnosis or facility formulary.
- Honor Resident’s Rights first, the interdisciplinary team second
Embrace each resident’s individuality!!

• Support self-direction and individualize the plan of care
• Every resident is different …
• Not what we think is best, but what they want!

Assess Each Resident Individually

• Visit each resident on admission
• Explain the diets available and ask what diet the resident (or family) wants
• What is their personal history?
• What did they eat at home?
• What were their customs?
• What are their concerns?
• Get input from the family

Evaluate and Educate

• Evaluate potential complications from a liberalized diet.
• If the resident chooses a liberalized diet:
  • Educate the resident on any potential complications and offer alternatives
  • Document resident choice and education
• If the resident chooses a restricted diet, such as RCS or NAS, honor their choice.

Care Planning

• Include resident’s diet choices, whether liberalized or restricted diet
• Specify what alternative foods or strategies will be used to minimize risks
• Document potential adverse outcomes and how the resident will be monitored

Documentation

• Document education of the resident and family regarding potential risks, alternatives offered and choices made by the resident and family.

Monitoring

• Interdisciplinary team (Dietary, ST, OT, Activities, Nursing) must monitor the resident’s tolerance of diet
• Recommend downgrading diet when adverse events are noted
• Honor resident and family choices to refuse recommendations
• Care plan the potential for continued adverse events and the resident’s choices
• Document outcomes of discussions and education.
All Decisions Default to the Resident!

- Allowing the resident to decide
  - With whom they will eat
  - What they will eat
  - When they will eat
  - Where they will eat

IMPROVES QUALITY OF LIFE!!

LEGAL CONCERNS

Presented by: Karen L. Goldsmith, Esq.
Goldsmith & Grout, P.A.
Regulatory Counsel FHCA

PRIMARY CONCERNS:

- Protecting residents’ right to make treatment decisions.
- Protecting residents’ quality of life and morale.
- Avoiding citations.
- Avoiding lawsuits.

INFORMED CONSENT:

- Since therapeutic diets are ordered by a physician, they are medical decisions.
- Informed consent must be obtained to either have a therapeutic diet or not (when ordered).
- Requires that resident is given adequate information to make a reasonable choice.

INCLUDING:

- Information regarding benefits.
- Information regarding potential consequences.
- Risks which are specific to that resident.

RESIDENT MUST WEIGH THE POTENTIAL BENEFITS AND RISKS AND MAKE THEIR OWN DECISION
**SOME RELEVANT FACTORS:**

- Impact on Quality of Life.
- Alternatives to a therapeutic diet such as medication, exercise.
- Resident’s desires.
- Importance of a normal diet to that resident.
- Benefits of the therapeutic diet.

**SUBSTITUTE DECISIONMAKERS:**

- More difficult for provider than when the resident is making his own decision.
- Typically a medical decision, so within realm of health care surrogate or proxy.
- Substitute decisionmaker needs same information resident would be given if resident could make choice.

**Substitute decisionmaker must make decision based on what the resident would want if he was able to decide:**

- Signs of resident’s desire may have been communicated in the past.
- May be communicated through overt or subtle signs:
  - Failure of resident to eat food as ordered.
  - Failure of resident to drink enough liquids when thickened.
  - Was this a problem in the past or new based on change in diet?
  - Does resident try to take food from other residents who have a regular diet?
  - What has resident enjoyed historically?
  - Staff may have to pay particular attention.

**If substitute decisionmaker cannot determine what resident would want, must act in resident’s best interest:**

- Consult with physician and care plan team.
- Make that person aware of resident’s signs such as:
  - Not eating
  - Not drinking
  - Losing weight

**What is in the best interests may not be the “safest choice.”**

- Important that substitute decisionmaker have all information necessary to make decision.
- Important that that person be apprised of the success (or failure) of the decision they have made.

**DOCUMENTATION:**

- Documentation is the key to avoiding issues:
  - Discuss the risks and benefits and be sure resident understands.
  - If resident asks questions, record the questions and answers.
  - If resident expresses certain desires, ask them their reasons and record these.
  - Alternatives that were discussed and why they were rejected.
  - Record that there were no other reasonable alternatives available.
  - Any physical manifestations of resident’s desires – tie them together in documentation.
Document that the resident understood his decision and wished to go forward.
- Tell the resident he can change his mind at any time.
- Note if any problems occur relative to this resident based on diet (e.g. higher blood sugars) and talk to physician as soon as possible.
- Also discuss with resident and alternatives (medication for one) to deal with the new issue.

If any negative results from changing diet address them immediately and look for least invasive solution!

CHOKING ISSUES:
- Most difficult to decide.
- Try alternatives to dangerous foods wherever possible.
- Many residents will aspirate regardless of diet – is this documented?
- Encourage residents to eat the least dangerous foods and document.
- Give the resident the alternatives.

WAIVER OF LIABILITY:
- May be effective.
- Should include information as to what was told to resident or substitute decisionmaker.
- Should be signed only by someone with legal authority to make resident’s decisions.
- If whole family involved, in addition to substitute decisionmaker, get them to sign as well.
- Should be clear as to what they are deciding.
- If new substitute decisionmaker involved, get it signed again with most current information.

Getting the Whole Team on the Same Page

- The Key Element to Successful Implementation

Jim Mikula, Executive Director, Pacifica Senior Living Ocala

Take the Lead
- Those on this webinar must start the ball rolling
- Don’t assume the Administrator or corporate will lead
- You may be the most knowledgeable person in your community
Start with a Meeting of All Key Players

- Administrator
- DON, Nurse Mgt
- Social Service
- Dining Service Directors (CDM, RD)
- Speech Pathologists

Remove Fear

- Educate on current Medical thinking
- Give examples of success
- Talk about how to educate Families, Residents and Staff
- Focus on the need to honor resident’s Informed Choice

Emphasize Benefits of Normalized Diets

- Reduce risk of weight Loss
- Reduce dehydration, UTIs, and unnecessary hospitalizations
- Improve resident Quality of Life

SLP’s & Medical Directors

- Absolutely necessary to have them on the same page
- Leadership must meet with them directly to solicit support
- Without their support they will sabotage the change

RD & Dining Staff

- Have to encourage healthy choices of foods consistent with Medical concerns, but that Resident likes and can enjoy
- Line staff in dining room will need consistent training

Dementia Residents Make Choices too

- Food preferences are usually easy to determine – trial and error
- Educate Families about the benefits of Normalized Diets so they can understand resident choice
Quality of Life

- Our emphasis on maximizing longevity has caused us to lose focus.
- These Dining Standards shift the focus back to the resident and the fact that they still want to enjoy their lives up to their final moments.

Questions and Answers

Webinar Archive

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