Person-Centered Care in LTC Using New CMS Regulations

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Agenda
- Long term care regulation changes – background
- Focus areas
- Highlights of the food and nutrition service regulation changes
- Deeper dive into person centered care
- Dementia care
- Questions

LTC Regulations Changes
- First regulations - 1969
- Last comprehensive review and update was 1991. Changes since then:
  - Significant innovations in resident care, evidence-based research
  - LTC facilities are more clinically complex and diverse
  - Focus on person centered care, individual choice, outcomes management

Requirements for Participation are found at CFR 483 Subpart B
Interpretive Guidelines: State Operations Manual, Appendix PP
Focus Areas

- Person-Centered Care: resident preferences
- Staffing and Competency
- Quality of Care and Quality of Life
- Changing Patient Population
- Facility Assessment
- Alignment with HHS priorities
  - Reducing unnecessary hospital readmission
  - Reducing the incidences of healthcare acquired infections
  - Improving behavioral healthcare, and
  - Safeguarding residents from the use of unnecessary psychotropic (antipsychotic) medications.

Implementation Dates

- **Phase 1:** November 2016
  - New regulatory language
- **Phase 2:** November 2017
  - New F Tag Numbers
  - Interpretive Guidance to Surveyors
  - New survey process starts
  - Facility Assessment
- **Phase 3:** November 2019
  - QAPI
  - Infection Control
  - Compliance / Ethics
  - Physical Environment
  - Training

Survey Process Changes

- New Survey Process
Facility Assessment and Competency-Base Approach

- Facilities need to know themselves, their staff and their residents
  - Not a one-size fits all approach
  - Allows for diversity
  - Results will be used for:
    - Staffing requirements
    - Staff competency
    - Services provided
    - Establishing QAPI program

Food and Nutrition Services

- §483.60 Food and Nutrition Services - NOT DIETARY any longer!!!
- Expanded on staffing requirement:
  - F361: The facility must employ sufficient staff with the appropriate competencies and skills set to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population.
  - F362: The facility just provide sufficient support staff to safely and effectively carry out the functions of the department
  - F362: Member of Food and Nutrition staff must participate on the interdisciplinary team

F361 Staffing - RDN

- § 483.60(a)(1) A qualified dietitian or other clinically qualified nutrition profession either full-time, part-time, or on a consultant basis. Defined as:
  - Holds a bachelor’s or higher degree with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization.
  - Has completed at least 900 hours of supervised dietetics practice.
  - Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed.
  - For dietitians hired or contracted with prior to 11/28/16, meets these requirements no later than 5 years.
F361 Staffing - Food Service Director

§ 483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who is:

A. A certified dietary manager; or
B. A certified food service manager; or
C. Has similar national certification for food service management and safety from a national certifying body; or
D. Has an associate’s or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management; and
E. In states that have established standards, meet State requirement

Hired prior to 11/28/16 = 5 years to meet the requirement
Hired after 11/28/16 = 1 year

F279 Care Plan

§ 483.21 Comprehensive person-centered care planning
- Baseline care plan within 48 hours of admit
- Comprehensive care plan within 7 day
- Requires the following be included in the IDT preparing the plan:
  - Nursing aide with responsibility for the resident
  - Member of the food and nutrition services staff
- If participation of resident and representation not practicable, explanation must be in resident’s medical record
- Discharge planning starts at time of admission

F284 Discharge Planning

§ 483.21(c)(1) New
- The IDT must begin discharge planning on admission
  - Includes assessment of resident’s goals
- Discharge plan examples:
  - Referral for home delivered meals
  - Diet education for self management
  - Discharge to nursing home and coordinate nutrition care during the transfer
F325 Nutrition and Hydration

§483.25(g)

(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident’s clinical condition demonstrates that this is not possible or resident preferences indicate otherwise.

(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.

Nutrition Changes – Order Writing Privileges

F390 §483.309(e)(2) Physician delegation of tasks in SNFs

i. A resident’s attending physician may delegate the task of writing dietary orders to a qualified dietitian who...
   i. Is acting within the scope of practice as defined by State law; and
   ii. Is under the supervision of the physician.

F367 §183.60(e) Therapeutic diets

1. Therapeutic diets must be prescribed by the attending physician

2. The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident’s diet, including a therapeutic diet, to the extent allowed by State law.

F363: Menus and Nutritional Adequacy

Meet need of residents in accordance with established national guidelines

Be prepared in advance and be followed

Reflect, based on reasonable efforts, the cultural and ethnic needs of the population, as well as input received from residents

Be reviewed by dietitians for nutritional adequacy

Nothing in this section should be construed to limit the resident’s rights to make personal dietary choices.
Other Changes – F364 & F366

- **F364: §483.60(d)** Food → to Food and Drink
  - Safe and appetizing temperature
- **F366: §483.60(e)(4-6)** Food prepared to meet individual needs
  - Accommodates resident allergies, intolerances and preferences
  - Appealing options, similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice
  - Drinks, including water, consistent with needs, preference and sufficient to maintain hydration.

F368 Frequency of Meals

- **F368 § 483.60(f)**
  - 3 meals daily at regular times or in accordance with resident needs, preferences, requests, and plan of care.
  - 14 hour rule stayed in
  - New! Suitable, nourishing alternative meals and snacks must be provided to those who want to eat at non-traditional times.

F371 Food Safety

- **F371 §483.60(i)** Food safety requirements
- Procure food from approved sources ......
  - New! Does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.
  - New! Does not preclude residents from consuming foods not procured by the facility
  - New! a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption
Sample questions

- How is your menu planned?
- If the resident does not like the meal, what do you do?
- How can the resident make alternative choices?
- How do you handle ethnic or religious preferences?
- Do your residents have a choice at mealtime?
- Who is attending care plan meetings?
- How do you get resident food preferences?

Person Centered Care

Medical Model / Institutional Model

Home Model

Goals of Person Centered Care

- Honoring patient/resident preferences and individuality
- Support personal satisfaction
- Empower staff as advocates of patients
- Respect lifestyles, preferences and needs
- Residents and Representatives: Informed, involved and in control
- Promoting care in a homelike environment
Individual Choice – Food & Nutrition

- Person Centered Choice
- Accessibility Liberalized diets
- Choice Quality service
- True choice – not just token choice
- Choice of what, where, when to eat
- Educate on risk versus benefit
- Least restrictive goal for many is just to eat enough kcal
- Fortified foods Preferences
- ONS last resort
- Choices
- Clothing protectors
- Trays
- Service styles
- Choices
- True choice – not just token choice
- Choice of what, where, when to eat
- Educate on risk versus benefit
- Least restrictive goal for many is just to eat enough kcal
- Fortified foods Preferences
- ONS last resort

Dining Program – RDN Role

Institutional Model
- Tray service; no table setting
- Non-select menu
- Fixed meal times
- Seating chart
- Use of clothing protectors
- Labeled nourishments

Home Model
- Restaurant style service
- Tableside menu selection
- Open dining hours
- Seating by choice
- Cloth napkins
- Snack stations

Powerful Words

- Choices
- Purposeful Living
- Dignity
- Self-determination
- Respect
- Empowerment
- Collaborative