

Long-Term Care Survey Alert

Resident Nutrition: Hungry For Better Outcomes? Target Your Meal Intake Assessment

Otherwise you're wasting time and setting yourself up for survey woes.

Do your meal intake records truly add value to residents' care management or do they simply create "busy work" - or worse, lay a paper trail to survey citations?

Providers get in trouble across several F tags related to dietary due to a misunderstanding of the requirement to assess intake and output, says **Beth Klitch**, president of **Survey Solutions Inc.** in Columbus, OH. For example, the regulations do not say you have to measure every resident's meal intake all of the time. Facilities that take on that daunting task often end up with holes in their documentation, which looks bad to surveyors - and juries.

Even when facilities do have good intake records, they don't always use them as the basis for changing the plan of care, which really sets the facility up for liability with surveyors and malpractice attorneys, Klitch notes.

Perform a Baseline Assessment

So how can you know when to spring into action when a resident's intake drops below 75 percent of meals, in accordance with regulatory requirements? Nursing facilities can perform a baseline assessment for the first month to capture the resident's usual meal intake, suggests **Diane Atchinson, RN-CS, MSN, ANP**, president of **DPA Associates** in Kansas City, MO. "Then correlate that to the person's weight. If there are no problems, staff can do the meal intake for the MDS lookback. Then use triggers to identify residents at risk for decreased intake," she suggests. These triggers include:

1. Nausea and vomiting or diarrhea for 24 hours;
2. The CNAs or family members who care for the resident regularly say he's not eating as well or doesn't feel hungry. (Make sure you teach CNAs and dietary aides to alert staff immediately when a resident's intake declines.)
3. An unplanned weight loss of a pound in a week's time.

Also use the Resident Assessment Protocol (RAP) guidelines for nutritional status to flag residents at risk for dietary intake problems and malnutrition, suggests **Jennifer Boring, RN**, corporate manager of clinical systems with **RH Positive Computer Systems** in Columbus, OH. "Keep in mind, however, that the RAPs are interrelated," she adds. "So also look at the dental care, dehydration/fluid maintenance, and pressure ulcer RAPs, etc., to identify residents who require more in-depth monitoring of their food and fluid intake."

Obtain Accurate Intake Assessments

Of course, monitoring intake is only as helpful as it is accurate. The good news is that there is help out there. **Briggs Corporation**, for example, has a form in the shape of a pie graph that walks staff through how to record resident intake percentages, reports **Karen Merk**, a nurse clinical consultant with the Des Moines, IA-based firm. "The main part of the meal might count as 30 percent and the vegetables 10 percent," she says. "So if you see the resident ate half his vegetables, you'd count that as 5 percent."

Tip: Specify the frontline staff (CNAs or dietary aides) who will be responsible for calculating meal intake - and then

make sure the facility follows its own policies and procedures in that regard, Merk adds

Meet the Buffet Challenge

Buffet-style dining can promote quality of life, but it also poses a challenge if you're trying to monitor a resident's dietary intake. "If you have a resident at risk for weight loss, give that person a special colored plate so staff can keep an eye on his intake," Merk suggests. Also weigh the person weekly. "That's especially important when you make the transition to buffet dining," Merk emphasizes. "Surveyors will come in and say, 'Oh, how nice, you've switched to buffet dining. Now how are your residents' weights doing?'"

Once you see the person at risk for weight loss is maintaining a stable weight by serving himself buffet style, you can relax the food intake monitoring to some extent, Merk says. "But still keep an eye on the weekly weights." Another option is to offer these residents snacks, and measure the intake of those supplements, she adds.

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