

# THE NETWORK NEWSLETTER

*Connecting Consultants of S & S Nutrition Network Inc.*



## IN THIS ISSUE

### MEMBER SPOTLIGHT

### PUPC 13TH ANNUAL MEETING

### VEGAS TRIP!

### YOUR ROLE IN PATIENT- DRIVEN PAYMENT MODULE

### WELCOME NEW CONSULTANTS AND ANNIVERSARIES

### DEFICIENCY FREE THIS QUARTER

### THE CONSULTANT DIETITIAN AND IDDSI

### S & S NUTRITION SUMMER WORKSHOP RECAP

How fitting that the day I sit down to write this quarter's Network Newsletter it is one of our first Fall-like days! It is chilly and raining and I'm reaching for a warm beverage and slippers.

I heard somewhere recently that Autumn is like another New Year's. Vacations are over, kids are back in school, things slow down and it's a time to get back into a routine.

This seems to be true for a month or two, until we realize that Christmas is XX days away.. Thanksgiving is X days away.. and Halloween is this month!?!

I guess we just need to take a minute to slow down whenever we can. Whatever the season, the month or day of the week.. just take a minute to breath.. and smell the pumpkin spice!

# Member Spotlight: Teresa Hockett

I became interested in dietetics after taking one nutrition class in college. I knew I wanted to be in the "health" field but, until that time I wasn't sure of the specific area. I switched schools to attend Oregon State University the very next semester. After graduation, I worked for a while as a Dietary Manager in a SNF. ( I was clueless, but learned A LOT). During this time, I had my first child and decided I was ready to apply for my internship. I was accepted as one of four interns to the Mid-Willamette Valley Internship. I have been a registered dietitian for almost 20 years now! My kids and I relocated to Idaho in 2013.

I slowly picked up accounts with S & S. I love the mix of autonomy and team work I get to experience working as a consultant with S & S Nutrition. There are many fun and brilliant people who I get to call my colleagues!

My most rewarding experiences have been seeing "the light come on" while providing education to staff and residents. Seeing them put that information in motion is the best feeling.



In my spare time I am the mother of two. I am also a new empty nester! One child just finished college and the other just started her college career. Other than family, I enjoy finding new places to hike, camp and explore. I have an almost 14 year old yorkie/pomeranian mix who can still hike with me and keep up! I have recently found more joy in my yard. I wouldn't say I'm a big gardener yet, but I'm headed that way.



Something most people wouldn't know about me is that I grew up on the Oregon Coast. One of my fondest memories is going crabbing with my family and neighbors. We'd collect the crab and cook it over a fire we built in a huge black pot on the beach. I love to go back and visit now and explore the places I miss since growing up and moving away. The other thing people probably don't know about me is that I was WAY ahead of my time back in the late 70's. As you can see from the attached photo, I could have been a cast member on the science fiction series Stranger Things! :)





## Idaho Pressure Ulcer Prevention Coalition's 13<sup>th</sup> Annual Consensus Meeting

# Pearls & Pitfalls of Pressure Injury Prevention & Practice

**Saturday, November 16, 2019**

Saint Alphonsus Regional Medical Center | McCleary Auditorium  
1055 N. Curtis Road, Boise, ID 83702



### Agenda

7:00am–8:00am	Check-in   Expo Open   Posters   Strategic Exchange Sessions
8:00am–8:10am	Welcome
8:10am–9:10am	Just for the Record...Pressure Injury and Reimbursement Litigation Risks Presenter: Toni Turner, RCP, CHT, CWS
9:15am–10:15am	Surgical Management of Pressure Wounds Presenter: Dr. Linsey Etherington
10:15am–10:45am	Morning Break   Expo Open   Posters   Strategic Exchange Sessions
10:45am–11:45am	Nutrition Therapy Protocol Development for Wound Prevention and Treatment Presenter: Wendy Phillips, MS, RD, CD, CNSC, CLE, NWCC, FAND
11:45am–1:00pm	Networking Lunch   Expo Open   Posters   Strategic Exchange Sessions
1:00pm–2:00pm	Pearls and Pitfalls of Technology; Friend or Foe? Presenter: Dr. Margaret Doucette
2:00pm–3:00pm	Differential Diagnosis: Common Pitfalls in Pressure Injury Identification Presenter: Laurie McNichol, MSN, RN, GNP, CWOCN, CWON-AP, FAAN
3:00pm–3:20pm	Afternoon Break   Expo Open   Posters   Strategic Exchange Sessions
3:20pm–4:20pm	Are Your Wounds "Best Dressed?" –Principles of Dressing Selection for Optimal Healing Presenter: Stephanie Yates, MSN, RN, ANP-BC, CWOCN
4:20pm–4:30pm	Wrap Up & Drawings for Door Prizes

### Share your Pearls & Pitfalls and receive a discounted registration!

We invite the submission of quality improvement projects, case studies, or evidence based projects.  
Questions? Contact: [events@idahopupc.com](mailto:events@idahopupc.com)

For more information visit [www.idahopupc.com](http://www.idahopupc.com)

Wendy PhillipsMS, RD, CD, CNSC, CLE, NWCC, FAND

As a Division Director of Clinical Support at Morrison Healthcare, Wendy Phillips directs the development, implementation, and maintenance of clinical nutrition programs according to regulatory requirements, current trends, and market place demand. In her role, she provides regulatory oversight for the clinical nutrition services at ~160 hospitals from California to Ohio. Wendy has worked with Morrison's corporate operations and wellness/nutrition teams to lead a productivity analysis program and outcomes measurement studies for RDNs to ensure efficient and effective use of resources, and leads program development for ambulatory nutrition programs. Wendy is a certified nutrition support clinician, a fellow of the Academy of Nutrition and Dietetics, and a certified lactation educator. She is a Nutrition Wound Care Certified clinician through the National Alliance of Wound Care and Ostomy.







What a great visit to the Vegas Advanced Health Care facilities to see Ellen and Marie. These are two dynamic S & S Dietitians who definitely work harder than they play.

# Your Role in Patient-Driven Payment Module (PDPM)

**As of October 1, 2019 the new Medicare payment system (PDPM)** for our skilled facilities goes into effect. With this new payment plan, our role as the consulting dietitian has changed. We now can play a role in helping our facilities with Medicare reimbursements.

We hope all our dietitians are utilizing the Nutrition Focused Physical Exam Pocket Guide that was given to everyone by Sue and Maureen to help guide you through the process for identifying malnutrition. If you haven't started including the physical exam and screening for malnutrition in your nutrition assessment, it's time. Keep in mind our job is to Talk-Touch-Test during our resident interviews.

## **Here are Five steps you should start with to ensure you are on the right track:**

- 1)** Make sure you find out if your facility has any training set up by the corporation for the Dietitian's role in PDPM. You should know your role, but they may have specifics they want from you.
- 2)** If they have a policy regarding malnutrition screening and diagnosing, please familiarize yourself with the policy and if they do not have a policy be sure to ask:
  - how the facility wants you to communicate any malnutrition finding to capture this for the initial MDS
  - if a resident is morbidly obese per BMI and does not have a morbid obesity ICD-10 diagnosis/code how to communicate the need for the diagnosis
- 3)** Make sure you always carry your Nutrition Focused Physical Exam Pocket Guide to work. Use this pocket guide to help you identify physical findings and to help with your PES statements.
- 4)** Your nutrition assessment summary should include any physical findings such as areas of muscle loss, body fat loss, fluid accumulation (edema), grip strength concerns, weight loss information, and any concerns with inadequate nutrient intake. You need to reference if the resident has or doesn't have any chewing or swallowing difficulties. If your findings shows evidence of any level of malnutrition, this should be identified in your PES statement.
- 5)** Make sure the nutrition care plans reference any malnutrition diagnosis.

## **Remember when you visit your residents to:**

**Talk-** ask them about weight changes, usual body weight, diet changes, appetite changes and timeframes if they can provide, as well any chewing or swallowing issues

**Touch-** feel their skin, check for muscle loss or fat loss

**Test-** shake their hand to introduce yourself and test their hand grip strength, touch their lower extremities for edema changes.

Our role is more hands on than it has ever been.

## **Example PES statements:**

\*DX: severe malnutrition r/t inadequate protein-calorie intake with increased protein-calorie needs AEB significant wt loss, muscle loss(occipital/clavicle), reduced grip strength, skin impairment and continued poor caloric/protein intake with complaints of taste and lack of appetite

\*DX: Moderate Malnutrition related to reduced functional ability/pain AEB 20# weight loss in less than 3 months, obvious muscle and fat wasting (clavicle, scapula), and inadequate nutrient intake <50% estimated needs for two weeks

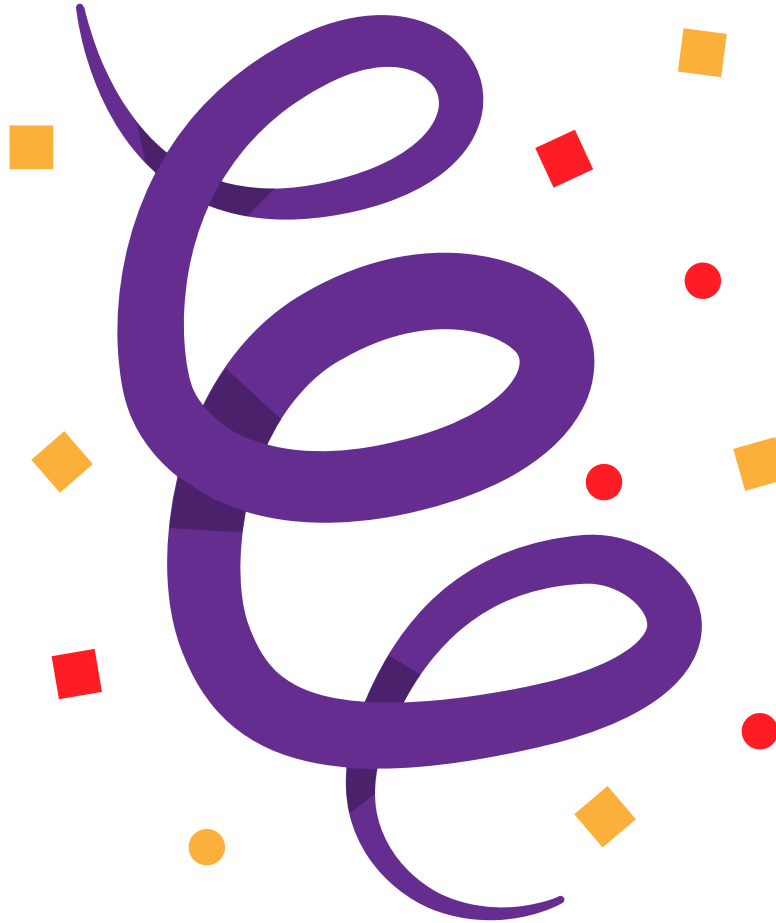
\*DX: Protein calorie malnutrition r/t acute illness with loss of appetite AEB-interview, loss of muscle and fat at clavicle, sternum, and scapula areas with stated wt loss of 25# over the past 30 days and mild fluid accumulation.

**Additional resource:** <http://www.providermagazine.com/news/Pages/2019/0919/CMS-Releases-Final-Take-of-MDS-3-0-RAI-Manual-Ahead-of-PDPM-Transition.aspx>



A big Welcome to  
these additions to  
the S & S family

Amber Bulcher  
Justine Habibian



Let's Celebrate this Quarter's Anniversaries!

>5 Years

Camile Michaelson (5 years)

Ellen Turk (5 years)

Ryan Vance (5 years)

Teresa Hockett (6 years)

Sarah Bair (7 years)

>10 Years

Tracy Varner (13 years)

Tisha Whatcott (13 years)

Jamie Davis (15 years)

Lori Tollinger (17 years)

Wendy Rice (22 years)



## Nutrition/Dietary Deficiency Free this Quarter

Aspen Ridge West  
Jamie Davis

AHC Reno  
Justine Habibian

Midtown Manor  
Angie Lott

Pocatello Veteran's Home  
Kimberly Wagner

Monte Vista Hills  
Kimberly Wagner

# Dietary Managers

Are you interested in a section specific to you in this newsletter? Let us know if so and what topics you would like included at [sbair.email@gmail.com](mailto:sbair.email@gmail.com).

Here are some possible ideas:

- Recognize managers in a Managers Spotlight Feature (RD's please feel free to recommend your dietary manager for this spotlight event)
- Managers feel free to submit ideas or success stories you might want to share with others such as budget tricks for labor, food and supplements; employee turnover help, how you might have improved an area in your department...

Remember how important our dining room service is to our residents mental and physical health. Areas of concern which can result in CMS/State Tags:

\* **F880** or **F812**- Not washing hands prior to starting meals service

Handling ready-to-eat foods with bare hands,

Not changing aprons from dirty to clean in the dish room (clean dishes contacting dirty apron)

Not following a cleaning schedule - resulting in unclean equipment

Beard nets not worn at all times in the kitchen

\* **F550** Staff does not stand to assist with feeding residents

\* **F550**- Staff not including Residents in meal conversation

\* **F676** or **F677** and/or **F692**- Staff providing adequate cueing, assistance, offering alternate with poor meal participation.

**Remember**-Don't leave dependent residents unattended at meals, hall trays need served timely, our participation in meal service can impact the overall mental and physical health of our residents.





## International Dysphagia Diet Standardisation Initiative

*A global initiative to improve the lives of over 590 million people worldwide living with dysphagia*

### How are you, as the Consulting Dietitian, helping your facility transition towards IDDSI?

It's time to look at how you as the consultant have started the process towards transitioning our facilities towards IDDSI. We've been talking about it and waiting. We've been educated and now we need to make sure we are moving forward. Change is never easy for anyone, especially a change that is felt to be so challenging. As the consultant, you should be taking leadership in helping your facilities meet this challenge and put it in motion.

Here are a few suggestions to get you on track or started:

1. Know your team-make sure all team members are included in this transition, determine who they are.
2. Find out if the corporation has established training requirements and know your role.

If the corporation is allowing each building to move forward independently- Plan a meeting with your FSD/CDM - Organize your thoughts and steps at this meeting-Decide where you need to start. Utilize the IDDSI website for training tools and suggested in-service training schedule.

\*If the building isn't familiar with IDDSI maybe set up a date for a webinar to start  
Introducing IDDSI

\*If the building is familiar move onto how to start the transition-

A. Print off the Conversion charts that Show the current diets comparison to IDDSI. This is important to share with nursing to help with diet clarifications if the facility is not yet transitioned and new admits are being admitted with IDDSI diets.

B. Print of the IDDSI Framework and Descriptors documents to review and use to in-service and train your FSD and Nursing staff

C. Have your FSD/CDM make a list of the current snack choices available for residents. Have the FSD/CDM work on making a reference guideline for staff to use that shows what snack items are allowed for each diet. (once this is done, review and check the list for accuracy). Work with FSD/CDM to decide on sample meals to show the staff the different diet textures for in-services.

D. Make sure the FSD/CDM has pre-thickened fluids or thickener products with an appropriate 10 ml hypodermic syringe.



3. Plan a meeting with all team members (FSD/CDM, SLP, DON, and ED) to outline the in-service and training schedule. Work with your SLP and include them if possible in the training schedule. Discuss how diet downgrades will be done in the facility by nursing
4. Decide if your training will be facility-wide or by specific departments. It would be ideal to have a separate training for nursing and the FSD since their roles are different. Don't forget to include the Activity department or OT if the residents participate in cooking.

FSD Training suggestions- (Might need to use the Webinar to introduce IDDSI)

1. Introduce the staff to the Framework documents for reference, and show them how to use them
2. Use the meals/foods decided on to create sample plates showing each new diet texture to allow the staff to visualize the diets and test the food hands on.
3. Let them use the hypodermic syringe to test the flow and practice.
4. Go over the snack list and needs for availability to ensure the staff is aware of the correct prep for altered snacks.
5. Review spreadsheets if they are available.

Nursing Training suggestions- (Might need to use the Webinar to introduce IDDSI)

1. Introduce the staff to the Framework documents for reference, and go over the conversion chart for the transition and introduce the new textures for new admits.
2. Review the new snack options. Let them know where the snack reference guide will be available.
3. Show the staff where they can locate the new liquid consistency name on the pre-thickened beverages, and introduce them to any products they may have to use to thicken items such as liquid medications.
4. Discuss how diet texture downgrading will be done-who will be allowed to downgrade, and how this is communicated to the dietary department and medical records.

Suggested Links for education:

<https://iddsi.org/>

**I wanted to thank Sue and Maureen** for all their hard work, dedication to providing continuing education, for the fun events and food they provided during our July Meeting. I would also like to thank all those behind the scenes-Sarah Bair and Deanna Gillette for all the work they put into our July Meeting.

This meeting is such a great educational opportunity for all the S & S Dietitians and so greatly appreciated. I wanted to share, aside from the educational piece, why this meeting is so important to me. I love taking time to look around our meeting room and just take in our diverse, upbeat, and intelligent group. This meeting is such an important opportunity to talk and learn from each other. It's amazing the conversations everyone has during our time together and what we take back to improve our consulting strengths. I personally take this opportunity to talk to other dietitians regarding concerns or problems I have to get their insight, opinions, and suggestion. We learn not just from our speakers, but from each other. I try to leave each July meeting having met and connected with other S & S dietitian that I can use as a resource throughout the year. This meeting allows us to establish connections and identify support among our group especially with specific Corporations. Its so nice to meet and put a face to one of our dietitians who contract with the same corporation.

I not only leave our meeting feeling educated and refreshed but with the feeling of gratitude and appreciation I belong to an organization that has such a strong network of Dietitians.

Thank you S & S

-- *Rachell Larsen*

## Awards

Top Biller: Ryan Vance

Communicator: Marissa Rudley

Always Say Yes: Angie Lott

Challenging Year: Julie Richardson

Entrepreneur: Sarah Bair

Leadership: Leslie Bell



## Survey Results

### **Favorite Sessions:**

Patient Driven Payment Module

The Why

IDDSI

Malnutrition

Love the variety of topics

The hands on presentations



