

THE NETWORK NEWSLETTER

Connecting Consultants of S & S Nutrition Network Inc.



IN THIS ISSUE

WELCOME AND ANNIVERSARIES

"MY FACILITY DOESN'T FOLLOW MY RECOMMENDATIONS"

NEW S & S MENUS W/ IDDSI

MEMBER SPOTLIGHT - KELLY DIMOND

COVID - 19 INFORMATION

"IT LOOKS AS GOOD AS IT TASTES" OR "TASTES AS GOOD AS IT LOOKS"

DEFICIENCY FREE / SUMMER MEETING

WOUND HEALING IN LONG TERM CARE

FUN PICTURES TO MAKE YOU SMILE

NEW COMPETENCY TOOL

Sunshine on My Shoulders

Probably not the picture / heading you were expecting. There is a lot going on in the world right now but what is keeping my husband and I sane are the routine and normal things that we would do.. and in the spring, we go outside! We do yard work, pruning, planting etc. or just sit in the sun. On rainy days we knit, tie flies and watch Fargo.. anything but turn on the news.

But in all this chaos something unexpected happened, all the extra beauty and kindness this environment has created. My neighbors are checking on each other and people ask "How are you?" and really want to know and are having full conversations with strangers (from 6 feet away, of course)! I felt this was headline worthy! So get outside, spread the love and get your sunshine where you can!

I don't think I can say it better than John Denver -- [Sunshine on My Shoulders Makes Me Happy](#)

Sarah Bair



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

Cheryl Carson
April Bruns

Let's Celebrate this Quarter's Anniversaries!

>5 Years

Mimi Cunningham (6 years)

Kimberly Wagner (9 years)

>10 Years

Rachel Arndt (13 years)

Mary Martinez (11 years)

Maxine Schroeder (19 years)



"My Facility Doesn't Follow My Recommendations!?!"

by Lori Tollinger RDN/LD



Not many things are more frustrating than working for hours on end assessing patients, residents, and clients (P/R/C), only to find out that none of your recommendations have been completed. Hopefully, these tips will help you to resolve this challenge:

- Understand the policies in your facilities.
 - Some facilities won't implement things unless the unit manager or DNS agrees with your recommendations, or until the P/R/C is seen by an MD/NP/PA, and they agree with your recommendations.
 - Talk with your DNS and unit managers and find out what their expectations are. The last column on the recommendation sheet can be utilized to communicate with you as to why things are or aren't being done. Ask that this paper be returned to you when you next return to the facility. Also, a note will need to be made in the chart as to why your recommendations aren't being followed up on as this is a big survey issue.
- Identify habitual non-responders.
 - Some unit managers, dietary managers, or directors of nurses are worse than others at getting things done.
 - Have a conversation with that person directly. Help them to understand the importance of follow through. Help them to identify challenges as to why they are unable to get things done and brainstorm different ways to make this a priority. Follow up with them until completing your recommendations are not only a habit, but a priority.
 - If this still doesn't work, ask to involve their supervisor and meet as a team.





- Meet with the Administrator, DNS, unit managers, and dietary manager to brainstorm a way to ensure your recommendations are being followed through on timely.
 - Consider daily follow up at stand up, stand down, or other designated daily meeting.
 - Have the dietary manager or other designated person bring your recommendations to stand up, clinical meeting, or other agreed upon team meeting. Have the dietary manager or designated person take notes and fill in the last column, thus ensuring that things are either getting done, or reasons things aren't being done have appropriate documentation and can be communicated to you. Have them continue to bring the sheet every day until all of the recommendations have been followed up on.
 - Suggest they do things as a team – one person puts the order in, one person updates the care plan, one person puts a note in the progress notes, and one person notifies the family of what is changing and why. With a team approach, things can be done very quickly and efficiently.
- Continue to verbalize your challenges and successes to the Administrator and DNS on a regular basis. Communication with your facility leaders should happen monthly at a minimum, though this obviously can happen every time you are in the building. Outline what you have done to help resolve the challenges and highlight what is and isn't working.
- Continue to communicate your challenges on your end of month reports. If, month after month you continue to have the same challenges, alert the S&S team with a text or email.

Hopefully, with patience, continued open communication, and utilizing your team to the fullest, you will be able to resolve your challenges. Thankfully, for most of us, the rewards that come with the honor of serving others in this job continue to outweigh the frustrations.



S&S Nutrition Network Menu Services



S&S Nutrition Network is pleased to announce
Spring/Summer 2020 Menus
are available for purchase.

S&S Menus reflect IDDSI Diet Standards but also are appropriate for those who haven't yet transitioned to IDDSI. Resources from IDDSI are included and printed in color including; Audit sheets, food test cards and IDDSI Help Booklet.

S&S continues to make changes to the menus based on feedback from our menu customers.

What changes can I expect in 2020?

1. New "Plant Based" Diet Extension which can easily be modified to meet a variety of Vegetarian Diets.
2. Several recipes have been added due to customer recommendations including; Bacon Mac n Cheese, Tator Tot Breakfast Casserole, Swedish Meatballs
Lemon Cookies, Chocolate Cookies, Soda Shop Cookies
Ravioli with Sausage Marinara, Pork Adovoda, Bacon & Cheese BBQ Chicken & More!
3. Dessert of the Day Option based on feedback from our menu survey.

\$550 Menus will still include;
4 Weekly Alphabetized Recipe Books
Week at a Glance (WAG)
Daily Diet Spread Sheets (Improved!)
Alternate Recipe Book
Alternate Diet Guide Spreadsheets
Substitutions for Vitamins A & C
Food Preference Form
IDDSI Help Binder

Current Diets include: Regular, Consistent Carbohydrate, Liberal Renal, 2 Gram Sodium
Gluten Restricted ,High Calorie/Fortified and Plant Based.

Expect more changes in the future. We change so we can help you in meeting ever changing healthcare standards. Let's work together. If you have any suggestions, please send them our way!

Any questions? Contact kdimondrd@gmail.com

Member Spotlight: Kelly Dimond

I became interested in dietetics, because I love food! Probably a little too much in fact, and so I wanted to learn how to find a healthy balance between enjoying food and maintaining good health. I considered culinary arts but there wasn't enough emphasis on health for me. Growing up I was overweight and so were many of my family members, and I hoped that wouldn't have to be an issue for my children.



The aspects of my S&S job that I enjoy the most are testing new recipes for the menus, working with the kindest RDNs, and the flexibility so that I can work around my family's schedule.

My most rewarding experience working with S&S is when I get positive feedback from the menus. Sometimes a resident will ask for a recipe, or when we take surveys we can get an idea of how much they are enjoying the food. I feel that food is one of the highlights of the day when you are in a care facility and hope our menus bring enjoyment along with good nutrition.



In my free time (not sure I know what that is since I have 7 kids) I like to garden, can produce, sew and read books. And of course play with my kids; we like to hike, run, and play sports. A few things people may not know about me; I completed my Dietetic Internship at the Florida State Department working in the School Lunch Program. I paid for college by working at the Idaho State Fish Hatchery in Hagerman, ID. My family most frequently requests my homemade cinnamon rolls with maple frosting.



COVID - 19 Information



Here are 5 things for you to read/consider as you go through your Covid-on-the-brain filled work days:

1. The CDC has posted some updated guidance for household sanitizing and disinfecting on their website (as of 3/26/20). Also, I am attaching the link specific to nursing home and healthcare facilities and some free resources from the Association for Professionals in Infection Control and Epidemiology. Please read and assist your food service departments with keeping up to date.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

<https://apic.org/free-ltc-resources/>

2. There was a very informative MD report out of an ER in New Orleans that I thought might be of interest to you. Specifically, you could read about the lab abnormalities helpful to identify Covid. Your knowledge with this could be very useful and never be afraid to communicate with the MD/practitioner if you see something alarming.

3. Here is State by State guidance for Covid-19 that is kept up-to-date by each affiliate.

<https://restaurant.org/Downloads/PDFs/business/Assoc-State-Covid19-Resources.pdf>

4. COVID-19: Resources and Information for Food and Nutrition Services from Becky Dorner's website:

<https://www.beckydorner.com/free-resources/covid-19-resources-and-information-for-food-and-nutrition-services/>

<https://www.beckydorner.com/covid19/>

“It Looks As Good As It Tastes” or “It Tastes As Good As It Looks” Both are True

Many studies over the years have supported food tastes better if it looks better. Food is also better accepted at palatable temperatures. As a Consulting Dietitian, we see the importance of palatable meals with each visit to our facilities. The impact food palatability can have on our residents' appetite and overall nutrition status, greatly supports routine monitoring by the Dietitian as well as the Dietary Manager. Federal regulation F804-Each resident receives, and the facility provides- Food and drink that is palatable, attractive, and at a safe and appetizing temperature. F804 has been a rising survey concern with focus on in-room meal delivery temperatures and taste.

Please remember temperature palatability guidelines under F804 are not the same as food safety and holding temperatures under F812. It is important these differences are recognized and educated to avoid confusion and inappropriate citation.

With today's current COVID-19 Pandemic and facilities' requirement to provide in-room meal services, temperature palatability is an even more important focus. We all need to redirect or increase our focus on monitoring food from the serving line to the residents' point of service to help ensure food quality and acceptance is at its best.

Tips for Temperature Palatability Success:

- Structure your meal delivery with no more than 10-12 trays per service (unless a heated cart or heated plate system is used 10-15)
- Goal deliver service time <15 minutes, heat system <20 minutes
- Monitor the delivery of each meal cart from start to finish
- Complete Test tray audits routinely checking each meal delivery-increase frequency as need arises
- Keep in mind all foods have different temperature acceptance and are subjective (ie- vegetable temperature acceptance varies vegetable to vegetable)
- Goal meal deliver temperatures
 - Hot food 115-135°hot food (eggs-135-140°)
 - Cold food/beverage items <40°
 - Hot beverages/soups-145-150°
- Conduct interviews with residents (how are the temperatures, presentation, variety, are condiments provided as needed)
- Monitor staff are following up on residents' needs (beverage refills, seconds, meal alternate)



**Nutrition / Dietary
Deficiency Free this
quarter:**

Life Care Boise
Jamie Zabel

Aspen Ridge of Utah
Hilari Castro

Avamere Boise
Lori Tollinger

Cascadia Canyon West
Teresa Hockett

Gateway
Maxine Schroeder

Advanced Healthcare
Mary Martinez

Lincoln County Care
Leslie Bell

S & S Nutrition Summer Meeting

Save the Date!!

**July 14th and 15th
(COVID-19 permitting)
Boise Centre**

Topics:

**Creative Dining
Regulations and Survey Trends
PDPM Update
Creative Food-Related Activities
Trending Diets
Motivational Talk
Government Policy and Nutrition
Current Financial Environment
COVID-19 Debrief
TPN
Pressure Injury Criteria Update
IDDSI Update**



Wound Healing In Long Term Care

Clare Rezentos RDN LD

The prevalence of pressure wounds in long term care is not something we are able to avoid. With 20% of the long term care population having pressure wounds it is extremely obvious of the link between improper nutrition and wound healing. To successfully heal a wound in a long term care setting it takes the whole interdisciplinary team. There are many clinical factors that affect the progression of the wound. However, nutrition is something that can often be overlooked. Nutrition affects collagen synthesis and immune function which are essential in wound healing. As we age, we lose the elasticity in our skin as well as the subcutaneous fat layers causing the geriatric population to be at an increased risk. Bony prominences that are present related to malnutrition can also be a risk factor for skin breakdown. Nutrition cannot be overlooked in the high risk population that is long term care.

Malnutrition is extremely prevalent in long term care in the elderly. Social isolation, physical inactivity, generalized pain, decrease in senses of taste and smell, comorbidities, vision problems, oral issues, polypharmacy and difficulty feeding themselves are various factors that contribute to malnutrition in long term care. With malnutrition being so prevalent among this population it only makes sense that skin breakdown would occur. It is important when discussing wound healing to take into account all of the issues at hand that are affecting nutrition status.

The macronutrient that is mostly talked about with wound healing is protein. It is extremely difficult to meet estimated protein needs in this population especially while there is acute illness. Protein is essential in building skin, ligaments, transporting lipids, vitamins and minerals. The geriatric population have less lean body mass, meaning they need an increased amount of protein in their diet. A minimum recommendation for protein intake for someone with a chronic wound is 1-1.5 g/kg per day. There is a concern about the high protein intake and those with poor renal function. A high protein diet in a patient with renal disease can cause a build up of toxic protein metabolites. Renal labs must be reviewed and consult with the individual's MD to decide whether to proceed with an increased protein diet and/or protein supplement. However, usually in this case the patient will have suboptimal protein intake and the supplement will provide enough protein to be at a more desirable intake.

It is recommended that older adults with pressure wounds eat approx. 30-35 kcal/kg a day for wound healing. This energy intake can be difficult to achieve in this population and may take supplementation to meet those recommendations. Fluid is important in wound healing because of the excretion of toxins and movement of various nutrients throughout the body. It is recommended that this population drinks approx. 30 ml/kg per day of fluids. There are other micronutrients that play a roll in wound healing such as vitamin C which plays a roll in collagen formation and cell regeneration. However high doses of vitamin C have not been proven to have any added benefit. Vitamin A plays a roll in that it supports the immune system. Vitamin K is essential in the formation of blood clotting and is important in the early stages of wound healing. A zinc deficiency can also delay the formation of collagen.

The importance of nutrition in wound healing is undeniable. In long term care facilities there are many factors that put this population at risk. As nutrition professionals, it is important what we put our best foot forward in order to minimize these risks. Formulating an individualized nutrition care plan is paramount in wound healing success. Regular communication with the interdisciplinary team about wound care, labs, ambulation, meal time behaviors etc. are all going to be factors that must be watched closely in this setting. I am hoping that the research only expands in this field so that providers can slow and minimize health decline in the most successful way overall.

Resources:

<https://www.todayswoundclinic.com/articles/nutritional-factors-wound-healing-older-adult-patient>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5962279/>

<https://www.woundsresearch.com/article/nutrition-wound-care-management-comprehensive-overview>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4217039/>

The importance of nutrition in wound healing Wounds UK, Vol 9



New Competency Tool

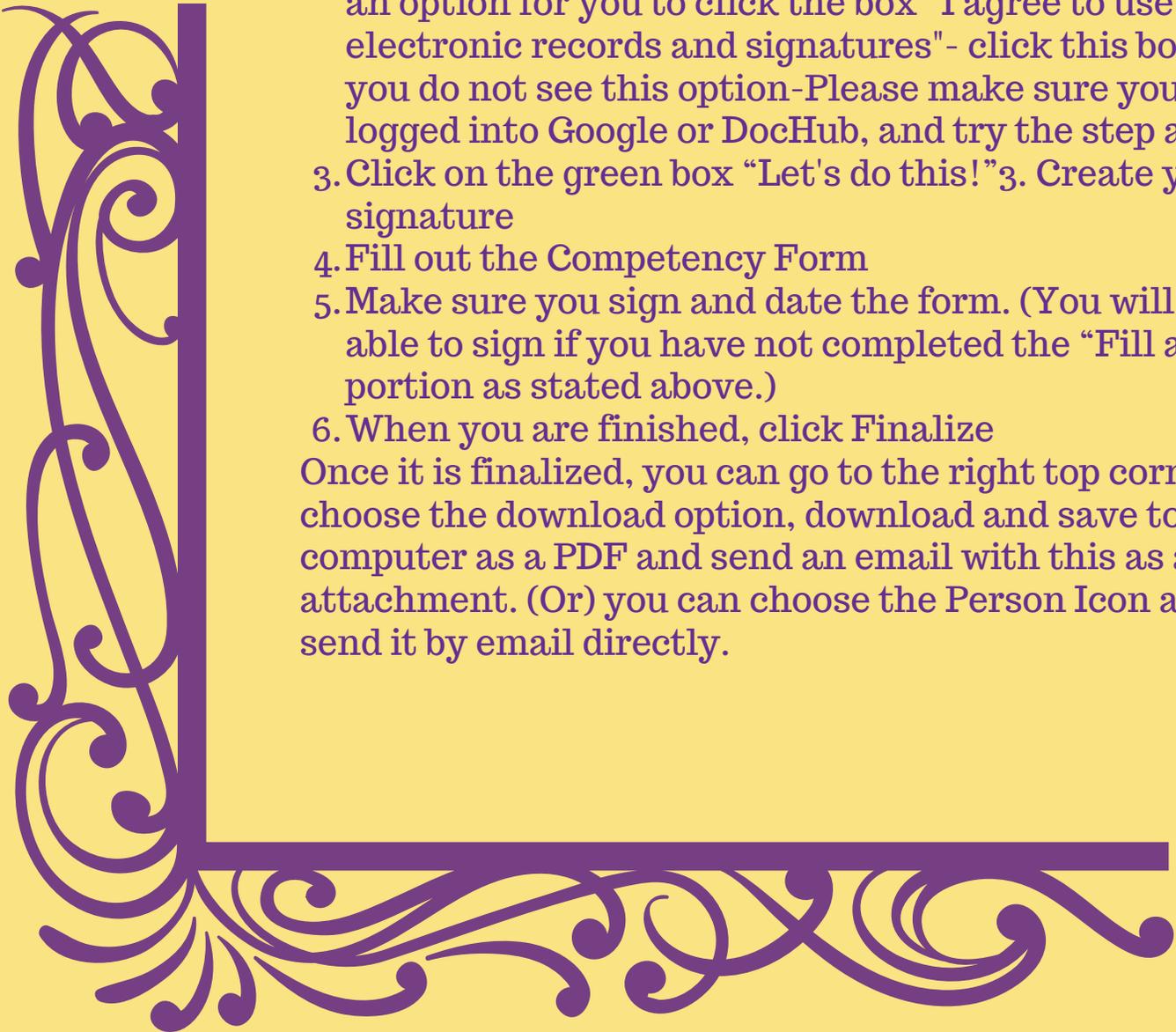
There is a New Competency Tool! There is a fillable version via DocHub For the online form, read the instructions below all the way through before starting for the easiest process.

Log into Google before starting (if you do not have a Google login you can create a DocHub login at dochub.com. You will want to do this prior to clicking on the link).

Open the link: [RD Clinical Competency Tool](#).

1. At the top right corner, click on “Fill a Copy”
2. Click on the Blue Box “Fill Copy” This should open up an option for you to click the box “I agree to use electronic records and signatures”- click this box. (If you do not see this option-Please make sure you have logged into Google or DocHub, and try the step again)
3. Click on the green box “Let's do this!”
3. Create your signature
4. Fill out the Competency Form
5. Make sure you sign and date the form. (You will not be able to sign if you have not completed the “Fill a Copy” portion as stated above.)
6. When you are finished, click Finalize

Once it is finalized, you can go to the right top corner and choose the download option, download and save to your computer as a PDF and send an email with this as an attachment. (Or) you can choose the Person Icon and send it by email directly.



Work It!.. From Home

