

THE NETWORK NEWSLETTER

Connecting Consultants of S & S Nutrition Network Inc.



IN THIS ISSUE

WELCOME AND ANNIVERSARIES

FOOD COST INFLATION STATISTICS

EMERGENCY PREPAREDNESS CONSIDERATIONS

BENEFITS OF A TIMELY INITIAL FOOD AND NUTRITION INTERVIEW

FOOD SERVICE BUDGETING

LIBERALIZING DIETS

Happy Holidays!

Hello friends, I hope you are enjoying your Holiday Season. I'm currently sitting in a coffee shop by the window willing it to snow (think snow, snow, snow!).

I finished a great book last night that felt so relevant to our field. And Every Morning The Way Home Gets Longer and Longer by Fredrik Backman is a novella about a man who is battling dementia and his conversations with his grandson. Such a great read, sad but in a heartwarming way.

Wishing you all a Very Happy Holiday for you and yours.

Sarah Bair

PS. still waiting for the snow..

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

Christy Coggins
Carl Crimbring
Matt Forster
Lisa Johnson
Genesis Navasca
Michelle Phan
Cassandra Raugh



Happy Retirement Mimi!

In retirement, Mimi Cunningham plans to contribute to a blog, Smart Strategies for Successful Living on

<https://www.agegracefullyamerica.com/>.
She loves "messing in the kitchen and the yard", and her passion is photography.



Let's Celebrate this Quarter's Anniversaries!

>5 Years

Teresa Hockett (8 years)
Sarah Bair (9 years)
Ryan Vance (7 years)

>20 Years

Rachell Larsen (21 years)
Wendy Rice (24 years)

>10 Years

Emmylou Newell (14 years)
Renee Legan (15 years)
Tracy Varner (15 years)
Tisha Whatcott (15 years)
Jamie Davis (17 years)

Food Cost Inflation Statistics

By Kelee Hansen

As a consultant RDN, you are likely hearing about food cost inflation and how it is impacting your facilities and their food cost budgets. Below are some national statistics of the food cost trends in 2020 and how it has increased in 2021 and predications for 2022.



Recent Historical Overview

In 2020, food-at-home prices increased 3.5 percent and food-away-from-home prices 3.4 percent. The largest price increases were for meat categories: beef and veal prices increased by 9.6 percent, pork prices by 6.3 percent, and poultry prices by 5.6 percent.

The only category to decrease in price in 2020 was fresh fruits, by 0.8 percent.

Consumer Price Index

The all-items Consumer Price Index (CPI), a measure of economy-wide inflation. In 2021 thus far compared with 2020, food-at-home prices have increased 2.8 percent and food-away-from-home prices have increased 3.9 percent. The CPI for all food has increased an average of 3.3 percent. The beef and veal category has had the largest relative price increase (7.6 percent) and the fresh vegetables category the smallest (0.8 percent). No food categories have decreased in price in 2021 compared with 2020.

In 2021, food-at-home prices are expected to increase between 2.5 and 3.5 percent, and food-away-from-home prices are expected to increase between 4.0 and 5.0 percent. In 2022, food-at-home prices are expected to increase between 1.5 and 2.5 percent, and food-away-from-home prices are expected to increase between 3.0 and 4.0 percent.

Food Cost Changes in 2021

In 2021, prices have been driven up by strong domestic and international demand, labor shortages, supply chain disruptions, and high feed and other input costs.

Pork prices increased between 7.0 and 8.0 percent in 2021,

Beef and veal prices increased between 7.5 and 8.5 percent,

Other meat prices increased between 2.0 and 3.0 percent,

Poultry prices increased between 4.0 and 5.0 percent,

Egg prices are increased 3.5 to 4.5 percent in 2021,

Fats and oils prices increased 4.0 to 5.0 percent in 2021,

Fruits and vegetables increased between 2.5 to 3.5 percent, and

Prices for cereals and bakery products are increased 1.5 to 2.5 percent in 2021.

Emergency Preparedness Considerations

by Kelee Hansen



Often, when Dietitians or Certified Dietary Managers think of emergency planning, we focus on making sure we have an approved emergency menu and have the correct amount of emergency food and supplies on hand in the facility. There are other considerations that are important to plan for and share with the team to be prepared in the event of an emergency.

1. In advance of an emergency, work with your staff and assign them to be on Team A or Team B in an emergency. Team A will be on-site providing services to residents or patients during emergency. Team B will be the team members that come in to relieve Team A after the emergency has passed. Team A should set up plans with their family in advance to be gone during emergency. Discussing this with your team, it helps them be more involved in emergency planning and engaged in in-services about emergency preparedness.
2. Openly discuss your plan for providing emergency food and nutrition services with your team in advance so they know and understand the plans. It's hard to learn and figure things out during stressful times.
3. Know your emergency food and supply inventory and rotate it into regular production and check dates monthly to replace what is needed. In the event of an emergency, always use fresh food in refrigerators and freezers first before using shelf stable goods to minimize waste.
4. Check water dates quarterly and rotate your water often.
5. Arrange to have back up contracts in place with your vendors for refrigerated trucks you're your broadline distributor and extra water commitments or agreements if needed.
6. Encourage staff to be willing to do the unexpected in an emergency, such as helping with evacuations and luggage if needed, assisting with housekeeping and other tasks, and trying to reassure and comfort residents and patients.

Benefits of a Timely Initial Food and Nutrition Interview

By Leslie Bell



- Getting food preferences no later than day 3 increases resident and family satisfaction
- Identify residents at high risk for weight loss and malnutrition before they lose the weight
- Get those diets liberalized as soon as possible....does your 90-year-old resident eating less than 25% really need to be on a cardiac diet???
- Resident complains of nausea and has not been eating. Talk to nursing.
- Dentition what is the condition of the resident's mouth? Do they need a softer diet? Are they experiencing mouth pain?
- Resident complains of problems swallowing and speech is not following
- Helpful information for filling out the MDS and CAA

As noted above, the benefits to completing a food and nutrition interview no later than day three are invaluable to the resident's overall care. The food and nutrition professional can mitigate problems before they occur. Resident's who report poor appetite or recent unplanned weight loss need to be referred to the RD. The dietary manager may start interventions before the resident is seen by the RD. Starting small portions, catering to food preferences and starting snacks are all interventions that can be implemented by the dietary manager. These interventions are often times the most important. Work closely with the consultant RD regarding diet changes and oral nutrition supplements.

For residents who are not able to communicate and/or do not have reliable answers...check with the family. It's just a quick phone call and most family members are more than happy to share information about their loved one. If the resident has transferred from an assisted living facility or another skilled nursing facility, calling that facility and speaking the dietary manager there, or a member of the nursing staff can offer helpful information such as usual eating habits and weight history. Understanding usual eating times, food preferences and usual body weight can help the facility better meet the residents needs.

In interviewing residents if GI complaints such as nausea, vomiting or diarrhea are reported, make sure to notify nursing. Never assume that such concerns are already being taken care of. Medications can help alleviate GI concerns, as can nutrition interventions. Be sure to alert the RD to GI complaints.

Oral health plays a big role in nutrition and eating. Problems with teeth/swallowing/ oral health present challenges to eating and can be a barrier to good nutrition status. When interviewing residents...ask about their teeth, if they have sores in their mouth or any problems chewing or swallowing. For residents with limited communication skills, ask them to say “ahhh”. Look in their mouth. Check for natural teeth/condition of teeth and if sores are present. Look around their room. If dentures are not in mouth, they be sitting on the bedside table or bathroom counter. If dentures are not in mouth, how come? Do they not fit well? Do they make their mouth sore? Diet texture may be to downgraded if a resident complains of sore mouth, or if teeth are in poor condition. Nursing can order diet changes, and the dietitian needs to notified. If swallowing problems are observed or reported, speech therapy needs to get involved.

Completing initial food and nutrition interviews within 72 hours of admission is so crucial to a resident's overall care. Many companies have an initial interview form in the electric health records. S&S Nutrition has an initial Food and Nutrition Interview which can be used. This form can be filled out by hand and scanned into the chart. Information from this interview can be very useful when filling out MDS section K, and the nutrition CAA. Information from the interview is also a starting point for the nutrition care plan. Last, but certainly not least, identifying nutrition concerns such as the need for a mechanically altered diet, swallowing problems and malnutrition are associated with increased reimbursement with the PDPM payment model. If these concerns are not captured before the five-day MDS, the facility does get increased reimbursement.

The role of the food and nutrition services professional cannot be overstated. Initial Food and Nutrition Interviews completed within 72 hours of admission play a significant role in resident satisfaction, quality of care and may contribute to increased reimbursement to the facility.



Liberalizing Diets

by Ellen Turk

Per the AND Position Paper published in 2018: Position of the Academy of Nutrition and Dietetics: Individualized Nutrition Approaches for Older Adults: Long Term Care, Post Acute Care and other Settings: It is the position of the Academy of Nutrition and Dietetics that the quality of life and nutritional status of older adults in long-term care, post-acute care, and other settings can be enhanced by individualized nutrition approaches including liberalizing diets

- The 2 main goals for care in these settings include maintaining health and quality of life.
 - “An individual's diet should be determined with his/her informed choices, goals and preferences rather than exclusively by diagnosis”
 - Per AND use the least restrictive diet that is appropriate
 - Consider that older adults may choose to make quality of life and their right to make choices in daily living a priority over improving their health or increasing their longevity
- Restrictive diets may be unpalatable resulting in decreased food intakes, unintended weight loss and malnutrition
 - When considering a therapeutic diet, the RD should consider if the restrictive diet is necessary and if it will offer enough benefits to justify its use
 - Consider risk vs benefits
- See position paper for more information: Position of the Academy of Nutrition and Dietetics: Individualized Nutrition Approaches for Older Adults: Long-Term Care, Post-A

