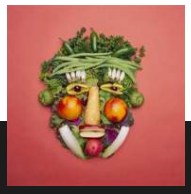
Dietary and Food Services: Complying with the CMS and Joint Commission Standards 2014

TELNET 2928 September 25, 2014 10-11:30 am EDT



Speaker

- Sue Dill Calloway RN, Esq. CPHRM
- AD, BA, BSN, MSN, JD
- President of Patient Safety and Education Consulting
- Board Member
  Emergency Medicine Patient Safety Foundation www.empsf.org
- 614 791-1468
- sdill1@columbus.rr.com

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The CMS Conditions of Participation (CoPs) for Dietary and Nutrition Services

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CMS CoP

- The Centers for Medicare and Medicaid Services is called CMS for short
- CMS has a manual called the Conditions of Participation or CoPs
- Every hospital that received Medicare or Medicaid reimbursement must follow this CoP manual
- There is a separate manual for PPS hospitals and one for critical access hospitals (CAH)
- Must follow these for all patients and not just Medicare or Medicaid patients

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You Don't Want One of These from CMS

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CMS Hospital CoPs

- All Interpretative guidelines are in the state operations manual and are found at this website[1]
  - Appendix A, Tag A-**0001** to A-**1164** and 460 pages long
  - You can look up any tag number under this manual
  - Food and Dietetic Services starts at tag **A-0618**
- Manuals
  - Manuals are now being updated more frequently
  - Still need to check survey and certification and transmittals website once a month to keep up on new changes [2]

[1] http://www.cms.hhs.gov/manuals/downloads/som107_Appendicestoc.pdf

[2] http://www.cms.gov/Transmittals/01_overview.asp

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Medicare State Operations Manual

Appendix

- Each Appendix is a separate file that can be accessed directly from the SOM Appendices Table of Contents, as applicable.
- The appendices are in PDF format, which is the format generally used in the IOM to display files. Click on the red button in the 'Download' column to see any available file in PDF.
- To return to this page after opening a PDF file on your desktop. use the browser "back" button. This is because closing the file usually will also close most browsers

New website at
www.cms.hhs.gov/manuals/downloads/som107_Appendixtoc.pdf

App. No.	Description	PDF File
A	Hospitals	2,185 KB
AA	Psychiatric Hospitals	606 KB

CMS Hospital CoP Manual

State Operations Manual
Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals

Table of Contents

(Rev. 105, 03-21-14)

Transmittals for Appendix A

www.cms.hhs.gov/manuals/downloads/som107_Appendixtoc.pdf

Survey Protocol

Introduction

Task 1 - Off-Site Survey Preparation
Task 2 - Entrance Activities
Task 3 - Information Gathering/Investigation
Task 4 - Preliminary Decision Making and Analysis of Findings
Task 5 - Exit Conference
Task 6 – Post-Survey Activities

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Survey Procedure

- Step one is publication in Federal Register
- Step two is where CMS publishes the interpretive guidelines
- The interpretive guidelines provide instructions to the surveyors on how to survey the CoPs
  - These are called survey procedure
  - Not all the standards have survey procedures
  - Questions such as "Ask patients to tell you if the hospital told them about their rights"

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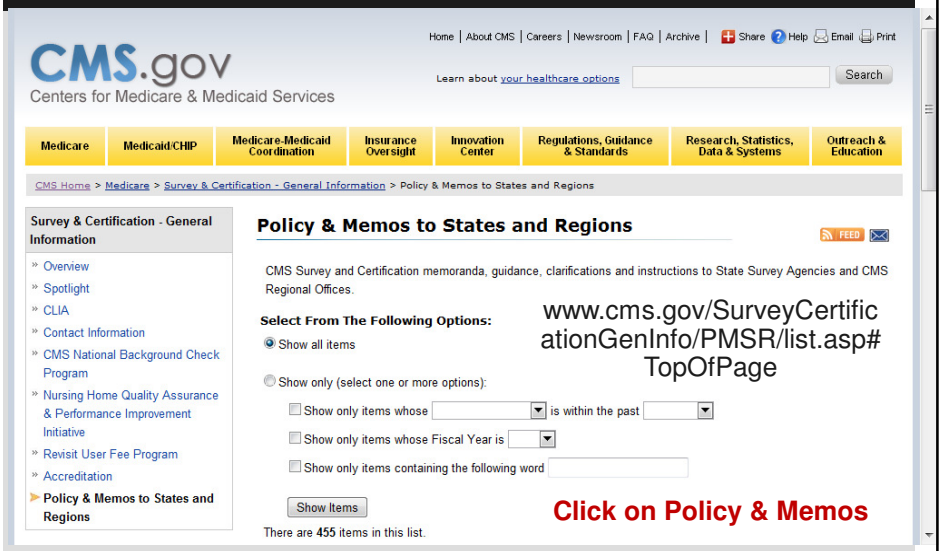
CMS Survey and Certification Website



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Access to Hospital Complaint Data

- CMS issued Survey and Certification memo on March 22, 2013 regarding access to hospital complaint data and updating quarterly
- Includes acute care and CAH hospitals
  - Does not include the plan of correction but can request
  - Questions to bettercare@cms.hhs.com
- This is the CMS 2567 deficiency data and lists the tag numbers
  - Available under downloads on the hospital website at www.cms.gov

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Access to Hospital Complaint Data

- There is a list that includes the hospital's name and the different tag numbers that were found to be out of compliance
  - Many on restraints and seclusion, EMTALA, infection control, patient rights including consent, advance directives and grievances and standing orders
- Two websites by private entities also publish the CMS nursing home survey data and hospitals
- The ProPublica website for LTC
- The Association for Health Care Journalist (AHCJ) websites for hospitals

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Access to Hospital Complaint Data

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 13-21- ALL

DATE: March 22, 2013

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Access to Statements of Deficiencies (CMS-2567) on the Web for Skilled Nursing Facilities, Nursing Facilities, Hospitals, & Critical Access Hospitals

Memorandum Summary

- ***Survey Findings Posted on http://www.cms.gov:*** In July 2012, the Centers for Medicare & Medicaid Services (CMS) began posting redacted Statements of Deficiencies (CMS-2567s) for skilled nursing facilities and nursing facilities on *Nursing Home Compare*. In March 2013, CMS began posting CMS-2567s for short-term acute care hospitals and critical access hospitals (CAHs) for surveys based on complaint investigations. This memorandum describes the contents and location of those files.
- ***Other Web-based Tools Based on These Data:*** At least two additional websites, provided by private parties (*ProPublica* and the Association for Health Care Journalists), publish information based on the CMS-2567 data. These websites are independent of CMS. CMS does not endorse or sponsor any particular private party application.
- ***Plans of Correction (POC):*** The posted CMS data do not contain any POC information. State Survey Agencies (SAs) and CMS Regional Offices (RO) may see an increase in requests for both the CMS-2567 and any associated POCs.
- ***Question & Answers:*** We plan to issue an update to this memorandum that will include an attachment of frequently asked questions in order to provide answers to other queries that may arise.

Background – Nursing Home Survey Findings

In July 2012, CMS began posting nursing home statements of deficiencies, derived from the Form

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Updated Deficiency Data Reports

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Centers for Medicare & Medicaid Services

Learn about your healthcare options Search

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Home > Medicare > Survey & Certification - Certification & Compliance > Hospitals

Survey & Certification - Certification & Compliance

- Ambulatory Surgery Centers
- Community Mental Health Centers
- Critical Access Hospitals
- End Stage Renal Disease Facility Providers
- Home Health Providers
- Hospices
- Hospitals
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/ID)
- Clinical Laboratories
- Life Safety Code Requirements
- Nursing Homes
- Five-Star Quality Rating System
- Psychiatric Residential Treatment Facility Providers
- Psychiatric Hospitals
- Outpatient Rehabilitation

Hospitals

This page provides basic information about being certified as a Medicare and/or Medicaid hospital provider and includes links to applicable laws, regulations, and compliance information.

A hospital is an institution primarily engaged in providing, by or under the supervision of physicians, inpatient diagnostic and therapeutic services or rehabilitation services. Critical access hospitals are certified under separate standards. Psychiatric hospitals are subject to additional regulations beyond basic hospital conditions of participation. The State Survey Agency evaluates and certifies each participating hospital as a whole for compliance with the Medicare requirements and certifies it as a single provider institution.

Under the Medicare provider-based rules it is possible for 'one' hospital to have multiple inpatient campuses and outpatient locations. It is not permissible to certify only part of a participating hospital. Psychiatric hospitals that participate in Medicare as a Distinct Part Psychiatric hospital are not required to participate in their entirety.

However, the following are not considered parts of the hospital and are not to be included in the evaluation of the hospital's compliance:

- Components appropriately certified as other kinds of providers or suppliers. i.e., a distinct part Skilled Nursing Facility and/or distinct part Nursing Facility, Home Health Agency, Rural Health Clinic, or Hospice; Excluded residential, custodial, and non-service units not meeting certain definitions in the Social Security Act; and,
- Physician offices located in space owned by the hospital but not functioning as hospital outpatient services departments

Accredited Hospitals - A hospital accredited by a CMS-approved accreditation program may substitute accreditation under that program for survey by the State Survey Agency. Surveyors assess the hospital's compliance with the Medicare Conditions of Participation (CoP) for all services, areas and locations covered by the hospital's provider agreement under its CMS Certification Number (CCN).

Although the survey generally occurs during daytime working hours (Monday through Friday), surveyors may conduct

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Hospitals.html

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Dietary Deficiencies

Section	Tag	Nov 2013	Jan 2014	Mar 2014
Food & Dietetic Services	618	10	11	14
Organization	619	6	6	7
Director of Dietary Services	620	17	18	27
Qualified Director	621	8	8	16
Competent Staff	622	6	6	8
Diets	628	11	11	14
Therapeutic Diet	629	5	5	7
Diets	630	16	16	18
Diet Manual	631	6	6	8

Total 119

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CMS Changes July 11, 2014

- CMS published some final changes to hospital CoP on May 7, 2014
  - www.ofr.gov/(S(5jsvvwmsi4nfjrynav20ebeq))/OFRUpload/OFRData/2014-10687_PI.pdf
- Says will save healthcare providers $660 million annually and 3.2 billion over five years
- Several are important to the CMS dietary CoPs
- Would permit registered dietitians or nutritional specialist to order patient diets independently, which they are trained to do, without requiring the supervision or approval of a physician or other practitioner

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Final Federal Register Changes

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 413, 416, 440, 442, 482, 483, 485, 486, 488, 491, and 493

[CMS-3267-F]

RIN 0938-AR49

www.ofr.gov/(S(5jsvvwmsi4nfjrynav20ebeq))/OFRUpload/OFRData/2014-10687_PI.pdf

Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction; Part II

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rule.

SUMMARY: This final rule reforms Medicare regulations that CMS has identified as unnecessary, obsolete, or excessively burdensome on health care providers and suppliers, as well as certain regulations under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). This final rule also increases the ability of health care professionals to devote resources to improving patient care, by eliminating or reducing requirements that impede quality patient care or that divert resources away from providing high quality patient care. We are issuing this rule to achieve regulatory reforms under Executive Order 13563 on improving regulation and

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CMS Changes Food & Dietetic Services

- CMS said it came to their attention that CMS CoPs were too restrictive and lacked the flexibility to allow hospitals to extend privileges to RD (Registered Dietician) in accordance with state law
- CMS believes RD are best qualified to assess patient's nutritional treatment plan and design and implement a nutritional treatment plan in consult with the care team
- Used the term RD but noted that not all states call them RD and some states call them licensed dieticians (LD) and some states recognize other qualified nutrition specialists

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CMS Changes Food & Dietetic Services

- CMS includes a qualified dieticians (such as a RD) as a practitioner who may be privileged to order patient diets (Enteral and parenteral nutrition, supplemental feedings and therapeutic diets)
- CMS said this would free up time for physicians and other practitioners to care for patients
- Dietician or nutritional specialist can be granted nutrition ordering privileges by the Medical Staff (MS)
- This can be with or without appointment to the MS

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CMS Changes Food & Dietetic Services

- Must be consistent with state law as state can determine scope of practice
- State can determine the credentials and qualifications for dietitians and nutrition professionals
- MS could privilege speech-language pathologist who may order diet texture modification for patients with significant swallowing problems
- MS is not required to provide privileges but has the flexibility to do so if they choose

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CMS Changes Food & Dietetic Services

- Final language:

  (1) Individual patient nutritional needs must be met in accordance with recognized dietary practices.

  (2) All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietician or qualified nutrition professional as authorized by the medical staff and in accordance with State law governing dieticians and nutrition specialist

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Sample Page from CMS Manual

A-0618

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.28 Condition of Participation: Food and Dietetic Services

The hospital must have organized dietary services that are directed and staffed by adequate qualified personnel. However, a hospital that has a contract with an outside food management company may be found to meet this Condition of Participation if the company has a dietician who serves the hospital on a full-time, part-time, or consultant basis, and if the company maintains at least the minimum standards specified in this section and provides for constant liaison with the hospital medical staff for recommendations on dietetic policies affecting patient treatment.

Interpretative Guidelines §482.28

The hospital's food and dietetic services must be organized, directed and staffed in such a manner to ensure that the nutritional needs of the patients are met in accordance with practitioners' orders and acceptable standards of practice.

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Food and Dietetic Services 618

- Food and dietetic services section starts at tag 618
- Hospital must have organized dietary services
- Must be directed and staffed by qualified personnel
- If contract with outside company need to have dietician and maintain minimum standards and provide for liaison with MS on recommendations on dietary policies
  - See contract management standards tag 83-86
- Dietary services must be organized to ensure nutritional needs of the patient are met in accordance with physician orders and acceptable standard of practice (common problematic standard)

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Qualified Dietician or Nutrition Specialist

- Recall that CMS will change the interpretive guidelines to match the changes in the federal register
- And will add after the section that says by an order of the physician
- Or by an order of a qualified dietician or qualified nutrition professional as authorized by the medical staff and in accordance with State law governing dieticians and nutrition specialist

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Dietary Policies Required A-618

- Need the following 7 policies:
  - Availability of diet manual and therapeutic diet menus
    - Sometimes called Nutrition Care Manual (NCM) or Pediatric Nutrition Care Manual (PNCM)
  - Frequency of meals served
  - System for diet ordering and patient tray delivery
  - Accommodation of non-routine occurrences
    - Parenteral nutrition (tube feeding), TPN, peripheral parenteral nutrition, changes in diet orders, early/late trays, nutritional supplements etc.

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Seven Dietary Policies Required 618

- Integration of food and dietetic services into hospital wide QAPI and infection control programs
- Guidelines on acceptable hygiene practices of personnel
- Guidelines for kitchen sanitation
  - Important to protect against germs and bacteria that cause illness
- Compliance with state or federal laws

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So What's in Your Diet Manual?

Table of Contents

So What's in Your Diet Manual?

Utah State Hospital Policies and Procedures
Clinical Dietetics

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Diet Manual

Diet Manual

Clinical Policies

Download

Diet Manual

Date effective: _____
Date revised: _____
Dates reviewed: _____
Approved by: _____
Issuing department: _____

Policy

It is the policy of (name of hospital) to ensure that all diets provided to patients meet the appropriate nutritional standards. To this end, a comprehensive diet manual was created and is updated regularly to provide information about the nutritional needs and issues associated with various diseases and conditions.

Procedures

- The registered dietitian(s) will develop and revise the diet manual, based on current best practices and guidelines, and using reputable sources and other informational guides in the development of diets. All information cited will use American Medical Association guidelines.
- The diet manual will serve as a reference for all employees of (name of hospital), with copies available on each unit, in the dietitian's offices, and in the kitchen.
- The diet manual will serve as a guide during the creation and revision of menus.

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Sanitation Guidelines

Sanitation Guidelines for Food Service Employees

Employee Hygiene Practices

1. All employees must wash their hands with soap and water when they arrive at work and before starting food preparation.
2. All employees must wash their hands with soap and water after using the toilet, and after covering their mouth or nose after sneezing or coughing.
3. Employees must wear clean clothes.
4. Employees with long hair must wear hats, hair nets or other form of hair restraint approved by EH&S.
5. Employees with cuts or sores on their hands must wear disposable latex gloves, finger cots or other waterproof covering, as needed.
6. Employees with diarrhea or severe coughing are not allowed to work.
7. Employee coats and other private articles must be stored in a designated area.
8. Employees should eat only during assigned breaks, not while working in the kitchen.
9. Food preparation areas are limited to employees only. Visiting with friends is to take place only in public areas of the restaurant.

Food handling and Storage Practices

1. Cover all prepared food stored in refrigeration units. Use foil, plastic wrap or a tight fitting lid. Do not use cloth covers.
2. Store all prepared food above raw meat or unwashed produce.
3. Defrost frozen meats, fish or dairy products in one of the four ways listed below, not at room temperature.
   - In the refrigerator
   - During cooking
   - In a microwave
   - Under cold running water, if it is wrapped
4. Meat, fish, poultry, dairy products, tofu, cooked beans, and cooked rice must be kept above 140 degrees or below 45 degrees Fahrenheit.
5. Heat all foods to at least 160 degrees before putting it in the steam table.
6. Stir food stored in the steam table to prevent burning and ensure uniform temperatures.
7. Cool hot foods in containers no more than five inches deep whenever possible.
8. Wash all raw produce before preparation.
9. Do not store food or containers of food on the floor.
10. Opened bags of bulk ingredients such as flour, rice, and grains must be placed in containers with tight fitting lids to keep out rodents and insects.
11. Store all chemicals below food or utensils and label all chemical containers.
12. Do not use any dented canned goods if the ends of the can bulge, there are stains along the seams which indicate leaking, or if the cans are dented to the point they cannot be stacked on top of each other.
13. Only food prepared in the restaurant or obtained from licensed wholesale or retail facilities may be sold. Home-prepared foods may not be stored or sold in any food facility. Any portion of a meal that has been served to a customer cannot be re-used or re-served.

Display and Service

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CDC Food Safety Website

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FDA Center for Food Safety Website

U.S. Department of Health & Human Services

U.S. Food and Drug Administration
Protecting and Promoting *Your* Health

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Food
Home › Food

www.fda.gov/Food/default.htm

The New FDA Food Safety Modernization Act (FSMA)
Stay informed on progress in implementing the most sweeping reform in food safety in more than 70 years

1 2 3 4

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- Energy "Drinks" and Supplements: Investigations of Adverse Event Reports
- FDA Investigates Multistate Outbreak of Salmonella Bredeney Infections Linked to Peanut Butter made by Sunland Inc.
- Biennial Registration Renewal for Food Facilities
- Prior Notice of Imported Foods
- The New FDA Food Safety

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Food
Home › Food › Food Safety › Food Safety Modernization Act (FSMA)

www.fda.gov/Food/FoodSafety/FSMA/default.htm

Food Safety
- Food Safety Modernization Act (FSMA)
- About FSMA
- Full Text of the Law
- Implementation & Progress
- Dockets Open for Comment
- Meetings, Hearings, and Workshops
- Press Releases
- Speeches, Statements, and Other Correspondence
- Presentations & Print Material
- Videos, Webinars, and Interviews

The New FDA Food Safety Modernization Act (FSMA)

The FDA Food Safety Modernization Act (FSMA), the most sweeping reform of our food safety laws in more than 70 years, was signed into law by President Obama on January 4, 2011. It aims to ensure the U.S. food supply is safe by shifting the focus from responding to contamination to preventing it.

Get FSMA Updates by E-mail

Every year, 1 out of 6 people in the United States—48 million people--suffers from food borne illness, more than a hundred thousand are hospitalized, and thousands die.

NOTE:
FDA issued a guidance document stating that because there was a delay in FDA's implementation of biennial registration renewal for the 2012 cycle, and registration renewal did not become available until October 22, 2012, FDA intends to exercise enforcement discretion with respect to registration renewals submitted to FDA after December 31, 2012 for a period of 31 days, until January 31, 2013. See Guidance for Industry: Questions and Answers Regarding Food Facility Registration (Fifth Edition).

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FDA Guidance & Regulations Documents

U.S. Department of Health & Human Services

U.S. Food and Drug Administration
Protecting and Promoting *Your* Health

A to Z Index | Follow FDA | FDA Voice Blog
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Food
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- Guidance & Regulation
  - Guidance Documents & Regulatory Information by Topic
  - Food Safety Modernization Act (FSMA)
  - Food Facility Registration
  - Current Good Manufacturing Practices (CGMPs)
  - Hazard Analysis & Critical Control Points (HACCP)
  - Retail Food Protection
  - Imports & Exports
  - Administrative Detention
  - Recordkeeping
  - Federal/State Food Programs
  - Food Protection Plan 2007

Guidance & Regulation

This section contains FDA guidance and regulatory information with links to Federal Register documents. You can also access information about food safety programs, manufacturing processes, industry systems, and import/export activities.

Guidance Documents & Regulatory Information by Topic

Contains:

- **Guidance Documents:** Guidance documents represent FDA's current thinking on a topic. They do not create or confer any rights for or on any person and do not operate to bind FDA or the public. You can use an alternative approach if the approach satisfies the requirements of the applicable statutes and regulations.
- **Regulatory Information:** FDA issues regulations to implement its statutory authority. The regulations can create binding obligations and have the force of law. Links to Federal Register documents (advance notices of proposed rulemaking, proposed rules, interim final rules, and final rules) are posted in this section.

FDA Food Safety Modernization Act (FSMA)

FSMA is the most sweeping reform of FDA's food safety authority in more than 70 years. This act gives FDA new and enhanced mandates and authorities to protect consumers and promote public health.

Food Facility Registration

Information on the requirement that owners, operators, or agents in charge of domestic or foreign facilities that manufacture, process, pack, or hold food for consumption in the United States must register with FDA.

Current Good Manufacturing Practices (CGMPs)

Descriptions of the methods, equipment, facilities, and controls for producing processed food and dietary supplements. Following CGMPs ensures the quality of processed foods and dietary supplements. It also ensures that processed food or dietary supplements are packaged and labeled as specified in the master

Spotlight

- FDA's Risk-Based Model for Prioritizing Inspections of Domestic Food Establishments At-a-Glance (PDF - 146KB)
- FDA Oral Culture Learner Project - Educational Videos for Retail Food Employees

Related Content

- Reportable Food Registry for Industry
- FDA Inspections Under the Egg Safety Rule
- Foreign Food Facility Inspection Program
- How to Start a Food Business

Contact FDA

1-888-SAFEFOOD
1-888-723-3366

www.fda.gov/food/guidanceregulation/default.htm

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USDA Nutrient Database

USDA ars Agricultural Research Service
National Agricultural Library

Nutrient Data Lab | NAL

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Browse

- NDL Products and Services
- Nutrient Lists
- FNIC Resources
  - Food Composition
  - Macronutrients
  - Vitamins/Minerals
  - Phytonutrients

You are here: Home

Welcome to the USDA National Nutrient Database for Standard Reference

Find nutrient information on over 8,000 foods using this new and improved search feature. You can now search by food item, group, or list to find the nutrient information for your food items. In addition, you can now access the **USDA Ground Beef Calculator** from the same search page.

Start your search here.

For more information and documentation on the current version of this database, see About the Database. For assistance using this search application, visit the FAQ page.

The Database used in this search program, The USDA National Nutrient Database for Standard Reference, is maintained by the Nutrient Data Laboratory, Beltsville Human Nutrition Research Center. The web site was jointly developed by the USDA Nutrient Data Laboratory, and the Food and Nutrition Information Center and Information Systems Division of the National Agricultural Library.

Last Modified: Dec 7, 2011

http://ndb.nal.usda.gov

NAL Home | USDA | Agricultural Research Service | Science.gov | GPO Access | Web Policies and Important Links | Site Map
FOIA | Accessibility Statement | Privacy Policy | Non-Discrimination Statement | Information Quality | USA.gov | White House

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Food Safety Website

Foodsafety.gov
Your Gateway to Federal Food Safety Information

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Follow these food safety tips for your next holiday celebration

Recall & Alerts

Colorado Firm Recalls Meat and Poultry Products...
Dec 16, 2013

Colorado Firm Recalls Meat And Poultry Products...
Dec 12, 2013

Colorado Firm Recalls Meat And Poultry Products...
Dec 9, 2013

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- Tuna

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State Public Health Departments

Foodsafety.gov
Your Gateway to Federal Food Safety Information

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Search

About | Federal Agencies | State Agencies

About > State Agencies

Text Size: A A A Share

State Agencies

If you believe you or someone you know became ill from eating a certain food, please contact your local (county or city) health department. To find out how to contact your local health department, refer to the Web site for your state's health department.

State Departments of Public Health

Go directly to your state's page:

Select a State Go

State Public Health Departments

Click a state to go to its health department web site.

WA OR CA ID NV MT WY UT AZ CO NM ND SD NE KS OK TX MN IA MO AR LA WI IL MI IN KY TN MS AL GA FL SC NC VA WV OH PA NY ME

CT DE MA MD NH NJ RI VT DC

Commonwealths & Territories

AS FM GU MH MP PR PW VI

Food Safety Recalls & Tips

Recalls | Tips

California Firm Recalls Bolognese...
Dec 16, 2013

Utah Firm Recalls...
Dec 16, 2013

Wisconsin Firm Recalls Frozen...
Dec 16, 2013

See all recent recalls

FoodSafety.gov

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State Agriculture Departments

Go directly to your state's page:

Select a Stat Go

www.foodsafety.gov/about/state/index.html

State Agriculture Departments

Click a state to go to its agriculture department Web site

AK WA OR ID MT ND MN WI MI NY ME SD WY NE IA IL IN OH PA CT VT NJ NH DE MA MD RI NV CA UT CO KS MO KY WV VA TN NC SC AZ NM OK AR MS AL GA TX LA FL HI

Commonwealths & Territories

AS GU VI PR

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Biotechnology
FDA's biotechnology policy, consultation procedures

Dietary Supplements
Frequently requested information, including recent alerts

Food Defense & Emergency Response
FDA works to reduce the risk of criminal or terrorist actions on the food supply

Food Ingredients & Packaging
Selected topics of interest about food ingredients and food contact substances

Food Safety
Product-specific information on seafood, fruits, vegetables, milk, canned foods, and infant formula

Guidance, Compliance & Regulatory Information
Food compliance programs, labeling guides, and other guidance documents

International Activities
International outreach, exporting and importing into the U.S., trade agreements

Labeling & Nutrition
Labeling requirements for foods under the Federal Food, Drug and Cosmetic Act.

News & Events
Press releases, upcoming meetings

Resources for You
For consumers, health care professionals, educators, industry

Science & Research
Research areas, laboratory methods, selected scientific publications and presentations

Recalls & Alerts

- Food Safety Recalls
- All Recalls, Withdrawals, and Safety Alerts
- How FDA Manages Product Recalls (video)
- Sign Up for Recall Email Updates

Tools & Resources

- FDA Basics
- About the Center for Food Safety and Applied Nutrition
- Order Consumer Publications (PDF - 248KB)
- Order Industry Related Resources (PDF - 751KB)
- International Outreach & Technical Assistance

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Resources for You

- Consumers
- Health Educators
- Health Care Professionals
- Food Industry
- Students & Teachers
- En Español
- Other Languages

What's New In Food

- Constituent Updates
- Guidance for Industry
- Environmental Assessments
- Food Safety Facts for Consumers

More What's New In Food

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1-888-723-3366
Consumers: consumer@fda.gov
Industry: industry@fda.gov

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CDC Guidelines for Environmental IC

ultrafilter or pyrogenic filter (membrane filter with a pore size sufficient to remove particles and molecules ≥1 kilodalton) installed in the water line distal to the storage tank (*236*). Category IC (AAMI: ANSI/AAMI RD62:2001)

IX. Ice Machines and Ice

www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm

A. Do not handle ice directly by hand, and wash hands before obtaining ice. Category II
B. Use a smooth-surface ice scoop to dispense ice (*243,244*). Category II

1. Keep the ice scoop on a chain short enough that the scoop cannot touch the floor or keep the scoop on a clean, hard surface when not in use (*243,244*). Category II
2. Do not store the ice scoop in the ice bin. Category II

C. Do not store pharmaceuticals or medical solutions on ice intended for consumption; use sterile ice to keep medical solutions cold, or use equipment specifically manufactured for this purpose (*244,245*). Category IB
D. Machines that dispense ice are preferred to those that require ice to be removed from bins or chests with a scoop (*246,247*). Category II
E. Limit access to ice-storage chests, and keep container doors closed except when removing ice (*244*). Category II
F. Clean, disinfect, and maintain ice-storage chests on a regular basis. Category II

1. Follow the manufacturer's instructions for cleaning. Category II
2. Use an EPA-registered disinfectant suitable for use on ice machines, dispensers, or storage chests in accordance with label instructions. Category II
3. If instructions and EPA-registered disinfectants suitable for use on ice machines are not available, use a general cleaning/disinfecting regimen (Box 3) (*244*). Category II
4. Flush and clean ice machines and dispensers if they have not been disconnected before anticipated lengthy water disruptions. Category II

G. Install proper air gaps where the condensate lines meet the waste lines. Category II.
H. Conduct microbiologic sampling of ice, ice chests, and ice-making machines and dispensers where indicated during an epidemiologic investigation (*244,248,249*). Category IB

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CDC Environmental Infection Control

CDC Home | Search | Health Topics A-Z

MMWR

Recommendations and Reports

June 6, 2003 / 52(RR10);1-42

Please note: An erratum has been published for this article. To view the erratum, please click here.

Guidelines for Environmental Infection Control in Health-Care Facilities

Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)

Prepared by
Lynne Sehulster, Ph.D.[1]
Raymond Y.W. Chinn, M.D.[2]
[1]*Division of Healthcare Quality Promotion*
National Center for Infectious Diseases
[2]*HICPAC member*
Sharp Memorial Hospital
San Diego, California

www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm

The material in this report originated in the National Center for Infectious Diseases, James M. Hughes, M.D., Director; and the Division of Healthcare Quality Promotion, Steven L.

42

Dietary 618

- Must comply with all state or federal laws
  - Most states have a specific state law on food sanitation rules
- Same standard applies whether food and dietetic services are provided directly or through a contract
  - CMS and Joint Commission have a separate section on contracted services
  - Hospital needs to make sure are performed appropriately
  - Contracted services are evaluated through the PI process
  - Contract sections start at CMS tag 83 and TJC LD.04.03.09 with 10 elements of performance

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State Specific Food Sanitation Rules

DIVISION 150

FOOD SANITATION RULES

Definitions and Administration

333-150-0000

Food Sanitation Rule

Oregon
http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_150.html

(1) Authority and Purpose.

(a) This rule is authorized by ORS 624.100.

(b) This rule establishes definitions, sets standards for management and personnel, food protection, and equipment and facilities, water supply, sewage disposal, provides for food establishment plan review, and employee restriction to safeguard public health and provide consumers food that is safe, unadulterated, and honestly presented.

(2) Incorporation by Reference. The requirements as found in the U.S. Public Health Service, Food and Drug Administration, Food Code 1999, Chapters 1 through 8 is adopted and incorporated by reference.

(3) Deletions. The following sections, paragraphs or subparagraphs of the 1999 FDA Food Code are deleted in their entirety: 1-201.10(B)(36), 2-103.11 (H), 2-201.11, 2-201.12 (B), (C) and D), 2-201.13(C) and (D), 3-201.16, 3-301.11(C), 3-401.11(D)(3), 4-301.12(C)(5), (D) and (E), 4-501.115, 4-603.16

44

Organization A-0620

- Must have full time director of food and dietetic services who is responsible for daily management of dietary services
- Must be granted authority and delegation by the Board and MS for the operation of dietary services and this should include
  - Training programs for dietary staff and ensuring P&Ps are followed
  - Daily management of dietary
  - Make sure the P&P on next slide are followed
  - So the job description should be position specific and clearly delineate this authority for direction of food and dietary services

45

Dietary Policies 620

- Safety practices for food handling
- Emergency food supplies
- Orientation, work assignment, supervision of work and personnel performance
- Menu planning
- Purchase of foods and supplies
- Retention of essential records (cost, menus, training records, QAPI reports)
- Service QAPI program

46

Dietician Qualifications 620

- The director must demonstrate through education, experience, and training that he or she is qualified to manage the department
- The director's education, experience and training must be appropriate to the scope and complexity of the food service operation
- Surveyor is to verify the director is a full time employee
- Surveyor is to review their job description
- Surveyor is to make sure he or she has the necessary education, experience, and training to manage dietary

47

Dietitian 621

- Qualified dietician must supervise nutritional aspects of patient care
- Responsibilities include:
  - Approve patient menus and nutritional supplements
  - Patient and family dietary counseling
  - Perform and document nutritional assessments
  - Evaluate patient tolerance to therapeutic diets when appropriate
  - Collaborate with other services (MS, nursing, pharmacy, social work)
  - Maintain data to recommend, prescribe therapeutic diets

48

Dietitian 621

- If qualified dietician does not work full time, need to be sure there is adequate provisions for dietary consultations
- Frequency of consultations depends on the total number of patients and their nutritional needs
- Surveyor is to make sure that the total number of hours is appropriate to serve the needs of the patients
- Must ensure adequate coverage when the dietician is not available

49

Qualified Dietary Staff 622

- Must have administrative and technical personnel competent in their duties
  - Ensure staff is competent through education, experience and specialized training
  - Personnel files should include documentation that the staff member is competent

50

Diets 628

- Menus must meet the needs of the patient
- Menus must be nutritional, balanced
- Menus must meet the special needs of patients
- Current menus should be posted in the kitchen
- Screening criteria should be developed to determine what patients are at risk
  - Once patient is identified nutritional assessment should be done (TJC PC.01.02.01)
  - Patient should be re-evaluated as necessary to ensure their nutritional needs are met

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Nutritional Assessment 628

- TJC requires to be done within 24 hours by nursing (PC.01.02.03)
- CMS has a good list of examples of patients who may require a nutritional assessment:
- If requires artificial nutrition by any means (tube feeding, TPN, or peripheral parental nutrition)
- If medical or surgical condition interferes with ability to digest, absorb, or ingest nutrients

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Nutritional Assessment 628

- If diagnosis or signs and symptoms indicate a compromised nutritional status
  - Such as anorexia, bulimia, electrolyte imbalance, dysphasia, malabsorption, ESRD etc.
- Patients adversely affected by their nutritional intake
  - Diabetes, CHF, taking certain medications, renal disease, etc
- Patients who refuse food should be offered substitutes of equal nutritional value to meet their basic nutritional needs

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Nutritional Assessment Form

Nutrition Assessment Form

Name: _____ DOB: _____ Age: _____ Date: _____

Medical
Reason for nutrition counseling: _____
Current diagnosis, if applicable: _____
Current medications: _____
Physician or medical provider: _____
Medical history: _____
Family medical history: _____
Pertinent laboratory values: _____

Physical Status
Height: _____
Weight: _____
Usual adult body weight: _____ (Highest _____ at age _____) (Lowest _____ at age _____)

FOR OFFICE USE
Measured Height: _____ Percent Body Fat: _____
Measured Weight: _____ Waist circumference: _____
BMI: _____

Lifestyle
Exercise: Yes / No If yes, how often? _____ Type: _____
Other Physical Activity: _____
Tobacco: _____
Alcohol: _____

Diet
Vitamin and mineral supplements: _____
Weight loss, herbal or sports supplements: _____
Food allergies: _____
Food dislikes: _____

Describe your daily eating habits:

How often do you eat at restaurants or consume take-out or fast food?

Describe your typical eating environment (e.g. alone, with a spouse or roommate, in car, at desk):

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Dietary Intake

Food Groups	*# Servings per day*	*# Servings per week*
Breads, cereal, pasta, rice, other grains		
Fruits		
Vegetables		
Milk, cheese, yogurt		
Meat, poultry, fish, eggs		
Lentils, beans, tofu		
Peanut butter, nuts		
Fats such as margarine, mayonnaise, sour cream		
Oils		
Fried foods or salty snack foods such as chips		
Desserts		

Products	*# Servings per day*	*# Servings per week*
Sweet beverages such as soda or fruit drinks		
100% fruit juice		
Alcohol		
Water		
Caffeine beverages such as soda, coffee, tea, or energy drinks		
Sports products such as drinks or bars		
Chewing gum		

Behaviors Past or Present

Behavior	*Yes*	*No*	*Frequency*	*Most recent*
Count calories				
Count fat grams				
Dieting				
Diet pills				
Binge eating				
Fat restriction				
Fluid restriction				
Discomfort with your body size				
Other				

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Nutritional Care Process Academy of N&D

SNAPshot

NCP Step 1: Nutrition Assessment

What is the purpose of nutrition assessment? The purpose is to obtain, verify, and interpret data needed to identify nutrition-related problems, their causes, and significance. It is an ongoing, nonlinear, dynamic process that involves initial data collection, but also continual reassessment and analysis of the patient/client's status compared to specified criteria. This contrasts with nutrition monitoring and evaluation data where food and nutrition professionals use similar, or even the same, data to determine changes in patient/client* behavior or nutritional status and the efficacy of nutrition intervention.

How does a food and nutrition professional determine where to obtain nutrition assessment data? It depends on the practice setting. For individuals, data can come directly from the patient/client through interview, observation and measurements, a medical record, and the referring health care provider. For population groups, data from surveys, administrative data sets, and epidemiological or research studies are used. A nutrition assessment matrix that links nutrition assessment parameters with nutrition diagnoses is available to assist practitioners in identifying nutrition diagnoses.

How are Nutrition Assessment data organized? In five categories:

Food/Nutrition-Related History	Anthropometric Measurements	Biochemical Data, Medical Tests, and Procedures	Nutrition-Focused Physical Findings	Client History
Food and nutrient intake, food and nutrient administration, medication, complementary/alternative medicine use, knowledge/beliefs, food and supplies	*Height, weight, body mass index (BMI), growth pattern indices/percentile ranks, and weight history*	*Lab data (e.g., electrolytes, glucose) and tests (e.g., gastric emptying time, resting metabolic rate)*	*Physical appearance, muscle and fat wasting, swallow function, appetite, and affect*	*Personal history, medical/health/family history, treatments, therapy, and social history*

What is done with the nutrition assessment data? Nutrition assessment data (indicators) are compared to criteria, relevant norms and standards, for interpretation and decision making. These may be national, institutional, or regulatory norms and standards. Nutrition assessment findings are documented in nutrition diagnosis statements and nutrition intervention goal setting.

Critical thinking during this step…

- Determining appropriate data to collect
- Determining the need for additional information
- Selecting assessment tools and procedures that match the situation
- Applying assessment tools in valid and reliable ways
- Distinguishing relevant from irrelevant data
- Distinguishing important from unimportant data
- Validating the data

www.eatright.org/HealthProfessionals/content.aspx?id=5902

Is there a standardized language or taxonomy for nutrition assessment? Yes. A standard taxonomy for nutrition assessment supports a consistent approach to the NCP and enhances communication and research. The terms for nutrition assessment and nutrition monitoring and evaluation are combined, because the data points are the same or related; however, the data purpose and use are distinct in these two steps.

Are food and nutrition professionals limited to the nutrition assessment data included in the matrix and used

56

Therapeutic Diets 629

- Therapeutic diets must be prescribed by practitioner in writing by the practitioner responsible for patient's care
  - Dietician use to only be able to make recommendations but now diet can be ordered by the doctor or qualified dietician or qualified nutritional specialist as discussed previously
- Document in the MR including information about the patient's tolerance
- Evaluate for nutritional adequacy
- Manual must be available for nursing, FS, and medical staff

57

Therapeutic Diets 629

- Dietician may assess a patient's nutritional needs write order if C&P by the hospital
- Nurse can call the physician to get the order and write it as a verbal order in the chart if no diet order
- CMS previously said if doctor writes that the dietician to write the order for the therapeutic diet this will be permissible
  - Doctor can sign off order if hospital does not C&P them
  - Unfortunately, a few state do not permit this holding it is outside the state scope of practice for a registered dietician

58

Nutritional Needs 630

- Nutritional needs must be met in accordance with recognized dietary practices and in accordance with orders of the practitioner
- Follow recommended dietary allowances -current Recommended Dietary Allowances (RDA) or Dietary Reference Intake (DRI) of Food and Nutritional Board of the National Research Council
- "Dietary Guidelines for Americans 2011"[1]
- Surveyor will ask hospital what national standard you are using

[1]www.dietaryguidelines.gov

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Dietary Guidelines for Americans

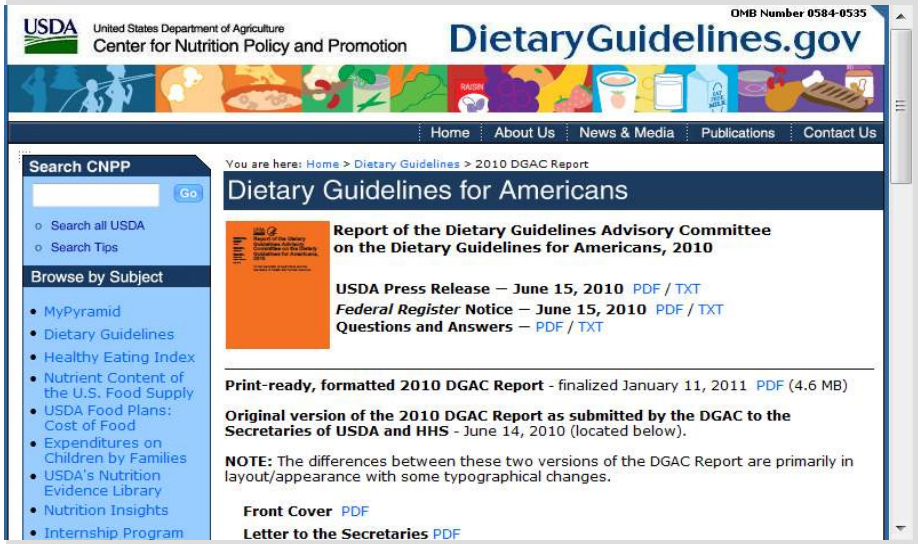

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Table of Contents Dietary Guidelines

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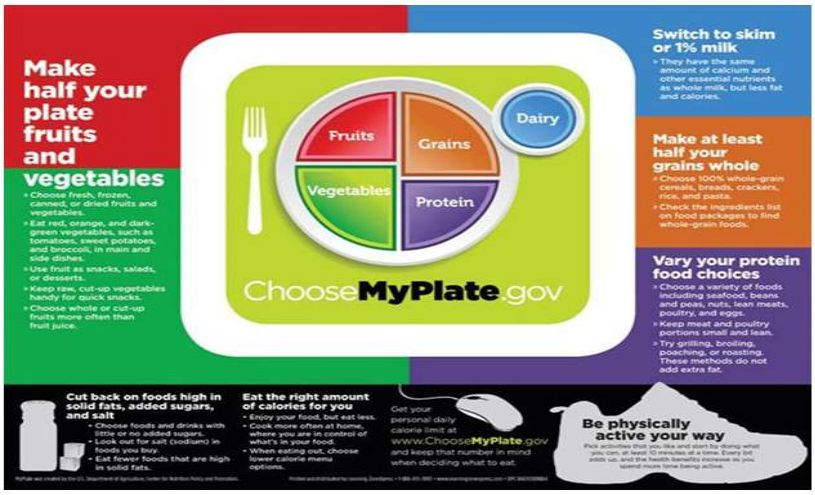
Now Healthy Plate



62

www.choosemyplate.gov

63

Dietary Guidelines for Americans

- USDA and Health and Human Services announced the release of the Dietary Guidelines to help Americans make healthier food choices
- More than 1/3 of children and 2/3 of adults are overweight or obese
- Americans need to reduce the risk of developing diet related chronic diseases
- Has 23 key dietary recommendations and six recommendation for specific populations such as women who are pregnant

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Dietary Guideline Recommendations

- Enjoy your food, but eat less.
- Avoid oversized portions.
- Make half your plate fruits and vegetables.
- Switch to fat-free or low-fat (1%) milk.
- Compare sodium in foods like soup, bread, and frozen meals – and choose the foods with lower numbers.
- Drink water instead of sugary drinks.

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Press Release for Dietary Guidelines 2011

USDA UNITED STATES DEPARTMENT OF AGRICULTURE

Press Release

Office of Communications
1400 Independence Avenue, SW Washington, DC 20250-1300 Voice: (202) 720-4623 Email: oc.news@usda.gov Web: www.usda.gov

EMBARGOED UNTIL 10:00 AM EST, JANUARY 31, 2011

CONTACT:
USDA Office of Communications
(202) 720-4623
HHS Press Office
(202) 690-6343

USDA and HHS Announce New Dietary Guidelines to Help Americans Make Healthier Food Choices and Confront Obesity Epidemic

WASHINGTON, Jan. 31, 2011 — Agriculture Secretary TomVilsack and Secretary of the Department of Health and Human Services (HHS) Kathleen Sebelius today announced the release of the *2010 Dietary Guidelines for Americans*, the federal government's evidence-based nutritional guidance to promote health, reduce the risk of chronic diseases, and reduce the prevalence of overweight and obesity through improved nutrition and physical activity.

Because more than one-third of children and more than two-thirds of adults in the United States are overweight or obese, the 7th edition of *Dietary Guidelines for Americans* places stronger emphasis on reducing calorie consumption and increasing physical activity.

"The *2010 Dietary Guidelines* are being released at a time when the majority of adults and one in three children is overweight or obese and this is a crisis that we can no longer ignore," said Secretary Vilsack. "These new and improved dietary recommendations give individuals the information to make thoughtful choices of healthier foods in the right portions and to complement those choices with physical activity. The bottom line is that most Americans need to trim our waistlines to reduce the risk of developing diet-related chronic disease. Improving our eating habits is not only good for every individual and family, but also for our country."

The new 2010 *Dietary Guidelines for Americans* focus on balancing calories with physical

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See also healthfinder.gov

U.S. Department of Health & Human Services
www.hhs.gov
healthfinder.gov
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Home > Quick Guide to Healthy Living

Quick Guide to Healthy Living

Welcome to the Quick Guide to Healthy Living. Find information and tools to help you and those you care about stay healthy.

Choose a topic area below to get started.

Nutrition and Fitness
Get nutrition and fitness tips for the whole family.

HIV and STDs
Protect yourself from HIV and other STDs.

Important Screening Tests
Find out which screening tests you need.

Cancer Screening and Prevention
Worried about cancer? Get answers.

Pregnancy

Everyday Health and

VIEW ALL QUICK GUIDE TOPICS

myhealthfinder

Find health advice for you or someone you care about.

Who are you trying to help today?

Me
Someone Else
My Child

Age: yrs Sex: Female Male

Pregnant?

Get this widget

Get Started

67

Nutritional Needs Survey Procedure 630

- Surveyor is suppose to ask the hospital to show them what national standard they are using
- Surveyor to view patient medical records to verify diet orders are provided as prescribed by the practitioner
- Surveyor is to determine if patient's nutritional needs have been met
- Will determine if dietary intake and nutritional status is being monitored

68

Diet Manual 631

- A current therapeutic diet manual must be readily available to all medical, nursing, and food service personnel
- The manual must be approved by the dietitian and medical staff
- The diet manual can not be more than five years old
- The therapeutic diet manual must be available to all medical, nursing, and food service staff
- Diet manual must be in accordance with current standards and **include types of diets routinely ordered**

69

Joint Commission Provision of Care Chapter

Related to Dietary

Introduction to the PC Chapter

- The Provision of Care, Treatment, and Services Chapter is referred to as the PC standards
- There are 48 standards
- It is a very important standard and focuses on care delivered to meet patient needs and includes some dietary standards
- There are four core parts of the care process: assessing patient needs, planning, providing, and coordinating care, treatment and services
- Interventions can be based on the plan of care

71

Time Frames for Assessment PC.01.02.03

- EP1 The time frame for the initial nursing assessment needs to be in writing
  - In accordance with law and regulation
  - References RC.01.03.01 EP1 that requires the hospital to have a written policy the requires the timely entry of information into the medical record like the initial assessment
- EP2 The assessment must actually be done within this time frame specified
  - References RC.01.02.03 EP2 which requires this be documented in the medical record timely

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Time Frames for Assessment PC.01.02.03

- EP7 A nutritional screen is done when warranted by the patient's need within 24 hours after admission
  - Nurse does initial screens for nutrition risk and consult dietician
  - Screening criteria might include weight loss, poor intake prior to admission, chewing or swallowing problems, skin breakdown, aspiration problems, nutrition support, NPO, certain diagnosis etc.
  - CMS has criteria to use in determining when dietician should be consulted

73

Nutrition Screen

(Check all that apply)

A. Diagnosis and Nutrition Assessment

1. ☐ Newly diagnosed HIV infection
2. ☐ Newly diagnosed with AIDS
3. ☐ Any change in disease or nutritional status
4. ☐ No nutrition assessment by a registered dietitian or not seen by a registered dietitian in six months

B. Physical Changes and Weight Concerns

1. ☐ > 3% unintentional weight loss from usual body weight in the last 6 months or since last visit (% wt. loss formula: usual body wt – current body wt / usual body wt x 100)
2. ☐ Visible wasting, < 90% ideal body weight, < 20 BMI, or decrease in body cell mass (BCM)
3. ☐ Uses anabolic steroids or growth hormone for weight, muscle gain or metabolic complications
4. ☐ Lipodystrophy: lipoatrophy, central fat adiposity and/or fat accumulation on the neck, upper back, breasts or other areas.
5. ☐ Abdominal obesity: Waist circumference > 102cm (40 in) for male and >88cm (35 in) for female
6. ☐ Client or MD initiated weight management, or obesity: BMI > 30

C. Oral/GI Symptoms

1. ☐ Uses an appetite stimulant or suppressant
2. ☐ Loss of appetite, desire to eat or poor oral intake of food or fluid for > 3 days
3. ☐ Missing teeth, severe dental caries, difficulty chewing, swallowing
4. ☐ Mouth sores, thrush, or mouth, tooth or gum pain
5. ☐ Persistent diarrhea, constipation or change in stools (color, consistency, frequency, smell)
6. ☐ Persistent nausea or vomiting
7. ☐ Persistent gas, bloating or heartburn
8. ☐ Changes in perception of taste or smell
9. ☐ Food allergies or food intolerance's (fat, lactose, wheat, etc.)
10. ☐ Medication involving food or meal modification
11. ☐ Need for enteral or parenteral nutrition

D. Metabolic Complications & Other Medical Conditions

1. ☐ Diabetes Mellitus, impaired glucose tolerance, impaired fasting glucose, insulin resistance, or hypo or hyperglycemia
2. ☐ Hyperlipidemia: cholesterol >200mg/dL, triglycerides ≥150mg/dL, LDL >130g/dL, &/or HDL<40 mg/dL (men) <50 (women)
3. ☐ Hypertension: three BP readings ≥ 135/85 mmHg or diagnosed with HTN
4. ☐ Hepatic Disease: Hepatitis C, Hepatitis B, cirrhosis, steatotosis, or other: _____
5. ☐ Osteopenia/osteoporosis risk: per elevated alkaline phosphatase, DEXA of the hip & spine low T-scores
6. ☐ Other conditions: renal disease, anemia, heart disease, pregnancy, cancer or other: _____
7. ☐ Albumin < 3.5 mg/dL, prealbumin < 19 mg/dL, or cholesterol <120 mg/dL

74

Food and Nutrition PC.02.02.03

- Standard: The hospital makes food and nutrition products available to its patients
  - Food and nutrition services is hit hard during the CMS and TJC survey
  - TJC has a dietary and nutrition tracer which is very detailed
  - Important to pay attention to make sure the patient is eating their meals
- EP1 The hospital assigns responsibility for the safe and accurate provision of food and nutrition products

75

Food and Nutrition PC.02.02.03

  - Hospital has a dietician to run the food and nutrition program
- EP6 Prepares food and nutrition products using proper sanitation, temperature, light, moisture, ventilation, and security
  - Food must be cooked in hot enough temperature to kill bacteria and other food borne diseases, hand hygiene
  - Most states have specific regulation on this
  - Don't want meat on top to drip on food below in the refrigerator, clean can openers, hair restraints
  - Cutting boards must be appropriate cleaned

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Food and Nutrition PC.02.02.03

- EP7 Food and nutrition products are consistent with each patient's care
- EP8 Must accommodate a patient's special diet and altered diet unless contraindicated
  - Many patients have special diets such as 1500 calorie ADA or 2 gram low sodium diet
- EP9 Accommodates the patient's cultural, religious, or ethnic food and nutrition preferences
  - Unless contraindicated
  - When possible

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Food and Nutrition PC.02.02.03

- EP10 When a patient refuses food, the hospital offers substitutes of equal nutritional value
  - Important to observe if patient is refusing meals
- EP11 The hospital stores food and nutrition products, using proper sanitation, temperature, light, moisture, ventilation, and security
  - Including those brought in by patients or their families
  - Should mark refrigerators "Food No Medications"
  - Make sure the temperature is checked for the refrigerators
  - Things dated to show when things in the refrigerator should be discarded

78

Food and Nutrition PC.02.02.03

- EP22 A current therapeutic diet manual approved by the dietitian and medical staff is available to all medical, nursing, and food service staff
  - For hospitals that use TJC for deemed status
  - Diet manual can provide useful information for nursing and must be in accordance with national standard
  - A CMS requirement under food and diet services
  - Many state laws also require a current therapeutic diet manual approved by the dietician and CMS says must be approved by the MS

79

Patient Education PC.02.03.01

- EP1 Need to do a learning needs assessment for each patient that includes
  - The patient's cultural and religious beliefs
  - Emotional barriers
  - Desire and motivation to learn
  - Physical or cognitive limitations and
  - Barriers to communication
  - Considering having a patient education interdisciplinary education sheet to capture all required elements

80

Patient Education PC.02.03.01

- EP4 Provide education to the patient based on their need
  - A new mother may need more education to one who has had five children
- EP5 Education and training must be coordinated by all disciplines involved in the patient's care
  - New diagnosis of diabetes and pharmacist covers medication issues, dietician covers dietary issues and the diabetic nurse educator covers diabetes education
  - Age of patient and education level (issue of low health literacy or interpreter) will impact educational needs

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Patient Education PC.02.03.01

- EP10 Education and training to patient will include the following based on the patient's condition and assessed needs
  - Explanation of the plan for care
  - Basic health practices and safety
  - Safe medication use
  - Nutritional interventions, diets, supplements
  - Pain issues such as pain management and methods
  - Information on oral health (much information later on this including oral bacterium (periodontal disease) as cause of cardiovascular disease, MI, VAP, stroke, CAD)

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Patient Education PC.02.03.01

- EP10 Education and training to the patient
  - Safe use of medical equipment
  - Safe use of supplies
  - Rehab to help the patient reach maximum independence
- EP25 Must evaluate the understanding of the education and training provided
  - Teach back is one method to verify understanding
  - Ask me three program by the National Patient Safety Foundation

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Ask Me 3™

FOR PROVIDERS:
Learn about Health Literacy and its impact on your patients, community and constituents.

FOR PATIENTS:
The 3 most important questions you should ask your doctor, nurse or pharmacist.

FOR MEDIA:
Low Health Literacy -- The Health Care Story You Can't Ignore

Nothing — not age, income, employment status, educational level, and racial or ethnic group — affects health status more than **literacy skills.**

That's why clear communication between patients and health care providers is critical.

Good communication = Healthy patients

Start with Ask Me 3.

Ask Me 3 is a patient education program designed to promote communication between health care providers and patients in order to improve health outcomes. The program encourages patients to understand the answers to three questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Patients should be encouraged to ask their providers (doctors, nurses, pharmacists, therapists) these three simple but essential questions in every health care interaction. Likewise, providers should always encourage their patients to understand

http://www.npsf.org/askme3/

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Ask Me 3™

- When To Ask?
- Who Needs to Ask?
- What If I Still Do Not Understand?
- Your Doctor Wants to Answer
- Tips for Clear Health Communication

Good questions for your good health

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

IMPORTANT INFORMATION ABOUT THE NEW MEDICARE RX BENEFIT FROM PCHC AND CMS

Every time you talk with a doctor, nurse, or pharmacist, use the **Ask Me 3** questions to better understand your health.

Before you visit your doctor please review our checklist.

Asking these questions can help me:

- Take care of my health
- Prepare for medical tests
- Take my medicines the right way

Partnership for Clear Health Communication
at the National Patient Safety Foundation

Privacy Policy
About the Partnership

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Use a Patient Education Form

ARIZONA CERT

Clinician Initials: _____ Patient Name: _____

Patient Education Checklist for Warfarin Therapy*

Educational Assessment		
Date of assessment_____		
Readiness/motivation to learn	___ High (Very Receptive) ___ Medium (Receptive) ___ Low (Unreceptive)	
Ability to learn	___ Adequate (no cognitive impairment) ___ Low (cognitive impairment)	
Existing knowledge	___ Extensive ___ Some, but limited ___ Little or None	
How does the patient like to learn?	___ By listening ___ By reading ___ By seeing ___ By practicing	
POTENTIAL BARRIERS		
Vision	___ Adequate ___ Poor	___ Needs correction (glasses or contacts)
Hearing	___ Adequate ___ Poor	___ Uses hearing aids
Primary language	___ English ___ Spanish ___ Other/specify: _____	
Literacy/ability to understand written material	___ Very High ___ Adequate ___ Limited ___ Very low	
Willingness to follow treatment	___ High ___ Moderate ___ Low ___ Uncertain	
Treatment adherence history:	___ Good / Adequate ___ Poor	
Notes:		

"Teach Back" techniques & resources provided to patient	Check if used	This item's effectiveness -- for this patient (circle one)				Notes
		Very High	High	Low	Very low	
1. Teach back technique						
2. Medicine List						
3. 7 day x 4 times/day pill box						
4. Plastic medicines carrier						
5. Warfarin Question/Answer Sheet						
6. INR Chart (copy for home & clinic)						
7. Patient Contract						
8. Your Guide to warfarin therapy (Eng/Span)						

** High effectiveness = the tool was easy to use, helpful, and well utilized by the patient.
Low effectiveness = the tool was barely used, not helpful and not well utilized by patient.

*This checklist is adapted from Managing Oral Anticoagulation Therapy, Clinical and Operational Guidelines, 2nd Edition, p. 10, 23-25 (Ansell, Dalen & Williams, 2003)

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00

Use a Patient Education Form

Patient Education Checklist for Warfarin Therapy*

Educational Assessment		
Date of assessment_____		
Readiness/motivation to learn	___ High (Very Receptive) ___Medium (Receptive) ___ Low (Unreceptive)	
Ability to learn	___ Adequate (no cognitive impairment) ___ Low (cognitive impairment)	
Existing knowledge	___ Extensive ___ Some, but limited ___ Little or None	
How does the patient like to learn?	___ By listening ___ By reading ___ By seeing ___ By practicing	
POTENTIAL BARRIERS		
Vision	___ Adequate ___ Poor	____Needs correction (glasses or contacts)
Hearing	___ Adequate ___ Poor	____Uses hearing aids
Primary language	___ English ___Spanish ___ Other/specify:_____	
Literacy/ability to understand written material	___ Very High ___Adequate ___ Limited ___ Very low	
Willingness to follow treatment	___ High ___ Moderate ____Low ___Uncertain	
Treatment adherence history:	___ Good / Adequate ___ Poor	

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Treatment adherence history:	___ Good / Adequate ___ Poor
Notes:	http://www.docstoc.com/docs/downloaddoc.aspx/?doc_id=35987557&pt=16&ft=11

"Teach Back" technique & resources provided to patient	*Check if used*	*This item's effectiveness** for this patient (check box)*				*Notes*
		Very High	High	Low	Very low	
Teach back technique						
Medicine List						
7 day x 4 times/day pill box						
Plastic medicines carrier						
Warfarin Question/Answer Sheet						
INR Chart (copy for home & clinic)						
Patient Contract:						
Your Guide to warfarin therapy (Eng/Span)						

** High effectiveness= this tool was appropriate, helpful, and well utilized by the patient.
Low effectiveness = this tool was poorly suited, not helpful and not well utilized by patient.

This checklist is adapted from Managing Oral Anticoagulation Therapy: Clinical and Operational Guidelines, 2nd Edition, p.10:23-25 (Ansell, Oertel & Wittkowsky, 2005)

Patient Education Checklist

Patient Education Checklist

Ask the patient to answer ("teach back") from 4 to 5 questions at each visit, based on your clinical judgment. If this is the patient's first visit to the clinic, add a ① below the date of instruction. If Significant Other is present, add "SO" below the date of instruction. Try to cover all 17 questions in 4 visits; then repeat as appropriate.

Assign a score from below for each question answered by the patient under the date of instruction:

1 = Patient understands 2 = Needs reinforcement 3 = Unsuccessful N/A = Not applicable

Date of Instruction: *First visit or SO present:*						
Question for Patient / Expected Behavioral Outcome *Score:*						
1. Tell me why you are taking warfarin. State reason for taking warfarin						
2. Tell me what warfarin does to your blood. State how warfarin affects their blood						
3. Tell me how you take your medicine. What is the dose? Pill color? How and when do you take it? State the dose, pill color, how and when to be taken						
4. Show me how you use your pill box. Describe how to use the seven-day pillbox.						

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Joint Commission Tracers

What Hospitals Need to Know about the Dietary Tracer

Discharge Planning Tracer

- TJC has a discharge planning-active review tracer
- Will ask for a list of patients to be discharged
- Will review their discharge order
- During the discharge planning process surveyor is to interview the patient
- Interview to make sure the patient's understanding in the changes in **diet and dietary restrictions** or supplements
- Will ask same in the retrospective review when calling patients at home discharged in past 48 hours

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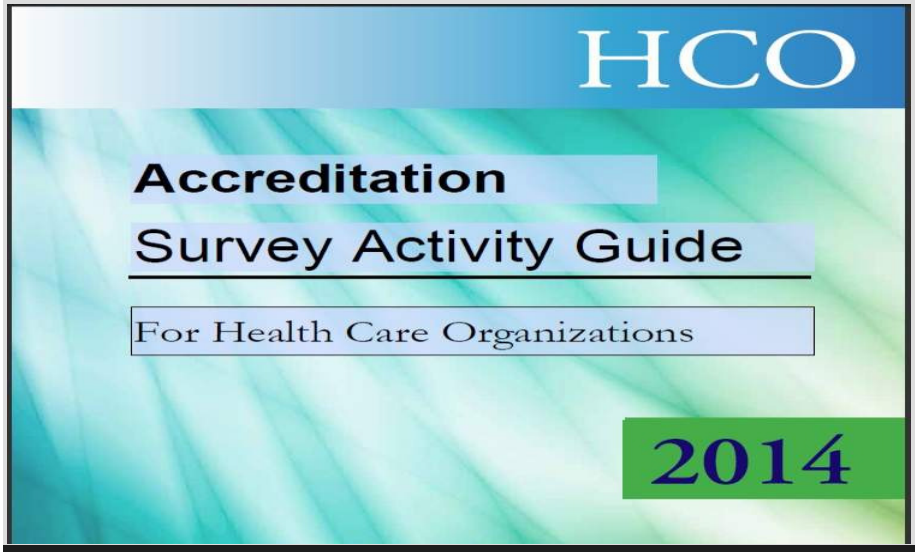
TJC Survey Activity Guide



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Dietetic and Food Services Tracer

- Objective is to assess and determine compliance with standards and EPs related to nutrition care
- Objective to increase awareness of risk in nutrition care practices and food service operations
- Tracer begins where patient is located
- Surveyor to look for specific diet order from doctor
- Will ask what **national standard** the hospital is using for recommended dietary allowances
- Will look at **infection control** issues such observe hand hygiene, **hygiene practices** and **kitchen sanitation**

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Dietetic and Food Services Tracer

- Will discuss the following;
  - **Safe practices for handling food**
    - Is the hot food hot enough, is the cold food the correct temperature, how do you clean the thermometers used to check the food, wipe off can lid, clean can opener, etc
- Assessment process to determine patient dietary needs
- **Process for prescribing and evaluating therapeutic diet orders**
- **Process for accommodating special and altered diet schedules**

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Dietetic and Food Services Tracer Discuss

- **Follow-up process when the patient refuses food served**
  - Nurse contacts dietician or offers patient other courses allowed by their current diet order
- Qualifications of dietitian and dietary services director (new in 2014)
  - During competence assessment surveyor is instructed to review the personnel file of the director of dietary services
  - To verify there is a full time director
- Verify availability of a current therapeutic dietary manual for reference (2014)

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Things Looked at in the Past

- There are a number of things that surveyor have also looked at in the past both from CMS and TJC
- Will look for nutrition screening and dietician assessment
- Look for evidence that dietician written recommendations are being followed
  - If physician orders consult with dietician
  - Be sure hospital P&P allows dieticians to accept verbal orders (see position paper)
  - See additional slides at the end for additional things that the surveyors have looked at in the past

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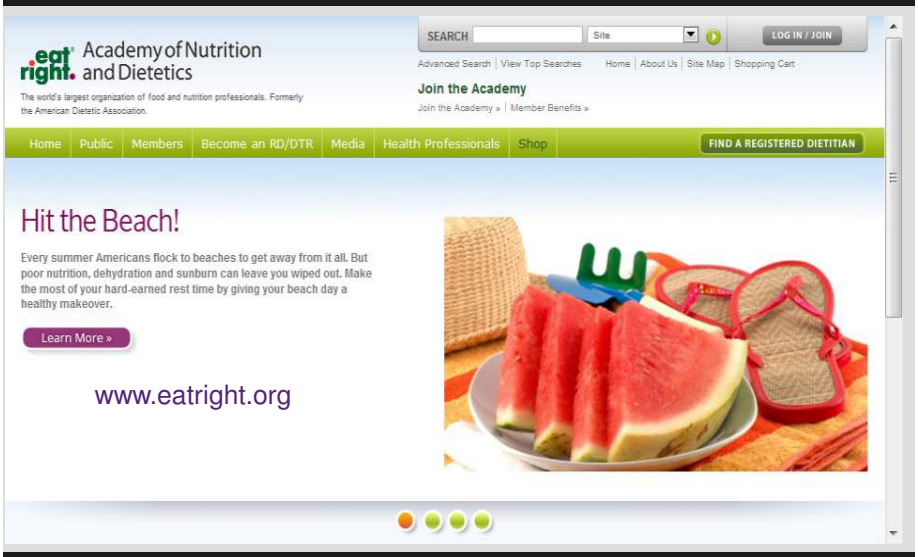
ADA now Academy of Nutrition and Dietetics



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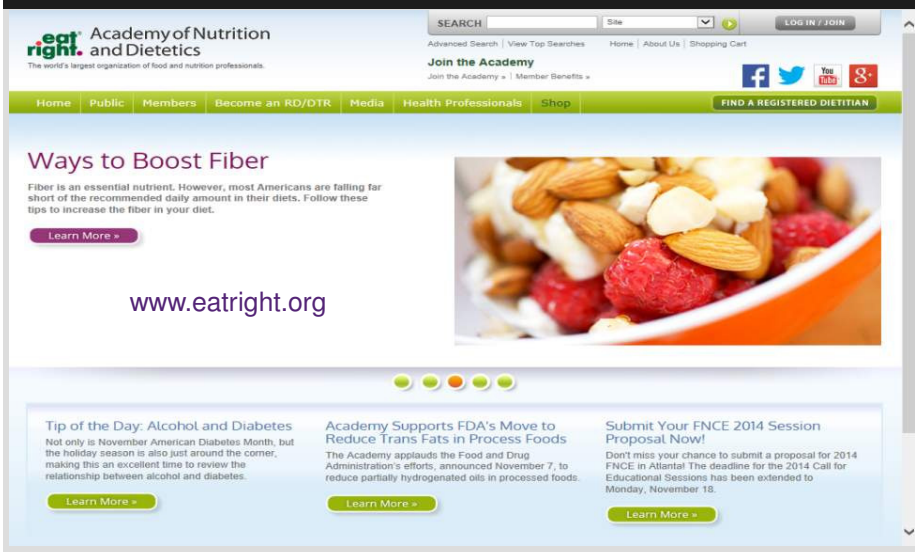

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Resources for Health Practitioners & RD

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In This Section
- RDs = Nutrition Experts
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- Resources for Employers
- Resources for Administrators and Payers
- Food and Nutrition in Public Policy
- Collaborating for Success
- Position and Practice Papers
- Professional Development
- Evidence Analysis Library
- Become an Associate

Tip of the Day

Resources for Health Practitioners

As members of a multidisciplinary medical team, registered dietitians can significantly help improve outcomes and reduce risk of chronic diseases. In addition to nutrition services for prevention and wellness, RDs are the best-qualified health-care professionals to deliver Medical Nutrition Therapy services for disease management in acute and ambulatory-care settings. MNT is an effective treatment for serious diseases and conditions such as obesity, diabetes, cancer, heart disease, hypertension, HIV/AIDs and kidney disease.

- Referring Patients to an RD
- How RD Services Can Help Your Practice
- Nutrition Guides for Practice and Other Resources
  - Healthier Generation Benefit Resources
  - Food Nutrient Data for Choose Your Foods: Exchange Lists for Diabetes, 2007
  - Educational Handouts and Client Resources in Multiple Languages
- Nutrition Care Process
- A Physical Activity Toolkit for Registered Dietitians
- Quality/Scope/Standards of Practice
- RDs in the Medical Home Model of Care
- Code of Ethics in Dietetics
- Telehealth
- Malnutrition Resource Center
- eCatalogs

Physical Activity Toolkit

Weight Management — Academy of Nutrition and Dietetics
Sports, Cardiovascular and Wellness Nutrition — Academy of Nutrition and Dietetics
ExerCise is Medicine
American College of Sports Medicine — Leading the Way

A Physical Activity Toolkit for Registered Dietitians:

Utilizing Resources of Exercise is Medicine®

Authors

Toolkit Development Team

Julie Schwartz, MS, RD, CSSD, LD, ACSM-HFS – WM and SCAN DPGs
Ruth Ann Carpenter, MS, RD, LD – WM and SCAN DPGs
Melinda M. Manore, PhD, RD, CSSD, FACSM – WM and SCAN DPGs
Laura Kruskall, PhD, RD, CSSD, FACSM – WM and SCAN DPGs

Contributors

Linda Gigliotti, MS, RD, CDE – WM and SCAN DPGs
Hope Barkoukis, PhD, RD, LD – SCAN DPG
Roberta Anding, MS, RD, CSSD, CDE, LD – WM and SCAN DPGs
Molly Wangsgaard, MS, RD, NSCA-CPT – WM and SCAN DPGs
Richard Cotton, MS – National Director of Certification, ACSM
Adrian Hutber, PhD – Vice President, Exercise Is Medicine™, ACSM

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Position and Practice Papers ADA

RDs = Nutrition Experts »
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Tip of the Day

Add Some Color to Your Day, Along with the Health Benefits

White, tan and brown fruits and vegetables contain many beneficial nutrients. For instance, onions, garlic and mushrooms may promote heart health and reduce cancer risks. Here are options for adding more of these colors to your diet.

View entire text
Tips of the Day Index

Position and Practice Papers

POSITION PAPERS

A position paper is germane to the vision, mission, values, goals, and strategies of the American Dietetic Association (ADA). A position paper consists of an abstract, a position statement, and a support paper. The position statement is a statement of ADA's stance on an issue, which is derived from pertinent facts, data, and the research literature. The position paper is not a comprehensive literature review of the topic, but it presents current facts, data, and research.

PRACTICE PAPERS

Practice papers are evaluative summaries of scientific information and/or practical application that address member-identified practice topics. They are meant to provide key opportunities for critical reasoning and quality improvement in dietetics practice and to include peer-reviewed perspectives from content experts, employers and alliance groups of the ADA.

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http://www.eatright.org/HealthProfessionals/content.aspx?id=6889

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Academy of Nutrition and Dietetics

- Some of the things on their website:
- Nutrition care manual with 100 diseases and conditions
- Pediatric nutrition care manual
- Sports nutrition care manual
- Practice papers
- RD and hospital privileges
- Evidence analysis library
- Evidenced based practice guidelines

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Hospital Privileges for Dieticians 4 pages

eat right. American Dietetic Association

April 2010

PRACTICE TIPS: Hospital Privileges for the RD Practicing MD/DO Work

1. **When should an RD apply for Hospital privileges?**
   a) An RD should propose and make application for Hospital privileges when the RD is being asked by the MD/DO to practice at a medical level; that is, if the RD is doing MD/DO work such as prescriptive authority for parenteral nutrition orders; if there is a need for an RD "expanded" scope of practice per the MD/DO, such as RD to complete tube placement, order and conduct indirect calorimetry, complete physical assessments, conduct pre-admission screenings for patients admitted to an inpatient rehabilitation hospital, conduct pre-admission screenings and recommend admission to specialty units, i.e. eating disorders, order and conduct blood pressure evaluations, and inject insulin. The admitting MD/DO is the practitioner responsible for the care of the patient/client.

   b) The Hospital's Governing Body determines if the qualified, competence trained, advanced level practice RD may be granted Hospital privileges. The Governing Body has the authority, in accordance with State law, to appoint some types of non-physician practitioners, such as nurse practitioners, physician assistants, certified registered nurse anesthetists, and midwives, to the medical staff. Practitioners, both physicians and non-physicians, may be granted privileges to practice at the Hospital by the Governing Body for practice activities authorized within their State scope of practice without being appointed a member of the medical staff.

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Society for Nutrition Education

SNE Society for Nutrition Education

Get Connected and Stay Involved!
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nu•tri•tion ed•u•ca•tion

Nutrition education is any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being. Nutrition education is delivered through multiple venues and involves activities at the individual, community, and policy levels.

Contento IR. *Nutrition education: Linking research, theory and practice.* Jones & Bartlett, 2007.

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SNEF Student Scholarships due April 1!

The SNEF Student Scholarship Program provides financial assistance to student members of SNE who wish to attend the SNE Annual Conference. Download an Annual Conference session guide to complete your application. Use the appropriate application and return it to info@sne.org by April 1.

SNEF Student Scholarship Application | SNEF International Student Scholarship Application

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Writing Dietary Orders

www.eatright.org/search.aspx?search=hospital+dietary+manual

eat right. American Dietetic Association

April 2010

PRACTICE TIPS: Hospital RDs and Nutrition (Diet) Order Writing

1. **Hospital RDs do not need to have Hospital privileges to write nutrition (diet) orders.** Hospital RDs may utilize methods to accomplish nutrition (diet) order writing as determined by each Hospital and approved by its medical staff. The admitting MD/DO is the practitioner responsible for the care of the patient/client; this includes nutrition therapeutic diet order writing.
2. **The current federal regulation for hospitals which has been in existence since 1986 and enacted via the Code of Federal Regulations (CFR) is as follows:**

   §482.28(b)(1) - Therapeutic diets must be prescribed by the practitioner or practitioners responsible for the care of the patients.

   Interpretive Guidelines §482.28(b)(1)
   Therapeutic diets must be:
   - Prescribed in writing by the practitioner responsible for the patient's care;
   - Documented in the patient's medical record (including documentation about the patient's tolerance to the therapeutic diet as ordered); and
   - Evaluated for nutritional adequacy.

   In accordance with State law and hospital policy, a dietitian may assess a patient's nutritional needs and provide recommendations or consultations for patients, but the patient's diet must be prescribed by the practitioner responsible for the patient's care.

   Survey Procedures §482.28(b)(1)
   Verify that therapeutic diet orders are prescribed and authenticated by the practitioner(s) responsible for the care of the patient.
3. **The Hospital Governing Body must approve the medical staff bylaws and other medical staff rules and regulations which may include RDs as one of the allied health professionals who are permitted to accept delegated MD/DO orders.** This allows the MD/DO to delegate to the RD to write an order for a therapeutic nutrition (diet) order or other pertinent orders such as applicable labs related to nutrition interventions, dietary supplements, or nutritional supplements.

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Dietary Managers Association

http://www.dmaonline.org

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Commission on Dietetic Registration

Commission on Dietetic Registration
the credentialing agency for the Academy of Nutrition and Dietetics

Welcome to the CDR Online Credential Verification System!

The on-line verification system serves as a primary source verification of credentials issued by the CDR, and is consistent with The Joint Commission Standards for primary source verification.

The Commission on Dietetic Registration (CDR) on-line verification system provides current credential status of Registered Dietitians; Dietetic Technicians, Registered; Board Certified Specialty in Pediatric Nutrition, Board Certified Specialist in Renal Nutrition; Board Certification as a Specialist in Oncology Nutrition; Board Certification as a Specialist in Gerontological Nutrition and Board Certification as a Specialist in Sports Dietetics The system will instantaneously provide verification information that would be provided if a customer contacts CDR directly.

The on-line verification system serves as a primary source verification of credentials issued by the CDR. It is the responsibility of the user to confirm the correct identity of the individual whose credentials are being verified on this on-line system and to avoid confusion between two individuals with similar names. In cases in which a practitioner is using a credential that cannot be verified, and is thus engaged 'misuse' of a CDR issued credential, the user can e-mail CDR at creidy@eatright.org.

The CDR on-line verification system will provide credential information regarding status for the following credentials:

Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN)

Dietetic Technician, Registered (DTR)

Board Certified Specialist in Pediatric Nutrition (CSP)

Board Certified Specialist in Renal Nutrition (CSR)

Board Certified Specialist in Sports Dietetics (CSSD)

Board Certified Specialist in Gerontological Nutrition (CSG)

Board Certified Specialist in Oncology Nutrition (CSO)

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KACY C. MASSIE
MS,RD,LD
Maysville, KENTUCKY

JOAN BACA
RD
Sacramento, CALIFORNIA

BETH MARSHALL
MS, RD, CSCS, LD
Statesboro, GEORGIA

LESLIE DEASON
MS RD LD/N CPT
Naples, FLORIDA

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What's Cooking? | Newsroom

Tip of the Day – Wash your cutting boards.

For Consumers: Dieters

For Professionals: Educators/Teachers

Related Resources

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California Hospitals

- California has Title 22 standards and surveyors are known to be very detailed
- Things they have looked at:
  - Pull apart every piece of lettuce to wash it
  - Review disaster manual and inventory and make sure patient has enough water every day
  - if 1500 calorie ADA diet would calculate out every calorie, fat, carb, etc.
  - Looked at each piece of cheese from the vendor to see protein content and problem if vendor changes products
  - Wanted to see dates on containers in refrigerator
  - Wanted purpose, intent, principles of each diet in diet manual, and meal patterns

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CDPH Memo May 24, 2013

- Ca Dept of Public Health issues memo based on their state law and federal law
  - Two pages and addresses diet manual, orders, menu planning and disaster menu planning
- Diet manual needs to include the purpose and principles of each diet, the meal pattern
- Diet manual and diets ordered by the physician should mirror nutritional care by the facility
- To make sure meeting nutritional needs of patients in accordance with Recommended Dietary Allowances (RDA)

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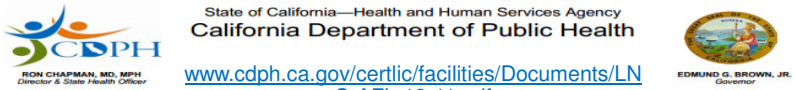
California Hospitals



State of California—Health and Human Services Agency
California Department of Public Health

RON CHAPMAN, MD, MPH
Director & State Health Officer

www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-13-11.pdf

EDMUND G. BROWN, JR.
Governor

May 24, 2013 AFL 13-11

TO: All Health Care Facilities

SUBJECT: Diet Manuals, Orders, and Menus Must Meet Patient's Nutritional Needs and Disaster Menu Planning

AUTHORITY: Title 22 California Code of Regulations (CCR) Sections 70273(a) and (d), 70741(b), 71243(a) and (d), 71539(b), 72335(a), 72337, 72551(b), 73325(a), 73329, 73549(b), 76363(a), 76367, 76563(b), 76882(a), 76884, 76928(b), 79685(a) and (i)
Title 42 Code of Federal Regulations (CFR) Sections 482.28, 482.41(a), 483.35, 483.75(m)

This All Facility Letter (AFL) is being issued to remind facilities that the nutritional needs of patients/residents/clients must be met through menu development in accordance with the physician's diet orders, as delineated in the facility diet manual. In addition to menu planning, the AFL will clarify the intent of disaster menu planning.

Diet manuals establish a common language and practice for physicians and other health care professionals to use when providing nutrition care to patients, residents, and/or clients. The diet manual includes the purpose and principles of each diet, the meal pattern, the foods allowed and not allowed, and the nutritional adequacy and inadequacy of each diet. The facility's diet manual and the diets ordered by the physician should mirror the nutritional care provided by the facility. All diets ordered by the physician must be reflective of the facility's diet manual.

The analysis of the menu is the foundation of meal planning to assure that the nutritional needs of the patient/resident/client are in accordance with the physician order and the Recommended Dietary Allowances (RDAs). The Dietary Reference Intakes (DRIs) are the most recent set of dietary recommendations established by the Food and Nutrition Board of the Institute of Medicine. The DRIs encompass the RDAs and

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For menus and diets that do not meet the DRIs, facilities must have an established system that addresses any nutritional inadequacies of the diet. Although the RDA or AI may serve as the basis for such guidance, qualified medical and nutritional personnel should make adaptations for specific situations.

In addition, state regulations require facilities to have detailed written plans and procedures to meet all potential emergencies and disasters. These written procedures should include plans for the availability of adequate basic utilities and supplies, including food and water, with consideration for the special needs of the patients/residents/clients treated at the facilities.

Special needs can be attributed to age (e.g. pediatrics), therapeutic diet (e.g. renal, diabetic), or mechanically altered diets (e.g. mechanically chopped, puree) (CCR Sections 70741(b), 71539(b), 72551(b), 73549(b), 76563(b), 76928(b) and CFR Sections 482.41(a), 483.75(m)). All foods should be evaluated for appropriateness for service to all, including those on prescribed therapeutic and/or mechanically altered diets. Nutritional adequacy related to carbohydrate, fat and biological value protein content is to be evaluated.

Facilities should develop disaster menu plans that can be mobilized in the event of the lack of essential utilities (e.g. gas, electricity, water), that can be easily served by disaster response personnel, and that mirror the nutritional adequacy of the meals routinely served at the facilities.

Facilities are responsible for following all applicable laws. The California Department of Public Health's failure to expressly notify facilities of statutory or regulatory requirements does not relieve facilities of their responsibility for following all state and federal laws and regulations. Facilities should refer to the full text of all applicable regulatory sections.

If you have any questions, please contact your respective Licensing and Certification District Office.

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CDPH Memo

- Dietary Reference Intake (DRIs) are most recent set of dietary recommendations established by the Food and Nutrition Board of the Institute of Medicine
- DRIs encompass the FDAs and Adequate Intakes (AIs) as the national standard of practice for menu and nutrient analysis
- Nutritional adequacy related to carbs, fat, and protein content is to be evaluated
- Need to develop disaster menu planning under state law

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Dietary Reference Intakes DRI

http://ods.od.nih.gov/Health_Information/Dietary_Reference_Intakes.aspx

Office of Dietary Supplements
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- Human Performance Resource Center: Dietary Supplements (DoD)
- How To Evaluate Health Information on the Internet: Questions and Answers
- Información en español

CONSUMER PROTECTION »
- FDA: Consumer Updates on Dietary Supplements
- FDA: Warnings and Safety Information

NUTRIENT RECOMMENDATIONS: DIETARY REFERENCE INTAKES (DRI)

These documents are issued by the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences. The Food and Nutrition Board addresses issues of safety, quality, and adequacy of the food supply; establishes principles and guidelines of adequate dietary intake; and renders authoritative judgments on the relationships among food intake, nutrition, and health.

DRI is the general term for a set of reference values used to plan and assess nutrient intakes of healthy people. These values, which vary by age and gender, include:

- Recommended Dietary Allowance (RDA): average daily level of intake sufficient to meet the nutrient requirements of nearly all (97%-98%) healthy people.
- Adequate Intake (AI): established when evidence is insufficient to develop an RDA and is set at a level assumed to ensure nutritional adequacy.
- Tolerable Upper Intake Level (UL): maximum daily intake unlikely to cause adverse health effects.

Reports
- Dietary Reference Intakes for Calcium and Vitamin D
- Dietary Reference Intakes: Applications in Dietary Assessment
- Dietary Reference Intakes for Calcium and Related Nutrients
- Dietary Reference Intakes for Folate and Other B Vitamins
- Dietary Reference Intakes for Vitamins C, E, Selenium and Carotenoids
- Dietary Reference Intakes for Vitamins A, K and Trace Elements
- Dietary Reference Intakes for Macronutrients (e.g., protein, fat and carbohydrates)
- Dietary Reference Intakes for Water and Electrolytes (e.g., potassium, sodium, chloride)

DRI Tables
- Elements (Minerals)
- Vitamins

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The End! Questions???

- Sue Dill Calloway RN, Esq. CPHRM, CCMSCP
- AD, BA, BSN, MSN, JD
- President of Patient Safety and Education Consulting
- Board Member
  Emergency Medicine Patient Safety Foundation at www.empsf.org
- 614 791-1468
- sdill1@columbus.rr.com

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Food Labels

Label Formats

Original vs. Proposed

What's the Difference Info-graphic (PDF: 509KB)

Nutrition Facts

Serving Size 2/3 cup (55g)
Servings Per Container About 8

Amount Per Serving	
Calories 230	Calories from Fat 40
	% Daily Value*
Total Fat 8g	**12%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**12%**
Dietary Fiber 4g	**16%**
Sugars 1g	
Protein 3g	
Vitamin A	10%
Vitamin C	8%
Calcium	20%
Iron	45%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Nutrition Facts

8 servings per container
Serving size 2/3 cup (55g)

Amount per 2/3 cup
Calories 230

% DV*	
12%	**Total Fat** 8g
5%	**Saturated Fat** 1g
	***Trans* Fat** 0g
0%	**Cholesterol** 0mg
7%	**Sodium** 160mg
12%	**Total Carbs** 37g
14%	**Dietary Fiber** 4g
	Sugars 1g
	Added Sugars 0g
	Protein 3g
10%	**Vitamin D** 2mcg
20%	**Calcium** 260mg
45%	**Iron** 8mg
5%	**Potassium** 235mg

* Footnote on Daily Values (DV) and calories reference to be inserted here.

View an Alternate Format of the Nutrition Facts Label (JPEG: 424KB)
View a Dual Column Format of the Nutrition Facts Label (JPEG: 429KB)

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Surveyor Has Observed in the Past

- Meal being served to patients; patient receives assistance with eating, when needed; staff monitoring patient food consumption
- Staff practices relative to food safety such as monitoring food temperatures, transportation practices, potential food borne infections, etc.
- Kitchen and food preparation areas focusing on sanitation, maintenance, and safety
- Food preparation (recipes, special diet preparation, food nutrient retention considered in preparing) and serving (portion size served, system staff follows to serve correct diet)
- Therapeutic diet meal preparation process (e.g., fat free, low salt, restricted/increased calorie count) or mechanical preparation (e.g., pureed, thickened)

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Topics Dietary Tracer

- Assessment, care planning and instruction by qualified staff
- Identification of nutrition risk
- Nutrition screening criteria (CMS has also)
- Timeframes for nutrition assessment and re-evaluation of nutritional risk
- Measuring food consumption such as methods for doing, responsible staff, use of the data

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Topics Dietary Tracer

- Specific population needs, such as patients that are NPO, receiving hyperalimentation, on vents, in isolation, suffering from burns
- Process for obtaining meals for patients after food service hours
- Procedures followed for patients refusing meals
- Consultations and referrals
- See PC.02.02.03, HR.01.04.01, HR.01.05.03

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Topics Dietary Tracer

- Nutritional adequacy of patient diets
- Discharge education plans and referrals
- Dietetic service staff training (departmental and interdepartmental)
- Communication between dietitians and food service if not considered the same department
- Dietitians included and participating in care planning process

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Topics Dietary Tracer

- Surveyor will speak with dietary director about day to day operations including
- Qualifications of dietary director
- Responsibilities of dietary and food services leadership and management
- Involvement with others for P&Ps (MS, Nursing)
- Scheduling of food
- Safe food handling and health of dietary staff

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Topics Dietary Tracer

- Contracts for services, food, and nutrition services
- Emergency disaster planning for patients and staff
- Hospital diets and menus (selective or nonselective, nourishment choices, foods common to community)
- Sanitation and infection control (pest control, chemicals)
- PI activities, PI process, standards of practice being followed and food preparation and storage procedures

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Food and Dietetic Services Tracer

- Maintenance of space and equipment
- Process for prescribing and evaluating therapeutic diet orders
- Processes for accommodating special and altered diet schedules
- Surveyor is to explore the role of dietary in the evaluation of medication

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Surveyor to Discuss in Past

- Process for accommodating special and altered diet schedules
- Follow-up process when the patient refuses food served
- Qualifications of dietitian and dietary services director
- And verify availability of a current therapeutic diet manual for reference
- Will also observe for hand hygiene

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Tracing Patients through Dietetic Service and Food Service

Applies to: **Hospital Accreditation Program**

Surveyor Tips & Tools

This is not intended to be a stand-alone service tracer. Incorporate review of these services into patient tracer activity. Use this guide and the data collection tool to help you perform a thorough review of these services and cover the topics addressed in the standards.

Patient Tracer Selection
When selecting patients to trace consider including a sample
- with special nutrition needs
- who need assistance with eating
- needing specially prepared meals

Organization
Suggested individuals to speak with during patient tracer activity include:
- Organizational manager for dietetic service department
- Organizational manager for staff development
- Foodservice manager
- Clinical nutrition care manager
- Staff representatives for maintenance and environmental services
- Staff representative for infection control/surveillance

Objectives
1. Assess and determine the degree of compliance with standards and elements of performance relating to nutrition care
2. Increase organization's awareness of any identified risks in nutrition care practices and food service operations

Process
- Patient tracer activity begins in the area where the patient is currently located; review the patients record for
  - Physician orders for specific diets
  - Nutrition screening and dietitian assessments
  - Evidence of written orders demonstrating that dietitian recommendations are being followed
- The surveyor(s) will follow referrals pertaining to clinical nutrition care for patient(s)
- The surveyor(s) will move to other settings as appropriate and applicable to tracing any safety, sanitation and therapeutic issues related to the storage, preparation, service and distribution of food
- The surveyor(s) will observe dietetic service staff and engage them in discussion focused on the quality and consistency of service which has been observed and as it relates to the patient(s) being traced

Observation
Key aspects of this care and service that should be observed include:
- Meal being served to patients; patient receives assistance with eating, when needed; staff monitoring patient food

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- Staff representatives for maintenance and environmental services
- Staff representative for infection control/surveillance

Documentation
1. Review most recent local health department kitchen inspection report
2. Review any contracts related to food and nutrition services
3. Review HR file for food service director/manager
4. Training records for food service staff

Other Resources*
Clinical – American Dietetic Association (www.eatright.org)

Food handling and sanitation – Food and Drug Administration (FDA) Food Code, published every two years (www.fda.gov)

Observation
Key aspects of this care and service that should be observed include:
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- Kitchen and food preparation areas focusing on sanitation, maintenance, and safety
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- Therapeutic diet meal preparation process (e.g., fat free, low salt, restricted/increased calorie count) or mechanical preparation (e.g., pureed, thickened)

Topics to Discuss Throughout Patient Tracer Activity
Surveyors should cover the following topics with participants as they trace patients' clinical nutrition needs:
- Assessment, care planning and instruction by qualified staff
- Identification of nutrition risk
- Nutrition screening criteria
- Timeframes for nutrition assessment and re-evaluation of nutritional risk
- Measuring food consumption (methods for doing, responsible staff, use of the data)

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