Enhance: A Fortified Foods Program

The Case for Food-First Nutrition



CSG
CULINARY SERVICES GROUP

What Is A Liberalized Diet?

At Culinary Services Group we believe that liberalized diets are the best approach to reducing malnutrition and improving the overall quality of life for older residents.

Liberalized diets allow older adults to make educated decisions about their nutrition. Therapeutic diets that are meant to manage chronic conditions like diabetes or hypertension can often limit variety and options in daily meals, resulting in weight loss and a reduction in quality of life. But when older adults can make choices about the foods they eat, they'll eat better and enjoy daily life more. A liberalized diet approach is supported by both the Centers for Medicare & Medicaid Services (CMS) and the Academy of Nutrition and Dietetics (AND).

As we age, the need for nutritional support increases. Culinary Services Group believes that additional nutrients and calories should always come from whole foods first. We've created recipes that can be incorporated into a liberalized diet approach creating optimal nutrition and enjoyment for older adults.



CSG
CULINARY SERVICES GROUP

What the Experts Say

American Medical Directors Association (AMDA)

Provide foods of consistency and texture that allow comfortable chewing and swallowing. A resident who has difficulty swallowing may reject pureed or artificially thickened foods but may eat foods that are naturally of a pureed consistency, such as … mashed potatoes, …puddings, … and yogurt, finely chopped foods may retain their flavor and be equally well handled.

AMDA Clinical Practice Guideline for Alteration in Nutrition, 2010.

Academy of Nutrition and Dietetics (AND)

Research suggests that the goal of food service should be to create a meal situation as natural and independent as possible, comparable with eating at home; making choices from a wide range of menu items tailored to the resident's wants; and seeking input from residents, family and staff. Stringent diet restrictions limiting familiar foods and eliminating or modifying seasonings may contribute to poor appetite; decreased food intake; and increased risk of illness, infection, and weight loss.

ADA Liberalization of the Diet Prescription Improves Quality of Life for Older Adults in LTC, 2005.

Centers for Medicare & Medicaid Services (CMS)

With any nutrition program, improving intake via wholesome foods is generally preferable to adding nutritional supplements.

CMS State Operations Manual Appendix PP 483.25(i) Tag F325 Nutrition 2008 Revised Guidance



Why Real Food?

There's quite a case to make for a food-first approach to supplementation. Oral supplements can be expensive, taste terrible, and often go unconsumed. Plus, there's some debate over their effectiveness in a long-term care setting. Oral supplements have been shown to be only moderately successful in increasing calorie intake and have little impact on improving strength or function if not combined with resistance strength training. Yet in most communities, 60-80% of residents are prescribed dietary supplements.

Pioneer Network, & Rothschild Foundation. (2011, August). New Dining Practice Standards, Pioneer Network Food and Dining Clinical Standards Task Force. https://www.aota.org/-/media/Corporate/Files/Practice/Aging/Resources/New%20Dining%20Practice%20Standards%20final%208-26-11.pdf

What's the Cost?

Making the change to a food-first approach using fortified foods is often met with two questions. How much will it cost and how much of my staff's time will be consumed by implementing it? While every community is going to be slightly different. Our additional cost to Per Patient Day (PPD) is between $0.35 - $1.05. In fact, our costs are often lower than prescribing commercial supplements.

Enhance Fortified Foods Nutrition & Cost Adjustments

Items included in meals as part of a fortified foods program are costed per day based on the level of additional calories being provided.

Level	Additional Calories	Meals Fortified By Day	Additional Cost to PPD	Comparative Cost in Commercial Supplements
E-1	100-200	1	$0.35	$0.28 - $2.07
E-2	200-300	2	$0.70	$0.69 - $0.94
E-3	450 – 550	3	$1.05	$1.32 – 1.85



The Crestview Example

When residents enjoy the food they are eating, communities can reduce the use of supplements and reduce costs. One example of this is Missouri-based Crestview Nursing Home. In 2001, administrators Eric and Margis Haider estimated a cost savings of $1,164 per month using a food-first approach. Crestview has a 92-bed capacity. In 1998, 72 residents were using supplements compared to only 14 residents in 2000, after making the switch to a food-first approach.



CSG
CULINARY SERVICES GROUP

Pioneer Network, & Rothschild Foundation. (2011, August). New Dining Practice Standards, Pioneer Network Food and Dining Clinical Standards Task Force. https://www.aota.org/-/media/Corporate/Files/Practice/Aging/Resources/New%20Dining%20Practice%20Standards%20final%208-26-11.pdf



Staffing Challenges

When making the change to a food-first approach many communities are also concerned about the additional consumption of staff time. Yet, oral supplements may consume as much staff time as a food-first approach to deliver. A 2015 study determined that the time to deliver oral supplements and give verbal encouragement to consume averaged 11 minutes while the time to deliver a food-first snack averaged 14 minutes. In this study, residents who consumed oral supplements took in 256 additional calories while those who received the snack intervention took in 303 calories. The study concluded that offering snack-based nutritional intervention was more cost-effective relative to supplements based on staff time, resident refusal rates, caloric intake, and waste.

Simmons SF, Keeler E, An R, et al. Cost-Effectiveness of Nutrition Intervention in Long-Term Care. *J Am Geriatr Soc.* 2015;63(11):2308-2316. doi:10.1111/jgs.13709
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5131725/

Best for Residents

The experts agree, a food-first approach to nutrition supports a resident's independence and is preferred to commercial oral supplements. Allowing residents to have choice, accessibility, and individualization about the foods they eat supports a liberalized diet. Which would you prefer, hot, buttery pancakes, fluffy mashed potatoes with gravy and ice cream with chocolate sauce, or a canned supplement shake? It's our goal to meet nutritional goals for the residents we serve with foods we'd want to eat, too!

Our priority is to improve the quality of life for those we serve, which is the primary reason we encourage the communities we serve to take on a food-first approach. But there is significant evidence to support that a food-first approach has many benefits for nursing home communities too. A food-first approach may lower costs by reducing supplement needs and may be a more cost-effective way to utilize staff time while improving intake and reducing waste.



Contact:

1-844-CSG-FOOD
(1-844-274-3663)

1135 Business Pkwy S
Westminster, MD 21157

culinaryservicesgroup.com

info@csgfood.com

