



September 2011 E-zine

Disaster Planning Resources

As I write this, hurricane Irene is bearing down on the east coast. My son and daughter-in-law who live in Jersey City, are preparing for the storm, while the news is reporting mandatory evacuations of nursing homes and hospitals in certain areas of New York City. The link below provides resources to assist you in preparing for disasters. It includes a short blog article I wrote after speaking on *Disaster Planning for Dining Services* for a large group in Missouri -- just two months after the F5 hurricane hit Joplin and killed more than 150 people. Despite this disaster, many in the audience felt their health care facilities were not prepared for an emergency situation. It's important to be prepared at all times. These resources can help.



[Article, free emergency menus and other resources](#)

Skilled Nursing Facility (SNF) Prospective Payment System FY2012 Policy Changes Relating to the Minimum Data Set 3.0

The SNF PPS FY2012 Final Rule (76 FR 48486) outlined several policy changes in the SNF PPS effective for FY 2012. These changes include: a revised MDS assessment schedule, the Change of Therapy Other Medicare Required Assessment (OMRA), a resumption of therapy option for the End-of-Therapy OMRA, the allocation of group therapy time, and a revised student supervision policy. The memo which describes the transition guidelines for these policies can be found in the **Downloads** section.

[Training Slides and a YouTube presentation of in August 23rd National Provider Training Call](#)

New CMS Nursing Facility Quality Measures

In June 2011, the National Quality Forum (NQF) endorsed CMS' 17 Nursing Home Quality Measures. These measures will become the enhanced set of publicly reported quality measures available on Nursing Home Compare in the spring of 2012. The current quality measures are valid and reliable. However, they are not benchmarks, thresholds, guidelines, or standards of care. The quality measures...are based on the best research currently available...



[Read about the CMS Nursing Facility Quality Measures](#)



Fuel for Health-Caloric Needs in Later Life and How to Achieve Them



Determining what, when and why to eat certain foods to meet a target calorie level can be a challenging and daunting task at any age. This task is even greater in later life, however. Older adults may be experiencing decline in muscle mass, less volume and intensity of physical activity, chronic health conditions, physical limitations, numerous medications, and slower metabolisms. Additionally...78% of American men and 69% of American women ages 60 and older were overweight...

[Journal of Active Aging by Kathryn Porter MS RD \(page 24\)](#)

Optimizing Care in Home Parenteral Nutrition — The RD's Role



Home parenteral nutrition (HPN) is a life-saving therapy for many people whose gastrointestinal (GI) tract is nonfunctional. Current demographic information is lacking, but data from the 1990s indicated there were an estimated 40,000 people on HPN in the United States. The American Society for Parenteral and Enteral Nutrition has published standards for the multidisciplinary care of home patients who require specialized nutrition support. Interdisciplinary collaboration among physicians, nurses, dietitians, pharmacists, and patients is required for successful outcomes. RDs are essential for improving HPN care and outcomes...

[From Today's Dietitian](#)

A Glimpse at 'Gluten-Free' Food Labeling

...Technically, gluten represents specific proteins that occur naturally in wheat. However, the term “gluten” is commonly used to refer to certain proteins that occur naturally not only in wheat, but also in rye, barley, and crossbreeds of these grains and that can harm people who have celiac disease. The only treatment for this disorder is a life-long gluten-free diet...FDA has been working to define “gluten-free” to: eliminate uncertainty about how food producers may label their products; assure consumers who must avoid gluten that foods labeled “gluten-free” meet a clear standard established and enforced by FDA.



[Learn how FDA is proposing to define “gluten-free”](#)

Hospitals Pay Physicians in Medicare Bundled Payment Model

Physicians would get reimbursed by an admitting hospital instead of by Medicare for inpatient care they deliver to seniors, under 1 of 4 models of pilot projects for bundled payments that the Centers for Medicare and Medicaid Services (CMS) unveiled... In this particular model, hospitals would receive a predetermined or prospective payment for all the services furnished during a particular kind of inpatient episode (eg, a hip replacement), and would pay physicians and other providers out of that fixed amount.

[Read the article from Medscape Medical News](#)