

Position of the Academy of Nutrition and Dietetics: Individualized Nutrition Approaches for Older Adults: Long-Term Care, Post-Acute Care, and Other Settings



ABSTRACT

It is the position of the Academy of Nutrition and Dietetics that the quality of life and nutritional status of older adults in long-term care, post-acute care, and other settings can be enhanced by individualized nutrition approaches. The Academy advocates that as part of the interprofessional team, registered dietitian nutritionists assess, evaluate, and recommend appropriate nutrition interventions according to each individual's medical condition, desires, and rights to make health care choices. Nutrition and dietetic technicians, registered assist registered dietitian nutritionists in the implementation of individualized nutrition care, including the use of least restrictive diets. Health care practitioners must assess risks vs benefits of therapeutic diets, especially for frail older adults. Food is an essential component of quality of life; an unpalatable or unacceptable diet can lead to poor food and fluid intake, resulting in malnutrition and related negative health effects. Including older individuals in decisions about food can increase the desire to eat and improve quality of life.

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POSITION STATEMENT

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POST-ACUTE CARE (PAC), AS defined by the Centers for Medicare and Medicaid Services (CMS), is the skilled nursing care and therapy provided after an inpatient hospital stay.¹ According to CMS, PAC is provided in a variety of settings, including skilled nursing facilities (SNFs), inpatient rehabilitation facilities, long-term care hospitals, and in patients' homes through the use of home health agencies.¹ Defined more generally, PAC includes a spectrum of care that follows acute care services, such as long-term care (LTC) settings, SNFs, inpatient rehabilitation facilities, long-term care hospitals, intermediate care facilities for individuals with intellectual disabilities, assisted living facilities, continuing care retirement communities, senior housing, adult day care, and hospice care.^{2,3}

The PACE (Program of All-inclusive Care for the Elderly) also called LIFE

(Living Independence for the Elderly) in some states, is a Medicare and Medicaid program that helps people meet their health care needs in the community instead of going to a nursing home or other care facility. PACE/LIFE and Medicare Waiver programs can also provide post-acute and supportive care to individuals. Figure 1 describes the variety of programs and settings that are available to older adults that require post-acute care and other health care and supportive services in the United States.^{1,3-13} Historically, the term *health care communities* was used to describe inpatient facilities that provided various levels of care. Patient care in many of the programs and settings that fall into the PAC spectrum differ from acute care in that long-term treatment and lifestyle goals generally take precedence over short-term clinical goals.

NUTRITION IN LONG-TERM CARE, POST-ACUTE CARE, AND OTHER SETTINGS

Regulatory requirements related to nutrition care in LTC, PAC, and other

settings vary. Not all individuals requiring PAC have access to nutrition care services provided by a registered dietitian nutritionist (RDN) or nutrition and dietetics technicians, registered (NDTR). Nursing facilities employ or contract with RDNs and NDTRs for services.¹⁴ Long-term care hospitals must meet Medicare's Condition of Participation for acute care hospitals.¹⁵ RDNs and other nutrition care practitioners are employed in long-term care hospitals, as dictated by their regulating organization. PACE includes an RDN as part of their interdisciplinary team.¹⁶ RDNs may be employed in other settings that provide care to older adults even if that care is not a regulatory requirement.

Care for older individuals must meet two goals: maintenance of health and quality of life.¹⁷ Practitioners sometimes have to choose one of these goals over the other based on the individual's goals and desires.¹⁷ Food and dining are an integral part of individualized care and self-directed living.¹⁸ Food must meet health and nutritional needs, but should also enhance

Type of facility	Overview of services provided	No. of facilities and people served
Adult day care	Centers offer supervision, social, and recreational activities, lunch, and oversight. Provides respite for those who care for a family member at home.	4,800 in 2012 serving up to 273,200 ⁴
Assisted living community	Provide residents with assistance with basic activities of daily living, such as bathing, grooming, and dressing. Services vary based on state licensure regulations. Complex medical services are not provided.	22,200 facilities in 2012 ⁴ ; nearly 780,000 people over 65 y resided in assisted-living communities in 2014 ⁵
Continuing care retirement community	Combination of independent living, assisted living, and skilled nursing options on one campus. If a resident's care needs increase over time, he/she will move to the next level of care. ⁶	1,861 in 2009 located in 48 states ⁷
Home and community-based waiver programs	A program that provides assistance with the costs of home and community-based services (such as homemaker services, personal care, and respite care) for those eligible for Medicaid. ⁸	300 active programs with nearly 1 million enrollees in 2009 ⁹
Home health agencies	Can include medical, nursing, social, or therapeutic treatment with daily activities, such as meal preparation, bathing, and dressing. Most patients are recovering, disabled, or terminally ill. ¹⁰	12,400 home health agencies ¹ treat 1.2 million patients annually ³
Hospice	Provides comfort and support to patients and their families as they approach the last stages of life. Services can be provided in a variety of post-acute settings, including at home.	4,000 hospice agencies ⁴ served 1,244,500 in 2012 ⁴
Inpatient rehabilitation facilities	Free-standing rehabilitation hospitals and rehabilitation units in acute care hospitals. Provide intensive rehabilitation therapy for patients who require and benefit from an inpatient stay and an interdisciplinary team approach to their rehabilitation. Patients have complex nursing medical management and rehabilitation needs. ¹⁰	No data available
Intermediate care facility for individuals with intellectual disabilities	Provides care for individuals with developmental disabilities. Services provided are based on individual needs.	Serves over 100,000 individuals with intellectual disabilities and other related conditions ¹¹

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Figure 1. Long-term care, post-acute care, and other settings: Overview of services provided and numbers of facilities and people served in the United States. Numbers may vary depending on reporting source and how programs and facilities were defined when statistics were published.

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