

# Standards of Care

MARCH 2011



## *Medical Nutrition Therapy*

### **STANDARDS OF CARE**

The purpose of the Ryan White Part A Standards of Care and performance measures is to ensure that a uniformity of service exists in the Las Vegas Transitional Grant Area (TGA) as such that the consumers of services receive the same quality of service regardless of where the service is rendered. These standards align with current Public Health Services (PHS) Guidelines and the Health Resources and Services Administration's standards and performance measures for service delivery to ensure the highest quality of service.

### **APPLICATION OF STANDARDS**

These standards apply to any agency receiving Part A funds to provide services as contracted for that time period. If any agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps underway to meet the standards. All standards and measures will be reviewed by Part A Grantee staff annually as designated.

### **I. Definition of Service**

#### ***Health Resources and Services Administration (HRSA)***

Medical Nutrition Therapy including nutritional supplements is provided by a licensed registered dietitian (RD) outside of a primary care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian.

Nutritional services and nutritional supplements not provided by a licensed, registered dietitian shall be considered a support service. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian also shall be considered a support service.

### **II. Goals of Service**

Increase access to Medical Nutrition Therapy to promote a client's behavioral and lifestyle changes that are required to impact long-term eating habits and minimize progression of HIV infection by increasing or maintaining adherence to medical and supportive service.

### **III. Service Objectives**

- To provide nutritional assessment, counseling and education to delay HIV disease progression and treat malnutrition, assess and evaluate food security and to minimize the impact of other co-morbidities on the progression of HIV infection.

### **IV. Measures**

Indicators are used to measure and determine, over time, performance of a particular element of care. Outcomes are benefits or other results (positive or negative) for clients that may occur during or after their participation in a program. The Las Vegas TGA has developed three categories of measures to accurately track compliance vs. client progress vs. overall program performance. All measures will be tracked on an annual basis by grant year in their respective categories, which are; Agency Compliance Indicators, Client Level Outcome Measures, and Overall Program Performance Measures. The intent is that agency

compliance with standards of care will improve the overall health and well-being of the clients and improve access to care. The primary method of data collection is CAREWare, in addition to an annual chart review at each agency receiving Part A funding and client satisfaction surveys.

### **1. Agency Compliance Measures**

Agency Compliance Measures for Medical Nutrition Therapy services and their percentage goals are listed next to their respective standards in the Service Standards section. All agencies are expected to uphold the outlined standards to a minimum of the designated percentage goal and annually their compliance will be assessed. Additional standards and guidelines pertinent to each agency regardless of the service categories they provide are outlined in the Universal Monitoring Standards document which will also be assessed annually.

### **2. Client Level Outcome Measures**

The Client Level Outcome Measures are a reflection of our client's progress as they access Medical Nutrition Therapy services. The following Client Level Outcome Measure and percentage goal will be assessed annually:

#### **In Medical Care**

- 75% of clients that are in medical care (at least one medical visit per measurement period).

#### **Maintained Adherence to Medical Care**

- 75% of clients that maintain adherence to Medical Care visits within the measurement year (at least two medical visits with a provider with prescribing privileges at least three months apart in the measurement year).

#### **Stabilized CD4 T-cell Count**

- 75% of clients will stabilize or increase their CD4 T-cell count from initial count within the measurement period.

#### **Most Recent CD4 Stable**

- 75% of clients with at least one CD4 T-cell count within the measurement year and those that are considered medically stable ( $CD_4 \geq 200$ )

#### **Undetectable Viral Load**

- 75% of clients that maintained an undetectable viral load or achieved an undetectable viral load from initial count within the measurement period.

#### **Most Recent Viral Load Undetectable**

- 75% of clients with at least one viral load within the measurement year will be considered undetectable ( $<50$ ).

#### **Improved Overall Health**

- 75% of clients will report an improved overall health from the nutrition supplements they received (such as Boost, food vouchers) over the last 12 months.

#### **Decrease Symptoms**

- 75% of clients will report that the nutrition therapy services (such as Boost, food vouchers, or meeting with the nutrition therapist) helped decrease any symptoms they have related to their HIV/AIDS status.

### **3. Overall Program Performance Measures**

Overall Program Performance Measures illustrate how accessible services are in our TGA for Medical Nutrition Therapy services addition to how they are perceived by the client for not only the HIV/AIDS population but the minority population as well. These measures and respective goals are as follows:

#### **Client Satisfaction**

- 75% of clients will report being satisfied or very satisfied with the Medical Nutrition Therapy services they have received for their HIV status over the past 12 months.

#### **Community Food Resources**

- 75% of client will report receiving a list of community food resources over the last 12 months.

## **V. Service Standards**

### **A. STAFFING REQUIREMENTS**

Medical Nutrition Therapy may only be provided by a licensed registered dietitian or dietetic technician registered under the supervision of a registered dietitian and shall conform to the requirements of the Nevada or Arizona State Board of Examiners of Dietitians and the Commission on Dietetic Registration of the American Dietetic Association. Staff should also have a minimum of six months experience in the nutrition assessment, counseling, evaluation and care plans of people living with HIV/AIDS.

### **B. MEDICAL NUTRITION THERAPY SERVICE ACTIVITIES**

#### **1. Nutrition Screening**

Clients entering Medical Nutrition Therapy services should receive a nutrition screening.

#### **2. Intake and Initial Assessment**

Clients should receive a nutrition and wellness assessment that includes, at a minimum, the following:

- Concerns/questions/requests
- 24 hour diet recall
- Demographic information
- Current infections and medical conditions
- Medical care status
- Weight history and nutritional needs
- Current gastrointestinal symptoms or complications
- Dietary preferences/habits
- Current labs
- Current HIV/AIDS medication
- Life style
- 24-hour Dietary Recall

Clients should also have an individualized nutrition plan developed and be provided any applicable education concurrently. Referrals should also be provided in order to coordinate services required to implement the plan.

Medical Nutrition Therapy Standards	Medical Nutrition Therapy Agency Compliance Indicators
<ul style="list-style-type: none"> <li>✓ All clients receiving Medical Nutrition Therapy will have the following completed on intake:               <ul style="list-style-type: none"> <li>• 24-hour Dietary Recall</li> <li>• Nutrition and wellness assessment</li> <li>• Individualized nutrition plan (if applicable)</li> </ul> </li> </ul>	<p><b>Intake and Initial Assessment</b></p> <ul style="list-style-type: none"> <li>○ 85% of clients will receive a comprehensive intake and initial assessment.               <ul style="list-style-type: none"> <li>• 24-hour Dietary Recall</li> <li>• Nutrition and wellness assessment</li> <li>• Individualized nutrition plan (if applicable)</li> </ul> </li> </ul>

### **3. Nutrition Supplements**

If a need is found for nutrition supplements only the registered dietitian may write the recommendation for the dispensing of commercial nutritional liquid/powder supplements to clients.

In order to be eligible for commercial nutritional liquid/powder supplementation, the client must have a compromised nutritional status manifested by one or more of the following:

- Significant weight loss of  $\geq 7.5\%$  in  $\leq 3$  months
- BMI  $\leq 18.5$  and/or cachexia
- Serum Albumin  $< 2.8$
- Malabsorption syndrome
- Neurological or mechanical eating difficulties such as dysphagia
- A diagnosis of cancer with a history or expectation of significant weight loss
- Poor appetite due to a medical condition (i.e. HIV/AIDS, Cancer, Dementia, Kidney Disease, Parkinson's, etc.)
- A pressure ulcer > stage 1 or a non-healing wound
- A feeding tube

Clients receiving nutritional supplementation besides a multivitamin and/or calcium supplement are encouraged to visit the registered dietitian monthly to assess need for continuation of supplementation and maintain efficacy of nutrition plan. Clients receiving a nutrition plan but not receiving nutritional supplementation are also encouraged to follow up monthly to maintain efficacy. Nutrition counseling is also provided to any client requesting to follow-up with a registered dietitian within three months of their initial assessment or reassessment and is not requesting nutritional supplementation.

### **4. Nutrition Reassessment**

A reassessment should occur every three to six months for clients continuing nutritional supplementation, clients requesting nutritional supplementation that were assessed three months ago or more, or as requested by a client or referred that has not been seen by the registered dietitian in six months or more.

Clients should also receive a comprehensive nutritional assessment and recommended diet regimen. Clients should also have an individualized nutrition plan developed and be provided any applicable education concurrently. Referrals should also be provided in order to coordinate services required to implement the plan.

Medical Nutrition Therapy Standards	Medical Nutrition Therapy Agency Compliance Indicators
<ul style="list-style-type: none"> <li>✓ All clients receiving Medical Nutrition Therapy will have the following completed every six months:               <ul style="list-style-type: none"> <li>• 24 hour Dietary Recall</li> <li>• Nutrition and wellness assessment</li> <li>• Individualized nutrition plan update (if applicable)</li> </ul> </li> </ul>	<p><b>Reassessment</b></p> <ul style="list-style-type: none"> <li>○ 85% of clients will receive a comprehensive six month reassessment.               <ul style="list-style-type: none"> <li>• 24 hour Dietary Recall</li> <li>• Nutrition and wellness assessment</li> <li>• Individualized nutrition plan update (if applicable)</li> </ul> </li> </ul>

### 5. Case Closure

Whenever possible, all clients whose cases are being closed must be notified of such action. All attempts to contact the client and notifications about case closure will be documented in the client file, along with the reason for case closure. Cases may be closed when the client;

- Client is deceased
- Is relocating out of the service area
- No longer needs the service
- Decides to discontinue the service
- Is improperly utilizing the service

Medical Nutrition Therapy Standards	Medical Nutrition Therapy Agency Compliance Indicators
<ul style="list-style-type: none"> <li>✓ All clients that are discharged from Medical Nutrition Therapy must have a documented discharge note in the client chart noting the reason for discharge.</li> </ul>	<p><b>Discharge Note</b></p> <ul style="list-style-type: none"> <li>○ 85% of clients discharged will have a discharge note documenting the date and reason for discharge.</li> </ul>

Source: American Dietetic Association Evidence Analysis Library, HIV/AIDS 2011.