

## ANFP – DHCC Joint Regional Meeting March 15-16, 2018 in Dallas, Texas

Registration for this conference is now closed.



**Location: Embassy Suites Park Central, 13131 N Central Expy, Dallas, Texas**

**12 CEU's plus 1 CPEU for exhibits applied for.**

### **Session Speakers, Descriptions and Learning Objectives** **Thursday, March 15, 2018**

**8:00 AM – 9:15 AM** Opening Session: Both Groups

**Speaker:** Dr. Glenna McCollum, MPH, RDN, FAND, Past President of the Academy of Nutrition and Dietetics

#### **The Win-Win of Collaboration: Paving the Way for Positive Change**

##### **DESCRIPTION:**

Everybody likes to WIN! But what does it mean to have a Win-Win? The win-win of this first collaborative meeting between DHCC and ANFP is forging new opportunities where *the power of collaboration* and *the power of nutrition* create new gains for the *power of the team*. Learning the important strategies of collaboration can help individuals, groups and organizations like yours to pave a positive pathway towards rewarding change – one that can have exponential returns. In this ever-changing environment where critical nutrition and healthcare issues are impacting the team of the RDN, NDTR and CDM, this session will provide the participant with tools and resources for using the economic/financial model of Cooperative Game Theory, the Triple Bottom Line, and the Win-Win strategy of collaboration.

##### **LEARNING OBJECTIVES:**

1. Describe the important components of collaboration that can create new gains and opportunities for individuals, groups and organizations.
2. Describe the strategies that comprise a Win-Win, including Cooperative Game Theory and the Triple Bottom Line.
3. Describe successful collaboration models and how those models can be used by the RDN, NDTR and CDM for positive outcomes in nutrition and healthcare.
4. Identify tools and resources that pave the way for a mindset of collaboration, and the importance of a win-win strategy.

**9:30 AM – 11:00 AM**

**RDN SESSION:**

**Addressing Malnutrition throughout the Care Continuum**

**Speaker:** Ainsley Malone, MS, RD, LD, CNSC, FAND, FASPEN

**Moderator:** Suzanne Cryst

**DESCRIPTION:**

Malnutrition in hospitalized adults continues to remain a significant problem despite its recognition decades ago. Negative outcomes including increased infections, increased readmissions and higher mortality have been demonstrated in malnourished adults compared to those who are not malnourished. Processes to improve malnutrition care during and following hospitalization can improve outcomes. This session will review negative outcomes experienced by malnourished patients and interventions demonstrating outcome benefit. In addition, strategies for improved nutrition communication and nutrition care post discharge will be discussed.

**LEARNING OBJECTIVES:**

- Describe negative outcomes demonstrated in malnourished hospitalized patients.
- Describe key therapeutic options for treating malnutrition and improving outcomes.
- Outline strategies for nutrition communication and care at hospital discharge and beyond.

**11:15 AM – 12:30 PM**

**RDN SESSION:**

**Nutrition-Focused Physical Examination: (NFPE): Macronutrients & Malnutrition**

**Speaker:** Sara Perdue, MS, RD, CSG, LD

Assisted by: Carol Ireton-Jones, PhD, RDN, LD, CNSC, FASPEN, FAND and Ainsley Malone, MS, RD, LD, CNSC, FAND, FASPEN

**DESCRIPTION:**

Being able to proficiently perform NFPE is an essential competency nutrition professionals must possess to properly identify malnutrition (undernutrition) in adults. In fact, the first step in treating malnutrition is to identify when it is present. In this session, you will learn how to systematically conduct NFPE to assess for muscle wasting, subcutaneous fat loss, fluid accumulation, and handgrip strength. We will also discuss additional considerations for performing NFPE on patients who are overweight/obese and/or elderly. This interactive session will include both lecture and live demonstration.

**LEARNING OBJECTIVES:**

- Explain the role of NFPE in the Nutrition Care Process.
- List the areas of the body examined during macronutrient-focused NFPE to identify the presence of malnutrition.
- Describe how to use the NFPE techniques of inspection and palpation to identify muscle wasting, subcutaneous fat loss, and fluid accumulation.
- Describe how to incorporate assessment of handgrip strength into clinical practice.

**Lunch break 12:30 – 2:00 Attendees on own**

**2:00 PM – 3:15 PM**

**RDN SESSION:**

**Nutrition-Focused Physical Examination: (NFPE): Micronutrient Focus**

**Speaker:** Sara Perdue, MS, RD, CSG, LD

**Assisted by:** Carol Ireton-Jones, PhD, RDN, LD, CNSC, FASPEN, FAND and Ainsley Malone, MS, RD, LD, CNSC, FAND, FASPEN

**Description:** Join us in this session as we dive deeper into NFPE. In this session, you will learn how to perform micronutrient-focused NFPE using a head-to-toe approach, with a special emphasis on the oral/perioral area. Through a combination of lecture and live demonstration, you will learn how to identify physical manifestations of specific micronutrient deficiencies. We will also discuss how to utilize critical thinking skills to rule in or rule out the presence of micronutrient deficiency, and you will have an opportunity to practice those skills as we work through a case scenario.

**LEARNING OBJECTIVES:**

1. List the tools and describe the techniques used to perform micronutrient-focused NFPE.
2. Use NFPE techniques to identify at least three common physical manifestations of micronutrient deficiency.
3. Explain how to corroborate NFPE findings with other assessment domains to rule in or rule out the presence of micronutrient deficiency or excess.
4. Apply critical thinking skills and knowledge of NFPE in a case scenario to rule in or rule out the presence of micronutrient deficiency.

**3:30 PM – 5:30 PM**

Attendees will alternate between the Expo and the education session.

**3:30 PM – 4:30 PM DHCC attend Education Session and ANFP attend Expo**

**4:30 PM – 5:30 PM DHCC attend Expo and ANFP attend Education Session**

**Sarcopenia**

**Speaker:** Liz Friedrich, MPH, RDN, CSG, LDN, FAND

**3:30 – 4:30 DESCRIPTION AND LEARNING OBJECTIVES**

After attending this presentation, participants will be able to

1. Define sarcopenia and sarcopenic obesity.
2. Review the role of protein in the body, particularly as it related to sarcopenia prevention and treatment.
3. Discuss risks of unintended weight loss in older adults with sarcopenic obesity.
4. State protein needs for healthy older adults and older adults with diagnoses common in residents in long-term care, including sarcopenia.
5. State current recommendations for diet and physical activity to treat sarcopenia.

**Friday, March 16, 2017**

**7:45 AM – 9:00 AM**

**RDN SESSION:**

***Pressure Injuries and Nutrition Solutions: NPUAP update and what works!***

***Speakers: Dr. Nancy Munoz, DCN, MHA, RDN, FAND and Pam Brummit, MA, RD, LD***

**DESCRIPTION:**

It is estimated that 1.3-3.0 million residents/patients will develop pressure injuries annually. The US spends \$11 to \$33 Billion annually on wound care. An individual's nutritional status and pressure injuries can have a symbiotic relationship: malnutrition is a risk factor for developing pressure injuries, the presence of pressure injuries can contribute to the development of malnutrition. In this session, you will learn how to implement cutting edge programs in your facility to prevent and manage pressure injuries. You will learn to Identify avoidable versus unavoidable status in your residents/patients.

**LEARNING OBJECTIVES:**

1. Understand skin staging nomenclature revised in 2016.
2. Communicate role of nutrition in pressure injury prevention/ treatment to other healthcare professionals.
3. Implement a QAPI plan for pressure injury management and prevention.

**9:15 AM – 10:30 AM****RDN SESSION:****GI Challenges**

**Speaker:** Carol Ireton Jones, PhD, RDN, LD, CNSC, FASPEN, FAND

**DESCRIPTION:**

Irritable Bowel Syndrome (IBS) is a functional gastrointestinal (GI) disorder, whereby functional means "relating to the way in which something works or operates". It is defined by the American College of Gastroenterology (ACG) IBS Task Force as "abdominal discomfort associated with altered bowel habits". GI symptoms may occur with Inflammatory bowel disease (IBD), celiac disease, short bowel syndrome, and include chronic diarrhea and constipation. People with IBD, specifically Crohn's disease and celiac disease may also have IBS. Interventions include nutrition, medications, and other therapies. Numerous evidence-based clinical studies and trials have demonstrated the positive outcomes of the low FODMAP diet. The foods associated with these symptoms are high FODMAP and therefore, modifying the FODMAP content of the diet may be useful with these diagnoses as well.

**Learning objectives:**

1. Define and describe Irritable Bowel Syndrome (IBS)
2. Compare nutrition interventions for IBS
3. Understand the application of the low FODMAP diet for IBS and other GI diagnoses

**10:45-12:15: GROUP SESSION**

**Topic: Regulations and Updated Interpretive Guidance: Beyond CMS "Minimum Requirement.**

**What are we doing to maximize the power of nutrition?**

**Speakers:** Brenda Richardson, MA, RDN, LD, CD, FAND and Barbara Thomsen, CDM, CFPP, RAC, CT

**Description:**

Phase II of the LTC Requirements of Participation (ROP) & New Survey Process was introduced and effective 11/28/2017. Food, nutrition, and dining are integral components of these new regulations and are key for success in running facilities. This session will provide a focused look in to the Centers for Medicare & Medicaid Services (CMS) revised Requirements. Current trends in regulatory compliance under the new Survey Process will be presented along with recommendations on how to incorporate "Choice and Voice" into facility programs for successful regulatory outcomes.

**Learning Objectives:**

- Present an overview of the Regulatory Requirements related to Food, Nutrition, and Dining.
- Define the key focus areas for Food & Nutrition Services regulatory compliance.
- Identify how to incorporate “Choice” and “Voice” for successful regulatory outcomes.

**12:15-1:15: LUNCH (meal provided)****1:15 – 3:00: GROUP SESSION****TOPIC: Power up for Success: Collaborative Confidence.**

**Moderators:** Brenda Richardson, MA, RDN, LD, CD, FAND, Barbara Thomsen, CDM, CFPP, RAC, CT, DHCC EC members, ANFP board members, and other guest speakers.

**Description: Turning Ah-Ha moments into QAPI and Action Items: What will you do with all that you have learned?** This session will apply learnings from the sessions attended with interactive group discussions of action plans for collaboration maximizing the power of nutrition. The session will motivate attendees to “Power Up for Success: Having Confidence in Collaboration.”

**Learning Objectives:**

- Understand the important components of collaboration you can take back for nutrition to create new gains and opportunities for individuals, groups and organizations.
- Identify strategies you can implement that comprise a Win-Win, including Cooperative Game Theory and the Triple Bottom Line for nutrition.
- Describe examples of successful collaboration models that can be used by the RDN, NDTR and CDM for positive outcomes in nutrition and healthcare.
- Identify tools and resources that pave the way for a mindset of collaboration and a win-win strategy for nutrition

## Housing

DHCC has a room block available at the Embassy Suites; rate is \$129/night.



## MEETING POLICIES

### Cancellations

Cancellations must be received in writing no later than 14 days prior to the meeting in order to receive a full refund less a \$50 processing fee. No refunds will be issued for cancellations within 14 days of the meeting date. Please mail, fax or email written cancellation, substitution, or transfer requests to: DHCC, 2219 Cardinal Dr., Waterloo IA 50701-1007. FAX 319-235-7224; Email [dhccdpg@mchsi.com](mailto:dhccdpg@mchsi.com). All requests must be received in writing.

### Cancellation of Meetings

DHCC reserves the right to cancel a meeting at its discretion. Registrants will be notified by email of cancellation. In the event of meeting cancellation, registration fees are refundable. However, airline and hotel penalties are the responsibility of the registrant.

### Americans with Disabilities Act

DHCC wishes to take those steps to ensure that no individual with a disability is excluded, denied services, segregated, or otherwise treated differently than other individuals because of absence of auxiliary aids and services. If you require any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to attend any DHCC program, please contact DHCC prior to arrival.

### Photography & Filming

Professional photographs, audio, and video will be captured during the Conference. Attendees hereby grant DHCC and its representatives permission to photograph and/or record them at the Conference and distribute (both now and in the future) the Attendee's image or voice in photographs, videotapes, electronic reproductions, and audiotapes of such events and activities.

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