

**Caring for Adults and Providing  
Nutrition During the COVID-19  
Pandemic:**

**What We Have Learned and What Is Proven Best  
Practice**

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# Caring for Adults and Providing Nutrition During the COVID-19 Pandemic:

*What We Have Learned and What Is Proven Best Practice*

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# Disclosures:

- ❑ **Honorarium provided by Nutricia**
- ❑ **No additional conflict of interest for this presentation**



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*The opinions reflected in this presentation are those of the speaker and independent of Nutricia North America*

# Learning Objectives

- Impact the COVID-19 pandemic has had on food and nutrition supplement supply. What is the proven best practice when typical supply is not available?
- Ways clinicians have had to quickly adjust patient assessment and treatment in accordance with social distancing requirements.
- Adult malnutrition concerns and symptoms associated with COVID-19 disease and adult nutrition risks when social dining and interaction are no longer an option.

# **COVID-19 Impact on Food and Supplement Supply**

## Food Prices:


- Consumer Price Index (CPI)
  - ▣ The food index increased 4.0 percent over the last 12 months, with the index for food at home rising 4.8 percent.

## Food Availability: USDA

- ▣ *Another Look at Availability and Prices of Food Amid the COVID-19 Pandemic* Posted by Robert Johansson, USDA Chief Economist in [Research and Science](#)\_ May 28, 2020<sup>1</sup>

1. USDA website (accessed 07/07/2020): <https://www.usda.gov/media/blog/2020/05/28/another-look-availability-and-prices-food-amid-covid-19-pandemic>

# COVID-19 and Strategies for Success

- 
- Comprehensive evaluation of menu items with a focus on food cost and efficiency
  - Plan for flexibility in menu structure based on ingredient availability and staffing (save information on changes needed)
  - Renewed focus on patient & resident satisfaction
  - Innovation including online ordering platforms, delivery options & improved take-out packaging
  - Increased collaboration with industry partners

# Teamwork for Success

- ❑ Foodservice distributors (and other vendors) work strategically with their customers in order to be successful
- ❑ Communication is a key ingredient between all parties
- ❑ Creative thinking with a solutions-oriented approach





# Teamwork for Success

- Menu engineering & design (Simplify and downsize)
- Focus on core items & ingredient cross-utilization (work with distributors for items available and efficiency)



# Teamwork for Success

- ❑ Operational efficiency & best practice sharing
- ❑ Continue “best practice” for inventory control, and production needs
- ❑ Consider ordering more frequently and avoid stockpiling.
- ❑ Value-added services including resources and training from suppliers.



# Menu Considerations

- ❑ Soups: All prepared and ready to serve (condensed)- frozen and canned
- ❑ Entrees: Frozen full items (lasagna, macaroni and cheese) or items needing to be finished (shredded pork)



# Menu Considerations

- ❑ Sides: Canned vegetables, potatoes from granules, prepared salads in can or carton, ready to eat lettuce mixtures.
- ❑ Desserts: Sheet or layer cakes, sheet cookies/bars, frozen cobbler, pies and pastry sheets.



# Menu Considerations

- ❑ Diet Order: Liberalize and simplify diets as much as possible
- ❑ Purchase pre-prepared pureed foods, ground meats and thickened liquids
- ❑ Convenience foods has fewer “critical points” for food safety and may reduce chance of food-borne illness



# Supplements and COVID-19

- Facility and patient/resident specific
- Fortified Foods
- Food First vs Supplements

# Nutrition is Important

- For adults with existing comorbidities and not infected with COVID-19, RDNs should continue to advise consuming a nutrient-dense eating pattern to meet protein and energy needs, with oral supplementation when necessary, to prevent and treat malnutrition.
- For adults with existing comorbidities and with suspected or confirmed COVID-19 infection, RDNs should proactively prevent and treat protein-energy wasting by regularly assessing weight and nutritional status when possible, and advising adequate protein and energy intake through diet, with supplementation through oral, EN, or PN, when necessary.

# Micronutrients and COVID-19

- In the absence of direct evidence examining efficacy of providing additional micronutrients or conditional amino acids to standard care, registered dietitian nutritionists must rely on clinical expertise and indirect evidence to guide medical nutrition therapy for patients infected with COVID-19.
- RDNs must work with the multidisciplinary team and rely on clinical expertise and indirect evidence to guide MNT for patients infected with COVID-19 to reduce adverse effects from COVID-19 infection.
- In addition to optimizing immune function, another key consideration when providing medical nutrition therapy (MNT) to critically ill patients infected with the COVID-19 virus is the increased risk for malnutrition.



## Factors to consider:

- Individual needs of the patient (symptoms, preferences, volume, nutrient dense)
- Staffing (food service, nursing, others)
- Acceptance by the patient and nutrition outcomes
- Cost when comparing overall efficiency and outcomes



- **Governmental Agencies:**
  - ▣ Centers for Disease Control and Prevention (CDC)
  - ▣ Centers for Medicare & Medicaid Services (CMS)
  - ▣ Food and Drug Administration (FDA)
  - ▣ State and Local Health Departments

- ❑ **Professional Organizations:**
  - ❑ Academy of Nutrition and Dietetics
  - ❑ American Society for Parenteral and Enteral Nutrition (ASPEN)
  - ❑ American Health Care Association
  - ❑ Leading Age
  - ❑ The Society for Post-Acute and Long-Term Care Medicine (AMDA)
- ❑ **Others:** Manufacturers, Suppliers, Distributors

# **Providing Treatment in Accordance with Social Distancing Requirements**

# Communication during COVID-19

- Resident communication via social media with family/friends/visitors
- Frequent use of Conference/Zoom calls
- Food & Nutrition service leaders supporting each other through staffing/supply shortages
- Departments working together in support of daily challenges
- Cross-training of team members to support intra and inter department needs



# Communication during COVID-19

- Remote documentation by the RDN (communication is critical to provide prompt assessment, treatment and effectiveness of interventions)
- Technology by RD providing remote services to communicate with facilities for clinical and foodservice operational systems and QAPI



# Social Distancing and Meal Service: Considerations: Remember “6 feet apart”

Dining Area considerations: (Based on facility specific phase of reopening)

- Assessment for number of tables needed
- Consider several seating times with limited numbers of those dining
- Appropriate PPE for the dining room, taking temperatures, handwashing guidelines, use of sanitizers
- Preventing spread of disease related to menu options, serving food and beverages, table service



# Social Distancing and Meal Service: Considerations: 6 feet apart

## In Room Dining:

- Technology to reduce direct contact (paper menus, preferences, forecasting food production)
- Appropriate precautions and use of disposables per CDC
- Process for meal and meal items removal from rooms for infection control
- Communicate with signage, in-house display videos, greeting verbiage, social media, etc.





# Social Distancing and Meal Service: Considerations

- ❑ Keep residents and staff informed of menu changes
- ❑ May need to increase mealtimes to accommodate dining room and in room dining
- ❑ Consider “Always available items”
- ❑ Verbal communication skills with residents at mealtimes is critical (Positive and “Person Centered”)



# Serving meals during a Pandemic

- ❑ Pause 6 feet away and gesture and greet by name
- ❑ Make eye contact
- ❑ Find something to compliment
- ❑ Be calm
- ❑ Music



# **Adult Malnutrition and Risk with Social Isolation and No Communal Dining**

# Adult Malnutrition and Risk: CDC List of COVID-19 Symptoms (Physical)

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.**

Fever or chills

Cough

Shortness of  
breath or  
difficulty  
breathing

Fatigue

Muscle or body  
aches

Headache

New loss of taste  
or smell

Sore throat

Congestion or  
runny nose

Nausea or  
vomiting

Diarrhea

This list does not include all possible symptoms. CDC will continue to update.

# Adult Malnutrition and Risk: COVID-19 Symptoms Impact (Non-physical)

There is strong evidence that many older adults are **socially isolated** or **lonely** in ways that puts their health at risk.

■ For example:

- Social isolation has been associated with a significantly increased risk of premature mortality from all causes
- Social isolation has been associated with an approximately 50% increased risk of developing dementia



# Adult Malnutrition and Risk: COVID-19 Symptoms Impact (Non-physical)

There is strong evidence that many older adults are **socially isolated** or **lonely** in ways that puts their health at risk.

■ For example:

- Loneliness among heart failure patients has been associated with a nearly four times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits
- Poor social relationships (characterized by social isolation or loneliness) have been associated with a 29% increased risk of incident coronary heart disease and a 32% increased risk of stroke



# Engagement with Food

- ❑ Food is emotional: comforting and reassuring
- ❑ Meal atmosphere: lighting, music, aroma
- ❑ Snacks: fun, attractive, increased variety (Happy hours, snack carts, etc.)
- ❑ Positive messages when food is served (color, tray liners, flowers, colored napkins, etc.)
- ❑ Real vs disposable dinnerware



*‘That which we persist in doing becomes easier for us to do; not that the nature of the thing itself is changed, but that our power to do is increased.’*  
– Ralph Waldo Emerson



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