Sodexo’s Approach To Nutrition Services Impacts Readmission Rates, Workplace Standards And More

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Following are their views on the importance of clinical nutrition in senior living, the challenges clients are facing in today’s marketplace and Sodexo’s ongoing efforts to help communities grow.

Q: How long has Sodexo been providing dietetic services?
A: Sodexo began providing nutrition services in schools and hospitals in 1966. Sodexo has since grown into the largest private employer of dietitians in the world.

Q: How does clinical nutrition fit into Sodexo’s approach to senior living communities?
A: Sodexo believes the dietitian is an important part of the interdisciplinary team. Malnutrition and dehydration are primary risk factors for the development of infections and loss of functional mobility. A high percentage of our residents is at risk for malnutrition for various reasons including drug therapy and poor dental health. Some may experience difficulty swallowing or may suffer from depression. Some residents’ eating habits are hampered by therapeutic or altered diets. Our mission is to provide residents with the best possible care and to maintain their optimal nutritional status.

Q: What can a client expect from Sodexo as it begins its relationship in regard to clinical nutrition services?
A: The client can expect us to be deficiency-free during a regulatory survey – an assurance that we are doing everything we are supposed to be doing. They can count on us to provide and enhance the nutritional status of their residents, whether it be to prevent unintentional weight loss or to reduce the occurrence of pressure ulcers. These situations can affect a community’s reimbursement so it is especially important. Overall,
they can expect us to provide food that is flavorful and nutritious while maximizing the health of their residents and improving their quality of life.

Q: Does nutrition directly impact resident satisfaction?

A: It absolutely does. In order to improve the nutritional status of a resident, it is imperative that the food be both tasty and nutritious. The dietitian plays an integral role in that process by providing feedback to the dining director which leads to increased resident satisfaction with menu items and recipes.

Q: How does the Sodexo team of dietitians ensure that the dietary needs of all residents are met?

A: The team regularly examines residents to identify potential problems that may affect their health. Early detection is key. When a resident is identified as a nutritional risk, there are several approaches we employ in an attempt to reverse the situation. For example, “Every Bite Counts” is a program that allows us to modify some of our recipes by increasing the caloric and protein value of the food so that more nutrition is provided in smaller volumes.

Q: What steps has Sodexo taken to ensure the food it serves is both appealing and healthy?

A: One of our major accomplishments was reducing the sodium content in our regular meal plans by more than 50 percent in the last two years. We have accomplished this with the help of the manufacturers who have reduced the sodium content in many of their products. Because Sodexo serves more than 15 million customers in North America every day, we are able to drive manufacturers to produce products that are more healthful and flavorful.

Q: What are the most pressing challenges facing senior executives of communities, particularly from a nutritional standpoint?

A: A big challenge is the fact that individuals are being discharged from hospitals much sooner which means they may be arriving at a community with more extensive medical issues. As a result, many residents may not be eating properly and pose a risk for being readmitted to the hospital within 30 days. When hospital readmission rates increase, referrals and reimbursement rates are affected. A high readmission rate from a nursing community could influence whether a hospital would continue to refer residents to that community.

There is a proposal to reduce reimbursements to skilled nursing facilities that have a high rate of re-hospitalization. The Centers for Medicare & Medicaid Services (CMS) will reduce reimbursement to the hospitals if a resident returns within 30 days with a diagnosis of heart failure, acute heart attack or pneumonia. In 2015, the CMS will add three diagnoses and will further reduce its rate of reimbursement.

Q: Are there any changes in readmission guidelines that could affect communities?

A: A new concern for our clients is a policy that begins in the fall of 2016 that would penalize nursing facilities for readmission within 30 days. Up until this point, the readmission penalty imposed on hospitals had only affected communities indirectly. We do not believe that all of the clients realize that they may be hit with financial penalties as well. Our goal is to begin to educate them so that they are well prepared when it becomes effective.

Q: What are some of the steps Sodexo is taking to respond to these more stringent guidelines for readmissions?

A: We are working with senior living and hospital clients toward the common goal of minimizing readmissions penalties. We are developing a program which encourages hospital and senior living clients to evaluate best practices and collaborate on an approach that is right for them. This did not happen in the past. The result has been the establishment of several pilot programs.
across the country that are simultaneously working with hospitals and nursing homes. We do not think any of our competitors are doing this.

Q: How is Sodexo uniquely equipped to address this issue?

A: Sodexo has a close connection with our clinical teams across all divisions of our company, including hospitals and senior communities. This is something you won’t see among our competitors. Because we have this connection already established, it is easier for us to work together to ensure that our residents stay as healthy as possible to prevent unnecessary hospital readmissions. This is a particular focus for us this fiscal year.

Q: Have any other recent governmental regulations or changes affected the Sodexo dietary program?

A: Because of new U.S. Department of Agriculture (USDA) regulations, Sodexo had to work with manufacturers to change the style and type of foods that they were making. The reduced sodium concern we mentioned was probably the biggest issue. Because we serve more than 10 million meals daily, we are able to influence our vendors into producing the kinds of foods that are required by federal regulations.

Q: What are the most common nutritional challenges facing a senior living community?

A: Two of the biggest challenges are unintentional weight loss and the development of pressure ulcers. Since many residents are arriving at communities with much more acute issues, they are more at risk for experiencing these two conditions. Proper nutrition is critical from the start.

Q: What are some of the changes that have occurred in clinical nutrition in the last decade?

A: A recent change is the way that dietitians document their services. The Academy of Nutrition and Dietetics developed a nutrition care process and model which is a systematic approach to describing how food and nutrition professionals provide care to residents or patients. The nutrition care process is designed to improve the consistency and quality of individualized care for residents, and the predictability of outcomes. There are four steps to this process: the nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation. We are in the process of implementing the standardized language used in each of those steps within our senior living communities.

Q: Does the fact that independent living communities are attracting an increased number of younger retirees affect your approach to nutrition services?

A: It is a bit different because often the age and lifestyle of the residents differ greatly. As many Baby Boomers downsize their homes and move into independent living communities, they are more interested in wellness and exercise and different types of restaurant-style food items for meals. This is in contrast to the typical skilled nursing population that has an average age of 80 and whose meal preferences are more traditional.

Q: What are some of the more creative things that Sodexo does in the area of clinical nutrition?

A: At one suburban Philadelphia community, a heart failure program has been established featuring a diet that is low in sodium, fat and cholesterol. The focus is on fluids, diet education, daily weigh-ins for 30 days and working with the doctor on weight parameters. Of the 16 residents on the protocol for 30 days, only one was readmitted to the hospital. This is a readmission rate of slightly more than 6 percent which is much lower than the national average for heart failure readmission.

Q: What are some of the programs the Sodexo dietetics team offers that go above and beyond the task of creating healthy menus and serving flavorful and nutritious food?
A: Within our continuing care retirement communities, we have noticed older adults who want to be more physically active and who are seeking educational sessions on health and wellness. We have started offering lifestyle seminars on nutrition-related topics and medical nutrition therapy. Medical nutrition therapy is a disease management program that is intended to enhance the quality of life and reduce disease-related complications. Medical nutrition therapy for diabetes and renal disease is reimbursable through Medicare Part B. This is a benefit that can only be provided by registered dietitians using an approved set of protocols and procedures, and it generally involves meeting with a client one on one.

This allows our communities to use as a marketing tool the fact that they have a dietitian on site who can offer those services. This is appealing since a resident of an independent living community does not have to see a dietitian in an outpatient setting, possibly at a hospital.

Q: What role has emerging technology played in Sodexo’s clinical nutrition services?

A: Many of the communities have been mandated to implement an electronic medical record-keeping system, so we are recording our nutritional assessment and follow-ups electronically and are helping to develop the forms to load into these computer programs. Sodexo also uses a food management program, a production system that allows us to analyze recipes and provide accurate nutrient analysis to show regulatory surveyors that the menus we provide meet the recommended daily intake.

Q: Can a sound nutritional program help with a community’s marketing efforts?

A: Absolutely. Many residents will choose a community based on feedback they have received from others who have been a part of a particular community. People live to eat, and they eat to live. Just recently a resident said: “I’m very impressed. I wasn’t expecting the food to be this good.” The perception is that the food served at communities has an institutional flavor and is not all that tasty so they are surprised when they discover how good it is. They share that feedback with family members, neighbors and friends.

Q: What have the outcomes been on Sodexo dietetic services over the years?

A: Although we have not collected outcomes on all 19,000 people who have benefited from our service, the results that have been processed through a statistical analysis indicate we are doing better than the U.S. average for improvement in diabetes. Our competitors do not even talk about this; they do not collect outcomes.

Q: To sum it up, what type of feedback do you generally receive?

A: Whether we are talking to clients or reviewing feedback, we often receive compliments about the dietitians and how closely they work with residents. People are most pleased with the quality of life services that they experience, not only with our dietitians, but with other managers as well. Our dietitians are working hard and are being recognized as part of the reason Sodexo is so successful. The dietitians work closely with the residents and their families to make this their home, and to ensure they are living a comfortable and happy life, either because of the food we serve or improvements in the dining experience itself. It is all part of the same plan to make residents feel comfortable and to provide them with a homelike environment.

Q: What would you say are the factors that have contributed to Sodexo’s favorable reputation?

A: Our team is constantly undergoing training. Our dietitians are always working with residents to make them feel that this is their home. We attend conferences to ensure we are in tune with the trends and what residents expect from us. We work closely with the state surveyors, so we have a good handle on what the state is seeking in terms of meeting the needs of the residents. That is all about making sure
the residents have rights, and we are very respectful of that. If, for example, they decide they do not want to follow a particular diet, we will work with them to give them what they want while at the same time educating them. This is critical yet unusual because you do not typically have that type of a situation in hospitals.

**Q:** Has this shift in the demographics of senior living community residents brought about any other changes in Sodexo’s approach to nutrition services?

**A:** We have noticed a change in the age of residents who are coming to short-term rehabilitation at a community. Their expectation of dining is definitely different from the skilled nursing, long-term care resident. It is a challenge to provide two different styles of menus in a community. Yet, our skilled nursing home, long-term care resident really does not want to see those same food items or that technology, and are happy with having homestyle foods on their menu. So a current challenge is figuring out how to meet resident satisfaction with two very different types of residents in a community.

**Q:** Are any other trends in senior living communities bringing about changes to the method in which food is served?

**A:** The new dining standards that require a more homelike environment and more liberal dining presents us with a challenge since we must still meet regulatory standards. It often is a fine line. For example, one issue is whether you still have to wear gloves in a homelike environment. The answer is yes, you must meet regulatory standards of providing safe food to residents. It can be challenging, though, since we are trying to provide that homely atmosphere and residents are saying, “We don’t use gloves at home.”

**Q:** How would you define a client’s success as far as clinical nutrition is concerned?

**A:** Success in the area of clinical nutrition is often difficult to measure since many of our clinical interventions go hand in hand with nursing interventions. However, we gauge our success based upon results from regulatory surveys, improvement in weight loss, healing of pressure ulcers, resident satisfaction and reducing the cost of supplements or nourishments. All of this helps us to improve the quality of daily life for seniors which is always our main goal.

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