

Tube Feeding Status Critical Element Pathway

Facility Name: _____ Facility ID: _____ Date: _____
Surveyor Name: _____
Resident Name: _____ Resident ID: _____
Initial Admission Date: _____ Interviewable: ☐ Yes ☐ No Resident Room: _____
Care Area(s): _____

Use

- ☐ Use this protocol for a sampled resident who has a feeding tube.
- ☐ Use this pathway during every initial, standard survey and may be used on revisits or abbreviated survey (complaint investigation), as necessary.

Procedure

- ☐ Review QCLI results and relevant findings as needed.
- ☐ Briefly review the comprehensive assessment, care plan, and orders to identify facility interventions and to guide observations to be made.
- ☐ Corroborate observations by interview and record review.

Observations

- ☐ Observe the resident during various shifts including interactions with staff; initiation, continuation, and termination of feedings; medication administration, and provision of care and services.
- ☐ During observations of the interventions, note and/or follow up on deviations from the care plan and deviations from current clinical standards of practice and services as well as potential negative outcomes.
- ☐ Note whether the resident's level of alertness and functioning permits oral intake, whether assistive devices and call bells are available for the resident who is able to use them, and whether staff provide assistance for the resident who is dependent upon staff for care. Note, for example, whether:

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Observations

- The resident is resistant to assistance or refuses food or liquids and how staff respond; and
- The resident is receiving therapy or restorative care to improve swallowing or feeding skills, if the comprehensive assessment indicates the resident has deficits and restorative potential.

NOTE: *If you observe the resident being assisted by a staff member to eat or drink and the resident is having problems with eating or drinking, determine whether the staff member who is assisting the resident is a paid feeding assistant. If so, follow the procedures at F373.*

- ☐ Observe whether staff try to minimize the risk for complications including, but not limited to:
- Physical complications (aspiration, leaking around the insertion site, intestinal perforation, abdominal wall abscess or erosion at the insertion site);
 - Implementing interventions to minimize the negative psychosocial impact that may occur as a result of tube feeding;
 - Providing mouth care, including teeth, gums, and tongue;
 - Checking that the tubing remains in the correct location consistent with facility protocols;
 - Properly positioning the resident consistent with the resident's individual needs;
 - Using universal precautions and clean technique and following the manufacturer's recommendations when stopping, starting, flushing, and giving medications through the feeding tube;
 - Ensuring the cleanliness of the feeding tube, insertion site, dressing (if present) and nutritional product;
 - Providing the type, rate, volume and duration of the feeding as ordered by the practitioner and consistent with the manufacturer's recommendations; and

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Observations

- Staff examining and cleaning the skin site around the feeding tube and equipment.
- ☐ Note staff response if there is evidence of possible complications, such as diarrhea, nausea, vomiting, abdominal discomfort, nasal discomfort (if a nasogastric tube is being used); evidence of leakage and/or skin irritation at the tube insertion site; or risk of inadvertent removal of the tube.
- ☐ Observe the provision of care and services to determine whether:
 - Staff practices for handling, hang-time, and changing tube feeding bags are consistent with accepted standards of practice for infection control and manufacturer instructions;
 - Staff check placement of tube; and
 - Medications are administered via the tube and follow physician's orders and standards of practice. Staff verify the amount of fluid and feeding administered independent of the flow rate established on a feeding pump, if used (e.g., labeling the formula with the date and time the formula was hung and flow rate).

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Resident/Representative Interview	
Interview the resident, family and/or resident's legal representative (as appropriate) to determine: ☐ The level of involvement in the development of the care plan including goals and approaches, whether the interventions reflect resident's choices and preferences; and the resident's response to the tube feeding, including the following: ▪ Whether staff provided assistance to the resident to increase the food intake prior to inserting a feeding tube (e.g., identifying underlying causes of anorexia; hand feeding; changing food consistency, texture, form; offering alternate food choices; and/or providing assistive devices); ▪ Whether the resident and/or the resident's legal representative (as appropriate) was informed about the relevant benefits and risks of tube feeding, and involved in discussing alternatives and making the decision about using a feeding tube; ▪ Whether the resident has had any significant new or worsening physical, functional or psychosocial changes; whether the resident informed the staff; and how the problems were addressed; ▪ Whether there has been a reassessment and discussion with the resident or the resident's legal representative regarding the continued appropriateness/necessity of the feeding tube. ☐ How the resident felt since the feeding tube was placed and has the resident had any problems (e.g., physical, functional or psychosocial) that the staff has or has not addressed. ☐ Whether the resident has demonstrated or complained of recent nausea, vomiting, diarrhea, abdominal cramping, inadequate nutrition, aspiration. ☐ What the facility did to maintain oral feeding prior to inserting a	Notes:

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Resident/Representative Interview

feeding tube (e.g., provided the appropriate level of assistance to eat and consume fluids, used assistive devices, honored preferences);

- ☐ What the facility is doing to assist the resident to regain normal eating skills, if possible, after admission with or insertion of a naso-gastric or gastrostomy tube;
- ☐ Whether the tube has been accidentally dislodged; and
- ☐ Whether the possibility of a gastrostomy tube has been discussed, if the resident has a naso-gastric tube.

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Staff Interviews

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| <p>☐ Interview staff that provide direct care on various shifts to determine:</p> <ul style="list-style-type: none"> ▪ Whether staff and/or the practitioner determined the cause(s) of the decreased oral intake/weight loss or impaired nutrition and whether attempts have been made to maintain oral intake prior to the insertion of a feeding tube. For example, did staff collaborate with the physician to identify medical causes of decreased appetite or try to help the resident eat enough food (e.g., cueing or hand feeding; changing food consistency, texture, form; seeking and addressing causes of anorexia; or providing assistive devices); ▪ What the specific care needs for the resident are (e.g., special positioning, personal care, insertion site care, amount of feeding taken in); ▪ How the staff determined the resident's nutritional status was being met such as periodically weighing the resident and how they decide whether the tube feeding is adequate to maintain acceptable nutrition parameters and when to adjust them accordingly; ▪ Whether the resident has voiced any complaints or exhibited any physical or psychosocial complications that may be associated with the tube feeding (e.g., nausea or vomiting, diarrhea, pain associated with the tube, abdominal discomfort, depression, withdrawal); and how these problems have been addressed; ▪ To whom a staff member has reported the resident's signs or symptoms; and ▪ Whether there has been a periodic reassessment and discussion with the resident or his/her legal representative regarding the continued appropriateness/necessity of the feeding tube; and whether the care plan has been revised and implemented as necessary. <p>☐ Whether staff can explain how to monitor and check that the feeding</p> | <p>Notes:</p> |
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Staff Interviews

tube is in the right location.

- ☐ Whether staff can explain how to provide care of the feeding tube (e.g., how to secure a feeding tube externally; provision of needed personal, skin, oral, and nasal care to the resident; how to examine and clean the insertion site; and whether staff can define the frequency and volume used for flushing).
- ☐ Whether staff can explain the conditions and circumstances under which a tube is to be changed.
- ☐ Whether staff can explain how to manage and monitor the rate of flow (e.g., use of gravity flow, use of a pump or period evaluation of the amount of feeding being administered for consistency with practitioner's orders).
- ☐ Are staff who are providing care and services to the resident who has a feeding tube aware of, competent in, and utilize facility protocols regarding feeding tube nutrition and care.

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Certified Nursing Assistant Interviews	
Interview staff that provide direct care on various shifts to determine if the CNA is aware of: ☐ What, when, and to whom to report concerns with tube feedings or potential complications from tube feeding. ☐ Factors related to the care of a resident with a feeding tube, including any special positioning required by the resident.	Notes:

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Health Care Practitioners and Professionals Interviews

The assigned surveyor should review, as indicated, the facility's policies, procedures, records of incidents and corrective actions related to feeding tubes; documentation of staff knowledge and skills related to the aspects of administering tube feeding; and should, as necessary, interview facility staff with responsibility for overseeing or training in this aspect of care to determine:

- How the facility identified the resident at risk for impaired nutrition, identified and addressed causes of impaired nutrition, and determined that use of a feeding tube was unavoidable;
- How staff calculated nutritional needs for the resident and how they ensured that the resident received close to the calculated amount of nutrition daily;
- How staff monitored the resident for the benefits and risks related to a feeding tube, and addressed adverse consequences of the feeding tube (e.g., altered mood, nausea and vomiting, pain, or restraint use to try to prevent the resident from removing the feeding tube);
- How staff are trained and directed regarding management of feeding tubes and tube feedings in general, and in addressing any specific issues related to this individual resident;
- Whether the physician and staff attempted to identify the circumstances that led to the placement of the feeding tube (e.g., when the tube was placed in another facility); and
- Whether the resident was periodically reassessed for the continued appropriateness/necessity of the feeding tube; and whether the care plan was revised and implemented, as necessary, with input from the resident or his/her legal representative, to the extent possible.

NOTE: During the course of the review, if the surveyor needs to contact the attending physician regarding questions related to the treatment regimen, it is recommended that the facility's staff have the opportunity

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Health Care Practitioners and Professionals Interviews

to provide the necessary information about the resident and the concerns to the physician for his/her review prior to responding to the surveyor's inquiries. If the attending physician is unavailable, interview the medical director, as appropriate.

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Record Review

- ☐ Ensure the physician's orders include the following components: kind of feeding and its caloric value; volume, duration, and mechanism of administration (e.g., gravity or pump); and frequency of flush.

Review of Facility Practices

Related concerns may have been identified that would suggest the need for a review of facility practices. Examples of such activities may include a review of policies, staffing, and staff training, functional responsibilities, and interviews with staff (including facility management). If there is a pattern of residents who have issues related to the indications, utilization, complications, process or performance issues with feeding tubes, determine whether the facility has incorporated into its quality assurance activities a review of appropriateness and management of tube feedings.

NOTE: Prior to inserting a feeding tube, the prescriber reviews the resident's choices/instructions and goals, including all relevant information that may be identified in advance directives (see F155, F156, and F242).

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Assessment	
☐ Review the RAI/MDS and other documents such as physician's orders, tube feeding records, multidisciplinary progress notes, and any other available assessments regarding the rationale for feeding tube insertion and the potential to restore normal eating skills, including the interventions tried (to avoid using the feeding tube before its insertion, restore oral intake after tube insertion, and prevent potential complications). ☐ Determine whether a clinically pertinent rationale for using a feeding tube includes, but is not limited to: ▪ An assessment of the resident's nutritional status, which may include usual food and fluid intake, pertinent laboratory values, appetite, and usual weight and weight changes; ▪ An assessment of the resident's clinical status, which may include the ability to chew, swallow, and digest food and fluid; underlying conditions affecting those abilities (e.g., coma, stroke, esophageal stricture, potentially correctable malnutrition that cannot be improved sufficiently by oral intake alone); factors affecting appetite and intake (e.g., medications known to affect appetite, taste, or nutrition utilization); and prognosis; ▪ Relevant functional and psychosocial factors (e.g., inability to sufficiently feed self, stroke or neurological injury that results in loss of appetite, psychosis that prevents eating); ▪ Interventions prior to the decision to use a feeding tube and the resident's response to them. <i>(Refer to F325 for discussion and examples of interventions to improve and restore normal nutritional parameters.)</i> ▪ A calculation of free water for residents being fed by a nasogastric or gastrostomy tube; ▪ Plans for removal of a tube, including the functional status of the resident and anticipated level of participation with rehabilitation	Notes:

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Assessment

to improve nutrition, hydration, and restore eating skills;

- A review of medications known to cause a drug/nutrient interaction or having side effects potentially affecting food intake or enjoyment by affecting taste or causing anorexia, increasing weight, causing diuresis, or associated with GI bleeding such as Coumadin or NSAIDs.

☐ How staff verifies that the feeding tube is properly placed.

☐ How does staff monitor for actual or potential complications related to the tube feeding and how they address the complications.

☐ Determine whether there was a "significant change" in the resident's condition and whether the facility conducted a significant change comprehensive assessment within 14 days. A "significant change" is a decline or improvement in a resident's status that:

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting;"
2. Impacts more than one area of the resident's health status; and
3. Requires interdisciplinary review and/or revision of the care plan.

If there was a "significant change" in the resident's condition and the facility did not conduct a significant change comprehensive assessment within 14 days, initiate **F274, Resident Assessment When Required**. If a comprehensive assessment was not conducted, also cite F272.

1. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's nutritional status, including factors that may have contributed to inadequate oral intake, and evaluate the resident's response to the implementation of tube feeding, including nutritional and psychosocial aspects? ☐ Yes ☐ No **F272**

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Assessment

- ☐ **NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS or the resident was just admitted and the comprehensive assessment is not required yet**

NOTE: Although Federal requirements dictate the completion of RAI assessments according to certain time frames, standards of good clinical practice dictate that the assessment process is more fluid and should be ongoing.

*The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under **F281, Professional Standards of Quality** if the concern has resulted in a potential negative outcome and a professional standard related to the assessment of the concern can be referenced. In addition, the negative or potential negative outcome should be cited under the appropriate outcome tag or relevant requirement.*

Tube Feeding Status Critical Element Pathway

Care Planning

If the comprehensive assessment was not completed (CE#1 = No), mark CE#2 “NA, the comprehensive assessment was not completed.”

- ☐ Determine whether the facility developed a care plan that was consistent with the resident’s specific conditions, risks, needs, behaviors, preferences, and current standards of practice and included measurable objectives and timetables with specific interventions/services to:
 - Prevent the unnecessary use of a naso-gastric or gastrostomy tube; or
 - Restore eating skills to allow removal of the tube, if possible.
- ☐ If the care plan refers to a specific facility treatment protocol that contains details of the treatment regimen, the care plan should refer to that protocol and should clarify any major deviations from or revisions to the protocol for this resident. The treatment protocol must be available to the caregivers and staff should be familiar with the protocol requirements.
- ☐ Determine whether the care plan addresses, as appropriate:
 - Efforts to seek alternatives to address the needs identified in the assessment if the resident refuses or resists staff interventions to consume foods and/or fluids and enteral feedings;
 - Methods to monitor the intake of foods and fluids daily and when to report deviations;
 - How often weights are to be monitored if weight falls out of usual body weight parameters;
 - Rehabilitative/restorative interventions and specific measures, such as assistive devices, to promote involvement in improving functional skills; and
 - The necessary interventions to prevent complications from the tube feeding such as aspiration, dislodgment, infection,

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Care Planning

pneumonia, fluid overload, fecal impaction, diarrhea, nausea, vomiting.

- ☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.

2. Did the facility develop a plan of care with measurable objectives, time frames, and specific interventions consistent with the resident's specific nutritional status, risks, needs, and current clinical standard of practice and include interventions prior to the insertion of the feeding tube to attempt to avoid tube feeding and after the insertions of the tube to prevent tube-related and tube-feeding related complications and restore, if possible, adequate oral intake?

☐ Yes ☐ No F279

- ☐ NA, the comprehensive assessment was not completed or the resident was just admitted and the comprehensive care plan is not required yet

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Care Plan Implementation by Qualified Persons

Observe care and interview staff over several shifts and determine whether:

- ☐ Care is being provided by qualified staff, and/or
- ☐ The care plan is adequately and/or correctly implemented.

3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care and did the facility implement the care plan adequately and/or correctly? ☐ Yes ☐ No **F282**

☐ **NA, no provision in the written plan of care for the concern being evaluated**

NOTE: If there is a failure to provide necessary care and services, the related care issue should also be cited when there is actual or potential outcome.

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Care Plan Revision

If the comprehensive assessment was not completed (CE#1 = No), OR, if the care plan was not developed (CE#2 = No), mark CE#4 "NA, the comprehensive assessment was not completed OR the care plan was not developed."

- ☐ Determine whether the staff have been monitoring the resident's response to interventions for prevention and/or treatment, have evaluated, and revised the care plan based on the resident's response, outcomes, and needs.
- ☐ Review the record and interview staff for information and/or evidence that:
 - Continuing the current approaches meets the resident's needs, if the resident has experienced recurring nutritional or hydration deficits; and
 - The care plan was revised to modify the prevention strategies and to address the presence and treatment of newly identified problems.
- ☐ That the resident was periodically reassessed and the care plan was revised and implemented, as necessary with input from the resident or his/her legal representative, to the extent possible.

4. Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the nutritional and hydration needs; reduce, prevent, or address potential complications; and attempt to restore normal eating skills, if possible for the resident? ☐ Yes ☐ No **F280**

☐ **NA, the comprehensive assessment was not completed OR the care plan was not developed**

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Provision of Care and Services	
☐ The facility is in compliance with this requirement, if staff: - Used a feeding tube to provide nutrition and hydration only when the resident's clinical condition makes this intervention necessary based on adequate assessment and after other efforts to maintain or improve the resident's nutritional status have failed; - Assessed the type, amount, rate, and volume of the formula to be provided; - Managed all aspects of a feeding tube and enteral feeding consistent with current clinical standards of practice in order to meet the resident's nutritional and hydration needs and to prevent complications; - Identified and addressed the potential risks and/or complications associated with feeding tubes, and provide treatment and services to restore, if possible, adequate oral intake; - Monitored and evaluated the resident's response to the efforts; and - Revised the approaches as appropriate.	Notes:
5. Based on observation, interviews, and record review, did the facility provide appropriate treatment and services to ensure that a resident who has been able to eat enough alone or with assistance is not fed by naso-gastric tube unless the resident's clinical condition demonstrates that use of a naso-gastric tube was unavoidable; and provided treatment and services for a resident who is fed by a naso-gastric or gastrostomy tube to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers, and to restore, if possible, normal eating skills? ☐ Yes ☐ No F322	

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Provision of Care and Services

For a resident who is being fed by a feeding tube and is receiving enteral fluids:

- ☐ Determine whether the resident has received the amount of fluid during the past 24 hours that he/she should have received according to the physician's orders (allow flexibility up to 100cc unless an exact fluid intake is critical for the resident).

6. Based on observation, interview, and record review, does the facility ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the ordered amount of fluids?

☐ Yes ☐ No F328

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

During the investigation of care and services provided to meet the needs of the resident, the surveyor may have identified concerns with related structure, process and/or outcome requirements, such as the examples listed below. If an additional concern has been identified, the surveyor should initiate the appropriate care area or F tag and investigate the identified concern. Do not cite any related or associated requirements before first conducting an investigation to determine compliance.

- ☐ **F154, Informed of Health Status, Care & Treatments** – Determine if the facility has fully informed the resident of his or her total health status and has provided the resident with information about the use of a feeding tube (including risks, benefits and alternatives) so that an informed decision can be made.
- ☐ **F155, Rights Regarding Treatment, Experimental Research and Advance Directives** – For concerns regarding the resident’s right to refuse treatment, to participate in experimental research, and to formulate an advanced directive.
- ☐ **F156, Notice of Rights, Rules, Services, Charges** – Ensure the resident had the right to refuse treatment and experimental research and to formulate advance directives.
- ☐ **Choices** –
 - Determine if the facility has given the resident or legal representative the opportunity to participate in the decision about tube feeding and informed the resident of the right to make advance directives and to decline life-sustaining treatments including artificial nutrition and hydration;
 - Determine if the facility maintains written policies and procedures regarding advance directives;
 - Determine if the facility informs and provides written information to all adult residents concerning the right to accept or refuse medical treatment and formulate advance directives; and

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

- Determine whether staff provided the resident with relevant information and choices regarding feeding tubes.
- ☐ **Notification of Change** – Determine whether staff notified:
 - The physician when they suspected or identified inability to maintain adequate oral intake or complications related to use of the feeding tube; and
 - Notified the resident and the resident’s legal representative (if known) of significant changes in the resident’s condition in relation to the feeding tube or inability to take nutrition orally.
- ☐ **Dignity** – Determine whether the staff provided respectful care for the resident being tube fed to maintain and enhance the resident’s dignity
- ☐ **F278, Accuracy of Assessments** – Determine whether the assessment accurately reflects the resident’s status.
- ☐ **F281, Professional Standards of Quality** – Determine whether staff provided care in accordance with accepted professional standards of quality to maintain or restore adequate oral intake, if possible, and to manage the feeding tube to maintain or improve nutrition and prevent complications, to the extent possible.
- ☐ **Nutrition** – Determine whether the facility has managed the resident’s nutritional interventions to meet the resident’s nutritional needs, while using a feeding tube.
- ☐ **Hydration** – Determine whether the facility has managed the resident’s hydration interventions to meet the resident’s hydration needs, while using a feeding tube.
- ☐ **Unnecessary Medication Use** – Determine whether the facility has reviewed the resident’s medication regimen for medications that may have caused or contributed to a decline in oral intake, or ability to chew and/or swallow, that may have contributed to decision to place a feeding tube or affected the efforts to restore normal eating.

Tube Feeding Status Critical Element Pathway

Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

- ☐ **Sufficient Nursing Staff** – Determine whether the facility has sufficient staff that is qualified to provide necessary care and services to the resident being fed by a feeding tube.
- ☐ **F385, Physician Supervision** – Determine whether the physician is supervising the medical aspects of the tube feedings including assessment of cause of impaired nutritional status, development of a treatment regimen consistent with current clinical standards of practice, monitoring and response to notification of change in the resident’s medical status.
- ☐ **F425, Pharmaceutical Svc – Accurate Procedures, RPH -**
Determine whether the policies were developed and implemented for the safe administration of medications for a resident with feeding tube.
- ☐ **Infection Control** – Determine if the facility established and maintained an infection control policies for safe and sanitary care and services for a resident being fed by a feeding tube.
- ☐ **F501, Medical Director** – Determine whether the medical director helped the facility develop and implement policies addressing the assessment and management of individuals with impaired or at-risk nutrition and hydration status and recognizing, addressing, and preventing complications related to tube feedings.
- ☐ **F514, Clinical Records** – Determine whether the clinical record:
 - Accurately, completely and, in accordance with the current clinical standards, documents: the resident’s status (including changes in condition), care and services provided to the resident with a feeding tube, response to treatment and the resident’s goals; and
 - Provides the basis for determining the continued need for tube feeding and whether changes in treatment are necessary.

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

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| ☐ Quality Assessment and Assurance – Determine whether there is a pattern of residents who have issues related to the indications, utilization, complications, process or performance issues with feeding tubes, determine whether the facility has incorporated into its quality assurance activities a review of appropriateness and management of tube feedings. | |
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