

"Take Your Legislator to Work!" event at Phoebe Ministries

Biographical Information Form

NAME: Joseph G. Herman, M.S., R.D., L.D.N.

CREDENTIALS: Masters of Science, Registered Dietitian, and Licensed Dietitian/Nutritionist

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ADA Membership Category: Active **District Dietetic Association:** Lehigh Valley Dietetic Association

CURRENT POSITION: Joseph G. Herman, M.S., R.D., L.D.N – Regional Dietitian, Cura Hospitality

EDUCATION:

B.S. Degree in Biology, King's College, Wilkes-Barre, Pennsylvania

Dietary Management Correspondence Course, University of Florida, Gainesville, Florida

Certification of Dietetics, Marywood University, Scranton, Pennsylvania

M.S. Degree in Foods and Nutrition, Marywood University, Scranton, Pennsylvania

ROUTE TO REGISTRATION Plan IV, Marywood University, Scranton, Pennsylvania and a 6 month internship at Veterans Administrative Hospital, Wilkes-Barre, Pennsylvania

PROFESSIONAL ACTIVITIES:

Academy of Nutrition and Dietetics, Member since 1987

Pennsylvania State Dietetic Association/Foundation, Treasurer, 2005-2007

Lehigh Valley Dietetic Association, Nutrition Education Chairperson, 1997-2006

Joseph G. Herman, M.S., R.D., L.D.N.

My name is Joe Herman and I am a registered dietitian for the last 21 years. I received my Bachelor's degree in Biology with Psychology/Theology minors from King's College in Wilkes-Barre, Pa. I worked full-time in a number of dietary positions while obtaining my Master's degree in Foods and Nutrition from Marywood University. At the VA Hospital in Wilkes-Barre, PA, the thesis I conducted was a study of the incidence of catheter related infection and sepsis in individuals who receive TPN via double-lumen catheters. Since graduating from Marywood University, I have become a Certified Emergency Medical Technician. I have been working in the food service industry in a wide variety of positions for thirty years.

My first position after graduating from Marywood University was with a long-term care facility, Riverstreet Manor, in the Wilkes-Barre, PA. This was a 120-bed facility and I was in charge of both the clinical and managerial operations. My main responsibilities included: Consult residents and their families on diet instruction; completed nutritional assessments; supervised dietary staff; ensured optimal nutrient intake of residents; attended all resident care conferences, safety, department head, quality improvement, infection control, wound care, JCAHO, and functional evaluation treatment unit meetings; maintained cost control for dietary services; manage all aspects of food procurement; conduct in-services to entire staff; conduct QI audits for sister facilities; conduct nutritional support team, food issues committee and clinical priority committee meetings; balanced entire dietary fiscal budget; instructed dietetic students from Marywood University and our facilities certified nursing aide program; contracted M.O.W. meal service and handled all human relations for the department. I also volunteered to take the residents to some Red Barons baseball games, planned and catered employee summer outings and

Christmas dinners as well as organized the facility's co-ed volleyball and men's basketball league. I did dress up as the Easter bunny and Santa for the Activities department special events.

After seven years at Riverstreet Manor, I joined the team at Cura Hospitality. Fifteen years ago, I was the first regional dietitian for the young foodservice Management Company. Cura Hospitality provides fine-dining services artfully managed for all types of elderly needs. Two important company responsibilities include Corporate Compliance Officer and the Quality Audit Facilitator. Some other responsibilities include: conduct clinical and operational Quality Insurance (QI) audits and facilitate QI programs for all units; ensure optimal nutrient intake of residents; assist in corporate recipe program and menu development; revising policy and procedure manuals; conduct in-services to entire staff; complete nutritional assessments/documentation; train regional, consultant and staff dietitians; responsible for interviewing, hiring and training clinical staff; develop quarterly clinical meetings and clinical trainings; assist with system development; facilitate corporate Enriched Foods Program, So... Quenching Hydration Manual and Dysphasia Diet Manual; and mentor/preceptor dietetic college students and dietary manager students, plus conduct nutritional high-risk and MDS/PPS charting at a number of facilities on a as needed basis. I am also a past member of the Cura Culinary Council, Cura Culinary College. I am a current member of Cura Clinical Leadership Team, Enriched Foods Task Force and Thickened Liquids Task Force.

In the past, I have been the Chairperson for Nutrition Education for the Lehigh Valley Dietetic Association for the last seven years, and PADAF treasurer for two years. I also was a coach for a C.Y.O. Volleyball team for three years and an assistant football coach for Hokendauqua Athletic Association for five years. I am also a CCD instructor for St. Peter's Church for two years.

As we all know, it is extremely important to network at work and throughout the community. Today, I would like to speak to you about why improving the public's access to proper nutrition counseling by a Registered Dietitian is important to me and the citizens of Pennsylvania. I work with patients who have who are typically over the age of 80 and have debilitating diseases such as End Stage Renal Disease (ESRD), Cardiac disease, Diabetes, Cancer, Dysphagia (swallowing difficulties), Alzheimer's disease to name a few. As a result of some of those diseases, some residents develop pressure ulcers due to poor circulation and/or poor nutritional habits. To start with diabetes, the prevalence of diabetes continues to grow and is expected to double in the next 20 years. While the current 18 million people diagnosed with diabetes and the expected growth to 36 million in twenty years, those costs to manage diabetes will triple in that same timeframe. The total estimated cost of diabetes in 2007 is \$174 billion dollars, including \$116 billion dollars in excess medical expenditures and \$58 billion in reduced national productivity. Approximately half of all people with diabetes have medical insurance through the government – primarily through Medicare, as an estimated 8.5 million people with diabetes are 65 or older.

I tell you this because access to appropriate care involving early detection and treatment which may include weight loss, carbohydrate controlled diets and proper exercise can often help keep diabetes from getting worse and can prevent the need for very costly treatment and control through blood sugar monitoring and pharmaceutical control.

Estimates indicate that 1 to 3 million people in the US develop pressure ulcers each year. According to the Joint Commission, more than 2.5 million patients in the United States suffer from pressure ulcers and 60,000 die from pressure ulcer complications each year. In 2008, the cost for treating pressure ulcers may range from \$5 to 8.5 billion annually. Poor outcomes are associated with under nutrition including the risk of morbidity and mortality, hence the need to quickly identify and treat under nutrition when pressure ulcers are present. Protein and energy deficiency may also negatively impact pressure ulcer healing. Conditions that may lead to under nutrition include increased dependence on others, decreased oral intake of food and fluid, unintentional weight loss and advanced age. Under nutrition may decrease the body's ability to fight infections and have negative impact on pressure ulcer healing. While a resident is in a skilled long term care facility they are nutritionally assessed at least every 90 days. When there is communication notifying the Registered Dietitian that a resident has a pressure ulcer, that resident is nutritionally assessed within 72 hours and at least monthly until the pressure ulcers are completely healed.

The Registered Dietitian would assess if the resident was consuming adequate calories, protein and fluid. Most often a dietary intervention or a nutritional supplement is recommended to provide additional calories, protein, essential amino acids (such as arginine and glutamine) and/or a multivitamin and mineral supplement. Through early nutritional interventions by the Registered Dietitian, pressure ulcers could heal sooner and save LTC dollars and nursing time. Registered Dietitians are the best qualified health care professionals to deliver nutrition education and medical nutrition therapy (MNT).

It has been an honor to read this testimony to you today. Thank you.