NUTRITION CARE IN LTC

LESSONS LEARNED FROM COVID-19 & THE FUTURE OF NUTRITION CARE FOR SENIORS

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AGENDA

- Introductions
- Registered Dietitians in LTC
- Nutrition Care in LTC – Past, Pre-Pandemic, Present
- Lessons Learned & the Future of Nutrition Care
- Next Steps

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REGISTERED DIETITIANS IN LTC – WHO WE ARE

- Allied Health Professionals
- Registered Dietitians are experts in nutrition care and food service in long term care homes
- Assess, plan, implement and evaluate nutrition & hydration care
- Legislation requires Dietitians to participate in menu reviews and clinical care consultation
- Governed and licensed by College of Dietitians of Ontario & supported by Dietitians of Canada
- Preventing risk to residents in LTC is only possible with a solid foundation of Nutrition & Hydration
- Solid foundation of Nutrition & Hydration is more than putting a tray of food in front of a resident

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REGISTERED DIETITIANS IN LTC – MANDATED HOURS

- Required Registered Dietitian hours in the Long Term Care Homes Act:
  - 30 minutes/ resident/day - 120 bed home will have 60 hours of RD time per month
- Dietitians contracted to LTC homes for mandated hours by organizations such as Seasons Care Dietitian Network or senior care chains such as Sienna Senior Living or Revera
- LTC homes can also hire Dietitians independently
- Very few Dietitians work full time at one home, most cover 2 or more homes for full time work (one site directive impacted greatly)
- Remote LTC homes with few hours – difficult to have Dietitian onsite, creative support is often required

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NUTRITION CARE IN LTC – PAST

- 1998: Dietitians were mandated 15 minutes/res/day onsite
- 2010: Dietitians were mandated 30 minutes/res/day onsite
- Raw Food Cost:
  - could not meet Canada's Food Guide
  - 1993 ($4.26/day) to current 2021 ($9.54/day)

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NUTRITION CARE IN LTC – PRE-PANDEMIC

- **Outdated Regulations:** Skin and Wound as an example
- **Interpretation of Regulations:** varied greatly between LTC homes and MOH Inspectors
- **Insufficient Staffing Models:** not enough to support aging and the more complex needs of the residents
  - Food Service Worker (FSW)
  - Personal Support Worker (PSW)
  - Nutrition Managers
  - Registered Dietitians
  - Certified Cooks

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NUTRITION CARE IN LTC – PRE-PANDEMIC

- **Cleaning / IPAC Procedures:** not enough FSW hours to provide time/staff to follow protocol properly
- **Meal Production:** increase in raw food costs but no increase in FSW hours to improve meal quality
- **Schedule C Homes:** large common dining spaces, old and small kitchens to procure and store food/meals

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NUTRITION CARE IN LTC – PRESENT (PANDEMIC)

Canadian Armed Forces Report – 3 primary concerns during first wave of pandemic:

1. Identification of high-risk residents overlooked - increased risk of malnutrition, dehydration, choking, and further debilitation
2. Some residents did not receive adequate food and fluid due to staff shortages, infection, and isolation resulting in unintentional weight loss, malnutrition, dehydration, choking, and other risks up to and including death
3. Lack of Dietary Management Support onsite 7 days per week

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NUTRITION CARE IN LTC – PRESENT (PANDEMIC)

Dietitians deemed essential, however restricted from being onsite / restricted from working at multiple sites. Dietitians managed by:

1. **Remote:** virtual access only
2. **Hybrid:** virtual access and entering home only if crisis (swallowing assessment with clearance and PPE)
3. **Onsite:** one location only with with clearance and PPE
4. **No Coverage:** no remote access as some rural homes only allow onsite services

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NUTRITION CARE IN LTC – PRESENT (PANDEMIC)

With the restrictions of being remote or hybrid, we found:

1. No proactive monitoring of residents at high nutrition risk (dysphagia)
2. Burden system: Dietitians had to contact nursing staff for resident information, Dietitians not accessible to team members to better support
3. Limited support to the Nutrition Manager when working remotely, needed 7 day/week dietary management

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NUTRITION CARE IN LTC – PRESENT (PANDEMIC)

Largest Clinical Nutrition Risks during COVID:

1. Dehydration (MD – 'Residents are dying of dehydration')
2. Dysphagia (swallowing difficulties)
3. Significant Weight Loss (poor oral intake)
4. Minimal Feeding Assistance (staffing, knowledge)
5. Palliative Care (unable to provide care & support/interventions)

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NUTRITION CARE IN LTC – PRESENT (PANDEMIC)

Value of the RD being Onsite:

1. Clinical support – significant increase in High Risk Residents
2. Swallowing Assessments – very challenging and cumbersome virtually
3. Collaboration with MD and Nursing
4. Food Service Support to Nutrition Manager
5. Many homes requested Full Time RD 7 days/week in outbreak
6. Single site directive is largest challenge
7. Limited or no documentation – RD could only communicate with staff/observe

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NUTRITION CARE IN LTC – PRESENT (PANDEMIC)

Other Challenges:

- **Staffing shortages for meals:** production of meals, provision of meal assistance, unable to support the social enjoyment of meals
- **Logistics:** process changes without the proper equipment, not enough supplies and manpower (tray service)
- **Conflicting direction:** between Public Health Units and also between Hospital partners on meal service – to use or not to use disposables, tray service logistics etc.

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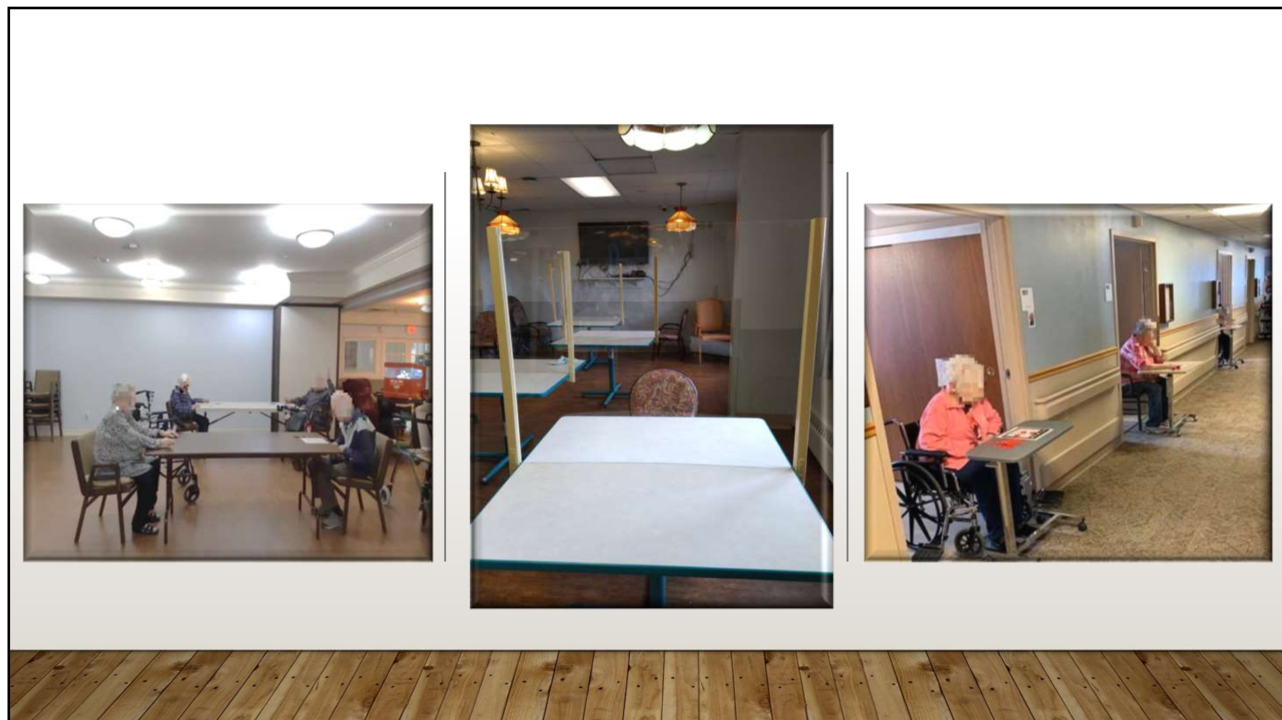

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IN THE NEWS…

Toronto

Family reeling as senior dies of malnutrition, not COVID-19, inside long-term care home

Families want change after neglect in Canadian care homes proved deadly during the pandemic

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LESSONS LEARNED FROM COVID 19 PANDEMIC

1. Illness, isolation, increase weight loss, dehydration, dysphagia and malnutrition
2. Lack of feeding assistance & support
3. Dietitians onsite vital support as a clinical nutrition expert but also a leader in dietary operations, incident management and outbreak support
4. Need for increased supervision and logistical support
5. Single site work for Dietitians hindered the nutrition care of residents in LTC
6. Commendable adaptability, collaboration and creativity used to provide food and fluids

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NUTRITION CARE LTC - FUTURE

1. **Dietitians need a seat at the table** - subject matter experts on nutrition and food service
   - Help rewrite food, nutrition & dining Regulations for a sustainable nutrition care plan in LTC
   - Help write the Essential Services Plan (in case we have a pandemic again)
2. **Increase to one hour/resident/month in Registered Dietitian hours** for clinical and non clinical tasks in LTC homes and provision for RD in Retirement homes (increased complexity for residents, support food services more)
3. **Exemption of RD's for single site work / remote work**
4. **Increase in Dietary Hours** – Full Time Nutrition Managers in all LTC homes, more Food Service Worker hours (cover all dietary, reduced workload of PSW staff, support meal assistance and feeding support), certified cooks at all LTC homes

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NEXT STEPS

- How can we, as concerned stakeholders, contribute to the recommendations put out by the Ontario LTC COVID 19 Commission on issues related to Nutrition and Dietary Services?
- How can we contribute to future changes to the MOHLTC regulations?
- How do we get a seat at the table(s)?

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CONTACTS

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