

AB Nursing Homes Regulations Consultation

SUBMITTED BY REGISTERED DIETITIANS
27 JULY 2016

Dietitians of Canada (DC) provides this written submission to the Government of Alberta in response to the public consultation on Nursing Homes Regulations, set to expire in 2017. We commend the Alberta Government for recognizing the importance of collecting feedback from residents, operators and care providers especially in regards to provision of meals and snacks and the importance of this essential service to health and quality of life of residents in long-term care (LTC) in the province. Our comments below include both answers to the specific questions posed in the consultation, as well as broader evidence-based recommendations to support high quality care for Alberta's LTC residents.

Registered dietitians/registered nutritionist (dietitians), as care providers, have a significant influence on the experience and quality of life of LTC residents. Malnutrition has significant effects on an individual's health and quality of life, and identification and treatment of malnutrition has important implications across the health system. Recent work by the Canadian Malnutrition Task Force (CMTF) found that 45% of patients admitted to hospital were malnourished. These patients had longer lengths of stay and were more likely to be re-admitted within 30 days of discharge. Furthermore, CMTF studies found that only half of the hospitalized patients who are malnourished (according to standardized assessment protocols) are referred to the dietitian for intervention in the hospital setting¹. For LTC residents who are admitted to hospital, it remains likely that their nutritional status will not be assessed, and that opportunities for identification and treatment of malnutrition and other nutrition-related conditions continue to be very limited. Access to dietitians' expertise reduces malnutrition and its effects including pressure ulcers, improves food service and quality of care across all sectors of the health system.

As dietitians, we believe that the regulations must ensure that LTC residents have access to the right care providers to meet the wide range of needs. Current regulations and standards governing LTC in Alberta lack essential elements to ensure people living in long-term care have adequate access to expertise and services, including registered dietitians, to meet their diverse needs.

Priority recommendations for Nursing Home Regulations from registered dietitians

In order to improve the effectiveness and ensure continued relevance of the Nursing Homes Regulations, we recommend:

1. Improved access to the services of registered dietitians to meet the diverse nutrition care needs of residents.
2. A holistic, person-centered approach to meal services to optimize nutritional status and quality of life.
3. Financial support to ensure sufficient food and staffing resources to meet diverse care needs.

¹ Allard JP, Keller H, Jeejeebhoy KN, Laporte M, Duerkson D, Gramlich L, Payette H, Bernier P, Vesnaver E, Davidson B, Teterina A, Lou W. Malnutrition at Hospital Admission-Contributors and Effect on Length of Stay: A Prospective Cohort Study From the Canadian Malnutrition Task Force. JPEN J Parenter Enteral Nutr. 2015 Jan 26.

1. Improved access to the services of registered dietitians to meet the diverse nutrition care needs of residents

Dietitians' expertise reduces malnutrition, pressure ulcers, prevents and delays progression of chronic diseases, decreases symptoms associated with diseases and improves food service and quality. Access to the services of dietitians ensures nutrition risk is identified early and appropriate nutrition care and interventions are implemented. Dietitians ensure balanced and appropriate menus including therapeutic diets in conjunction with cultural adaptations; integration of food service policies with nutrition care; and training for food service and nursing staff on best practices in resident-centered dining and nutrition care.

Currently Nursing Home General Regulations stipulate the requirement for a registered dietitian only for "the nutritional care of residents" and to approve the minimum 3-week cycle of menus. Provincial Continuing Care Health Service Standards are similarly lacking in specifics regarding dietitians' services in the nutritional care of residents. Assessment of nutrition status for all residents on admission, annually and whenever there is a significant change in status admission to a care facility is a best practice in the identification and treatment of malnutrition². This initial assessment ensures timely development of the nutrition plan of care and includes identification of personal and cultural food preferences of the newly admitted resident. Dietitians also provide ongoing education and training of food service and nursing staff ensuring care and feeding support based on best evidence. Roles and responsibilities that registered dietitians in LTC homes should be involved in are detailed in the Appendix.

We recommend that the regulations require (or refer to policies to ensure) appropriate and consistent access to dietitian services in LTC in the province based upon our numerous roles, identified in the Appendix.

Other consideration in regulations for nursing homes

Other considerations for regulations in LTC include ensuring an inter-professional approach to addressing malnutrition that includes administrators, physicians, nurses, dietitians, speech language pathologists, physiotherapists, occupational therapists, food service managers, food service staff, and personal support workers. Each health care professional will have a unique responsibility in preventing, detecting and treating malnutrition, and working collaboratively gives the greatest chance for successful identification and intervention³.

2. A holistic, person-centered approach to meal services

The Long Term Care Family Experience Survey conducted by the Health Quality Council of Alberta aims to help care providers and health professionals improve the quality of care and services provided at long term facilities in Alberta. In the 2014-15 survey, family members identified "quality, varied and nutritious food" as one of the top five recommendations⁴. The report highlights family members concern that the food served does not always fulfill residents' health and wellness goals and dietary needs - underscoring the importance of appealing and nutritious meals to both residents in LTC and their families.

² Dietitians of Canada. Roles and Responsibilities of the Registered Dietitian (RD) in Ontario LTC Homes. 2010. Found at: <http://www.dietitians.ca/Member/Resources-from-A-Z/Long-Term-Care/Roles-Resp-of-the-RD-in-Ont-LTC.aspx>

³ Dietitians of Canada. An Inter-professional Approach to Malnutrition in Hospitalized Adults. 2014. Available at: <http://www.dietitians.ca/Downloads/Public/Interprofessional-Approach-to-Malnutrition-in-Hosp.aspx>

⁴ Health Quality Council of Alberta. Long Term Care Family Experience Survey Report. 2015. Found at: https://d10k7k7mywg42z.cloudfront.net/assets/5654b8e9a0b5dd060e365922/HQCA_LTC_Provincial_Report_1124.pdf

Importance of ensuring enjoyable mealtimes

Emerging research points to the complexity of the meal process in LTC and the many influences on the ultimate outcomes of nutritional status, quality of life and mortality. Evidence exists that demonstrates there are multiple levels of influences on the varied activities that occur during a mealtime (e.g. arriving, eating, waiting, socializing) as well as outcomes (e.g. food intake, nutritional status and quality of life)⁵.

Malnutrition is reported in more than half of residents living in LTC; the consequences of which include infections, falls, pressure ulcers and other skin wounds, declines in function and cognition, hospital admission and death. Resident-centered dining is a culture change occurring in LTC that has care providers moving away from medical models and towards holistic, person-centered practices as a means to improve food intake and nutritional outcomes.

Recent research demonstrates the value of this approach over traditional, institutional meals where rigidly structured and task-focused meals limit opportunity for residents to choose when and what they eat and with whom they dine⁶. The authors' concept for home-like, resident-centered, and relational dining identified physical environment changes that can stimulate organizational and subsequent social changes between residents, families and staff. Their model is summarized by the following elements.

Physical

- Home-like ambiance
- Tablecloths, dishes and decorations
- Accessible, motivating and enabling environment

Organizational

- Resident-centered, individualized, greater control
- Flexible, open dining (24/7) and open access
- Meaningful activities e.g. preparing or portioning food

Social

- Relational: caring as family (resident, staff and family)
- Family style dining: including staff and family in the meal
- Engaging all involved regardless of (dis)abilities

A review of best practices on meal service in LTC found pleasurable and supportive dining environments for all meals, beverages and snacks encourages the consumption and enjoyment of the majority of the foods and fluids offered and thereby ensures quality nutrition care appropriate for all medical condition(s), personal needs, and quality of life⁷.

The review identified the following processes for meal service and pleasurable dining best practice:

- Providing a relaxed, supportive dining environment
- Providing an organized meal service
- Meeting residents' nutrition care needs at meal times
- Providing food and beverage choices

⁵ Keller H, Carrier N, Duizer L, Lengyel C, Slaughter S, Steele C. Making the Most of Mealtimes (M3): grounding mealtime interventions with a conceptual model. *J Am Med Dir Assoc*. 2014 March ; 15(3): 158–161.

⁶ Ducak K, Keller H, Sweatman G. Dining Culture Change in Long-Term Care Homes: Transitioning to Resident-Centered and Relational Meals. *Annals of Long-Term Care: Clinical Care and Aging*. 2015;23(6):28-36. Found at: <http://www.managedhealthcareconnect.com/article/dining-culture-change-long-term-care-homes-transitioning-resident-centered-and-relational>

⁷ Dietitians of Canada. Best Practices for Nutrition, Food Service and Hydration. 2013. <http://www.dietitians.ca/Downloads/Public/2013-Best-Practices-for-Nutrition,-Food-Service-an.aspx>

- Serving food and beverages at safe and palatable temperatures
- Managing medications and treatments at mealtime
- Offering supportive/restorative dining programs
- Ensuring quality dining
- Providing dining supervision

These best practices can only be achieved when there are sufficient numbers well-trained staff and commitment from LTC administrators to aspire to person-centered care.

At the same time, choking resulting from swallowing difficulties during meals presents a risk to resident safety. Dietitians participate as members of interdisciplinary care teams to conduct swallowing assessments, review all recommendations for texture modification and thickened fluids and provide staff training on recognizing signs of dysphagia and proper feeding techniques for residents with dysphagia ⁷.

We strongly recommend the regulations include requirements for an appropriately qualified manager of food services or registered dietitian to ensure the meal provision requirements comply with best practices in a person-centered approach to meal services and standards for resident safety. We also recommend additional clauses to indicate that staff and volunteers providing assistance with feeding, receive evidence-based training specific to this approach.

Length of time between the last meal of the day and breakfast the following day

A maximum length of time between the last meal of the day and breakfast the following day ensures that meals are scheduled according to residents' needs and comfort, and not according to facility and staff routines and scheduling preferences. A maximum length of time between these two meals should not be interpreted as precluding the flexible, open dining concept of the resident-centered dining approach that accommodates individual resident's preferences for either a later breakfast or earlier dinner.

We recommend the Nursing Homes Regulations maintain the current requirement of not more than 15 hours between these two meals. The regulations could permit exceptions to this when a facility demonstrates that a majority of the residents are in favour of a change in meal times (e.g. resident and family survey, representative residents' council decision).

Timing of meals

While serving meals within a consistent time every day is important for both residents and staff for timing of medications including insulin for example, and for the production of meals. Again, the standard mealtime should not preclude the flexible, open dining concept for residents who have a preference or need for different timing (e.g. an early riser could be given coffee and toast at 6 am and still eat full breakfast at 8 am).

3. Financial support to ensure sufficient food and staffing resources to meet diverse care needs

Regulatory supports to address the diverse needs of residents

A 2014 report of food services in continuing care in Alberta found that 90% of facilities provide special diets including gluten-free and ethnic or cultural diets⁸. Over 90% of facilities indicated that up to 10% of residents require a special or ethnic or cultural diet.

Adequate intake from a varied diet is best achieved when one's food preferences, therapeutic diet, food texture, cultural or other special needs are met. In contrast, repetitive meals, unfamiliar foods, and unmet food preferences have been shown to negatively affect food intake, nutritional status and quality of life for residents of LTC⁹. Historically, in institutions food and food services are commonly considered secondary to clinical activities even though food is known to have important physiological, psychological, social, culture and symbolic aspects. Ducak and Keller reported resource limitations, specifically staff time and food cost, as challenges when attempting to accommodate residents' preferences and needs. Sufficient and dedicated funding would enable facilities to purchase and prepare foods onsite to better meet the resident's personal, cultural and special dietary needs.

We recommend the regulations require LTC facilities to provide food services that meet the diverse personal, cultural, therapeutic and special diet needs of residents, supported by a funding model that addresses food and staffing resource implications. In the absence of specifically dedicated funds for food and the necessary resources required to meet residents' nutritional needs, residents will most likely remain at nutritional risk due to other priorities of LTC facilities which are also included in the accommodation fees.

Conclusion

Dietitians of Canada (Alberta) appreciates the opportunity to respond to the review of the Nursing Homes Regulations. Given the importance of nutrition in healthy aging, and the management of chronic diseases and acute conditions. We believe that facilities offering nutritious, high quality meals and clinical dietitian's services, which strive to deliver best practices, must be appropriately regulated to ensure safety of the residents and maintenance of their quality of life, in this setting.

Dietitians of Canada and our members in Alberta's long term care sector welcome the opportunity be involved in discussions to craft the new regulations, implementation supports, and/or the planning and evaluation of the outcomes of the new regulations. Please contact Dietitians of Canada.

⁸ Dietitians of Canada Alberta Long-Term Care Action Group. Food Costs in Continuing Care in Alberta. 2014.

⁹ Ducak K, Keller, HH. Menu Planning in Long-Term Care: Toward Resident-centred Menus. *Can J Diet Pract Res* 2011(2);72-83.

Appendix

1. Registered Dietitians' Direct Clinical Responsibilities

- Assessing nutrition status for all residents on admission, annually and whenever there is a significant change in status.
- Determining each resident's level of nutrition and hydration risk in order to determine needed interventions and follow-up care.
- Developing a nutrition plan of care for each newly admitted resident.
- Evaluating and modifying, as needed, the nutrition plan of care for residents being followed by the dietitian, on an ongoing basis.
- Completing resident nutrition care charting and documentation for residents being followed by the dietitian.
- Providing nutrition/dietary counseling/education for residents and/or their caregivers, family members or substitute decision makers for the purpose of supporting optimum resident nutrition care.
- Monitoring residents at high nutrition risk and those at moderate nutrition risk who are considered by the dietitian to require ongoing monitoring", as required but every 92 days, at a minimum.
- Ensuring that all other residents (those at low risk and those at moderate risk who are considered stable by the dietitian), are monitored every 92 days, at a minimum, by the Nutrition Manager.

2. Registered Dietitians' Indirect Clinical Responsibilities

- Participating as a member of the interdisciplinary resident care team at resident care conferences, through attendance or providing input, as scheduling allows.
- Participating on other appropriate interdisciplinary committees such as the Medical Advisory, Pharmacy & Therapeutics, Professional Advisory and Ethics.
- Participating as a key member of the home's Care Teams, such as Skin/Wound Care, Bowel Management and Dysphagia Management teams.
- Providing leadership for the home's Restorative Feeding and Dining program.
- Coordinating the continuous quality improvement of the Nutrition Care and Hydration program; contributing to the continuous quality improvement of the Dietary Services and Dining programs, in collaboration with the Nutrition Manager.
- Providing direction/overseeing the nutrition component of the home's Enteral Feeding program; developing relevant policies and procedures, or reviewing/revising corporate policies to meet home needs.
- Providing nutrition/food service in-service education for Dietary and Nursing staff and other multidisciplinary team members, semi-annually as required; core in-service sessions that should be considered (annually recommended) include:
 - hydration
 - feeding and dysphagia management
 - pleasurable dining
 - bowel management and
 - weight monitoring.

Submitted on behalf of Dietitians of Canada, Alberta Region by:

Karen Boyd MSc, RD

Regional Executive Director (Alberta)

Dietitians of Canada

E: karen.boyd@dietitians.ca

T: 403 675 2693

About Dietitians of Canada

Dietitians of Canada is the national professional association for dietitians, representing close to 6,000 members at the local, provincial and national level. As the voice of the profession, Dietitians of Canada strives for excellence in advancing health through food and nutrition.