Dietitians of Canada
Les diététistes du Canada

DC Ontario Response to Ontario's Seniors Strategy: Living Longer, Living Well

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Dietitians of Canada, the professional association for Registered Dietitians in Ontario, is pleased to provide comment and implementation recommendations for the Ontario Seniors Strategy: *Living Longer, Living Well.* We are supportive of the key principles that form the basis of the strategy: access, equity, choice, value, and quality. Registered Dietitians in Ontario incorporate these principles in their care for older adults in all settings, and Dietitians of Canada (Ontario) advocates for these principles in our overall health system approach.

We appreciate that nutrition has been noted multiple times within the report, and that the need for nutrition screening questions is incorporated into recommendation #98. However, there are many more opportunities to incorporate food and nutrition to improve health, and to use the expertise of Registered Dietitians to support and operationalize the recommendations in *Living Longer, Living Well.* We have provided some details in the following sections.

We view this as the first step in a continuing dialogue toward establishing healthy public policies that support older adults' health and well-being through food and nutrition.

Promoting Health and Wellness

As noted in Living Longer, Living Well, Dietitians of Canada operates EatRightOntario (ERO), with funding from the Ministry of Health and Long Term Care. Through ERO, consumers can contact a Registered Dietitian by toll-free phone call, email, or website. The dietitians at ERO provide information and resources directly to consumers, and also provide linkages and referrals to programs in the consumers' local area. ERO provides support to health professionals and other health intermediaries as well as direct contact with consumers. Establishing linkages between ERO and other provincial telehealth services is an important step to ensuring consistent and accessible nutrition information for Ontarians.

An independent third-party program review in 2012 found that ERO is highly valued by both consumers and health intermediaries.[1] Specific to the senior population, ERO's contacts with older adults (17% of callers) compares very favourably with Statistics Canada's estimates that just 3.5% of older adults use telehealth lines.

Ontario's Seniors' Strategy would be enhanced by facilitating further promotion of ERO to older adults and caregivers, and support for further evidence-based resource development specific to the elderly population.

Strengthening Primary Care

Primary Care services including nutrition counseling are of great importance to older adults' ability to prevent and manage chronic diseases. Interprofessional teams including Registered Dietitians support and promote heath in a cost-effective manner.[2,3] As noted in recent publications, primary care reforms have yet to show their potential in effectiveness and efficiency, and part of the reason is the challenge of redefining roles of team members.[4,5,6] Continued efforts to support innovation in PHC through outcomes research and supporting providers to work to full scope of practice have been identified as key enablers.

Enhancing Home and Community Care services

Therapy services in homecare have been severely decreased over the past several years, with inconsistent levels of service provision across the province.[7]
While nursing and personal support services are also essential, the use of therapy services such as nutrition could allow more independence and less reliance on personal support services in the future. The goals of the Action Plan for Health, and the Seniors' Strategy, are to enable older adults to maintain independence and high quality of life, both of which are enhanced by appropriate use of service providers including therapy services such as dietetics. Funding supports and initiatives that target only nursing and personal support services achieve only part of the Ministry's goals. We are encouraged by the Quality and Value in Homecare initiative, which seeks to involve all stakeholders in discussions, and will continue to participate in the QVHC through our membership in APACTS.

Dietitians of Canada (Ontario) recommends targeted investment in homecare therapies, and supportive infrastructure to help all homecare providers to deliver client-centred care by a cohesive interprofessional team.

Improving Acute Care for Seniors

The Senior Friendly Hospitals Report identified nutrition as an area where hospitals needed to improve.[8] The report's authors recommended that processes of care "Implement inter-professional protocols across hospital departments to optimize the physical, cognitive, and psychosocial function of older patients – these processes should include high risk screening, prevention measures, management strategies, and monitoring/evaluation processes". Nutrition and hydration status have a major impact on older adults' ability to participate in, and benefit from, rehabilitation and treatment strategies, and yet the report identified this as a risk area where hospitals are least likely to have protocols and monitoring processes.

Currently there are no provincial standards for nutrition and foodservice operations in acute care hospitals. Provincial clinical nutrition staffing standards/benchmarks would assist hospitals in providing nutrition assessment and interventions to support hospitals in meeting the needs of older adults. Similarly, standards for menu composition in acute care hospitals, supported by sufficient resources to appropriately prepare and serve the foods, would be a step toward improved care for older adults and potentially shortened hospital stays.

The Canadian Malnutrition Task Force has documented many facets of this issue in their preliminary data analysis. With data collection continuing, early results have been reported that 16% of patients are more malnourished by the time of discharge from acute care hospitals.[9] Besides the effect on quality of life and well-being, the implications of these findings in terms of mortality, hospital re-admission, and impact on the health system could be extensive.

Enhancing LTC Home environments

Nutrition and foodservice standards in Ontario's long term care homes have been put in place to support the frail elderly. Dietitians of Canada (Ontario) has provided extensive input to the MOHLTC on regulations and funding for LTC Homes. Of particular importance is the need for continued protected funding for food; as food costs continue to rise, there is risk that food quality and menu variety will be eroded in an effort to curb expenses. Regular increases to the RFC funding should be monitored to ensure they keep pace with funds needed to provide appropriate foodservice.

In order to enable LTC homes to provide care for individuals with complex care needs, funding and supports must be available. Specifically related to food and nutrition care, Registered Dietitians, Nutrition Managers, and Food Service Workers have regulated minimum staffing requirements. These mandated minimums are needed to ensure that these essential services are not cut in response to budget pressures.

As an example, recent changes to the funding for LTC Homes has had unintended consequences on the use of enteral feeding in LTC. In 2012, the MOHLTC announced changes to the High Intensity Needs Fund where homes could no

longer apply for reimbursement of enteral feedings that were beyond the cost of the Raw Food Cost per diem. Instead, the RFC per diem was increased by $0.12 as part of an initiative to improve funding flexibility. Although the intent of this policy change was to improve efficiency and effectiveness, there have been some unexpected consequences—some LTC Homes report that the costs of enteral feeding for more than two residents at a time may become prohibitive, and as a result there have been reports of homes refusing admission to prospective residents due to the enteral feeding requirements. For residents with conditions requiring specialty formula, which is often quite costly, the net result is a significant loss in funding for the home (See Appendix 1). In addition, confusion among the industry as to what is to be charged to the RFC per diem in terms of formula only, or tubefeeding supplies and equipment, has created difficulty. This has been clarified by the MOHLTC however it remains to be seen whether all homes have revised their accounting practices to comply.

Research and Innovation and Long-Term Care

The recommendation to enhance research and innovation, and to promote education of health providers on the needs of older adults, is at odds with the recent decision by the MOHLTC to discontinue funding to the Seniors Health Knowledge Network (SHKN). The Network provided access to education and interprofessional dialogue specific to the care of seniors, and was well positioned in knowledge translation and dissemination. Dietitians of Canada, as the sponsoring agency of the Nutrition Community of Practice for SHKN, suggests that this funding decision be re-visited, and that additional mechanisms be explored to support interprofessional communication and knowledge translation in seniors' care.

Addressing Specialized Care Needs

Nutrition screening using a validated tool is an important component of identifying seniors' at nutritional risk and connecting them with appropriate resources. EatRightOntario houses the computerized version of the validated screen tool Nutri-Escreen. Use of this tool should be promoted, and mechanisms developed to capture data so that it can be used in monitoring population health and identifying policy and program planning interventions. Additional work in primary healthcare is ongoing to validate SCREEN III, which is a three-question nutrition screen for use with older adults which will enable providers to quickly and easily identify patients at nutritional risk.

Enablers

It is concerning that the extensive list of health providers in recommendation 130 does not include dietitians or the need for specialized advanced practice in dietetics for the elderly. Currently, dietetics programs in Ontario offer education specific to care of the older population, and the Gerontology Network of DC is considering establishing an

online certification for dietitians in this area of practice. Support for further enhancing RD's practice in caring for older adults should be included in the recommendation.

In addition to training for RDs, consistent training for Food Service Workers, who mainly work in LTC environments, is supported by DC. In collaboration with the Ontario Society of Nutrition Management, DC (Ontario) designed and promoted a core set of learning outcomes for Food Service Worker training. While there has been uptake from many FSW programs, there has been no support from the MTCU to make this training consistent across the province.

Appendix 1 – Enteral Feeding Costs Scenarios

Scenario: 100 bed home at full occupancy, three residents on enteral feeding using standard 1.0 kcal/ml formula, 1500 cc/24 hours

Total monthly increase in RFC per diem 100 x .12 x 30 = $360

Cost of enteral feeding formula for 1500 cc of Jevity is $12.21 (Note this is based on the price listed on ODB formulary).

Under the previous High Intensity Needs Fund, the home would be reimbursed for the difference between the $12.21 and the RFC per diem ($7.68). Therefore the home would be reimbursed for $4.53 for each of these residents for each day. The total reimbursement from HINF would be $407.70 ($4.53 x 3 x 30 days). The $0.12 increase provides $360, so the home is absorbing an additional cost of almost $50 per month. Depending on the number of residents in the home, the number receiving enteral feeding, and the type of formula used, the cost differential could be much higher or could be lower (see table below for sample scenarios based on a 100 bed home)

Monthly increase in RFC per diem	$360	
	Formula cost for three residents @ 1500 ml/24 hr $12.21 x 3 x 30 = $1098.90	Formula cost for 6 residents on standard formula 1500 ml/24 hours
HINF reimbursement under previous policy	(12.21 – 7.68) x 3 x 30 = 407.70	(12.21 – 7.68) x 6 x 30 = 815.40
Additional monthly cost to home beyond RFC per diem increase	47.70	455.40

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