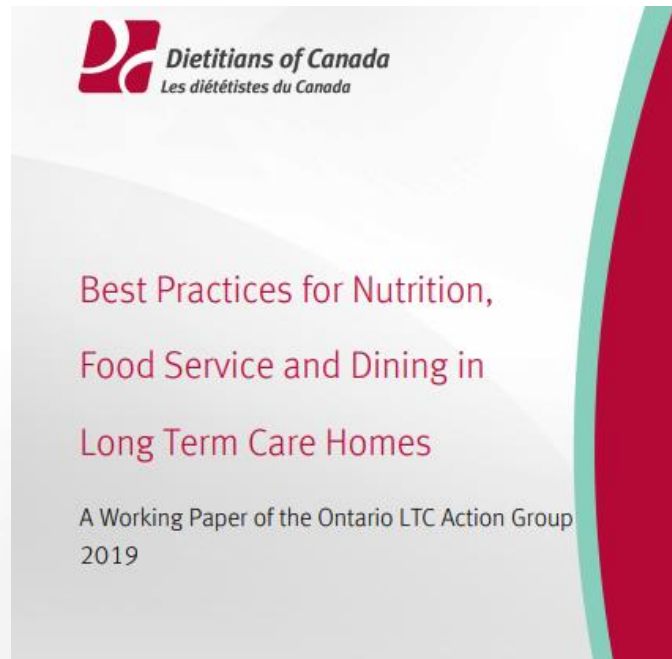


BEST PRACTICES FOR NUTRITION, FOOD SERVICE & DINING IN LONG TERM CARE HOMES



Presented by: Julie Cavaliere, RD on Oct 27, 2019

Ontario LTC Action Group

Disclosure of Financial Support

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- **Potential for conflict(s) of interest: NONE**

Mitigating Potential Bias

- There are no financial or relationships with any sponsors. Presenter is volunteer for Dietitians of Canada and no reimbursement is received.

Access to the document

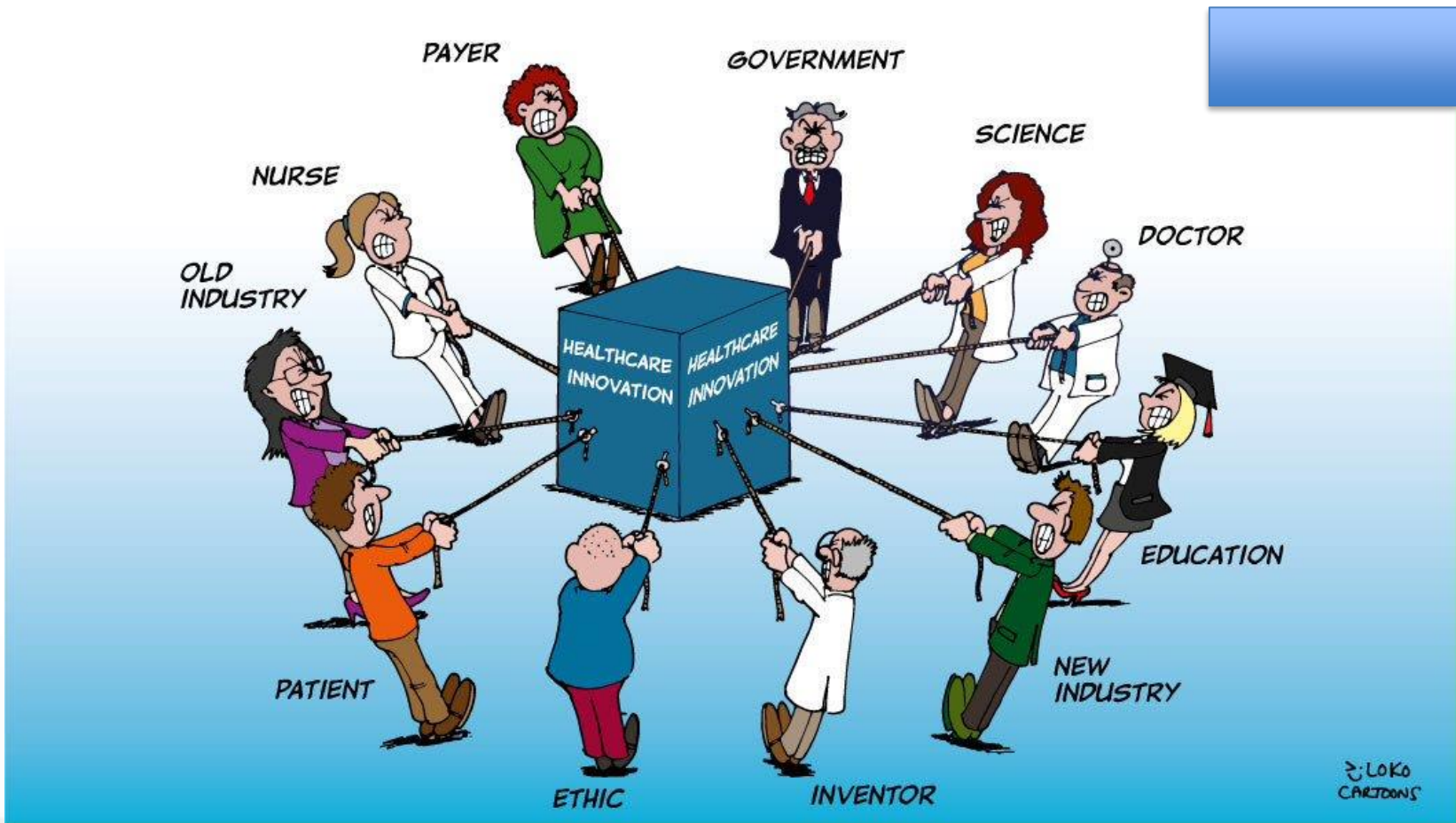
The Document



**“Good news.
Your cholesterol has stayed the same,
but the research findings have changed.”**

Today's Presentation

- Description of a best practice document
- Review of topics already in document
- Review of best practices of new topics
- Key learnings from the research process



9 Topics to Review

Skin and wound	Hydration
Dysphagia	Constipation
Restorative dining	Diabetes
Dining room activities	Weight loss
Menu planning	

7 New Topics for 2019

IDDSI	Liberalized diets
Consent to treatment	Dementia/responsive behaviours
Nutrition care process	End of life care
Food first approach/supplement use	

Sections of the New Document

- Organization and administration
- Menus
- Standardized food production
- Nutrition and hydration care
- Meal service and pleasurable dining
- Continuous quality improvement
- Sample forms/tools
- Selected references/resources

Forms Included...

- Dietitian referral
- Nutrition assessment
- Dysphagia documentation
- Menu planning policy
- Satisfaction survey
- Dept QA & performance indicators
- Resources/selected references

Previous Topics Updated

Diabetes for Frail Elderly

- Hb A1c checked every 3 to 6 months
- 7.1 to 8.5% A1c OK with stable BG levels
- Hypoglycemia risk
- Cognitive dysfunction

Constipation

- Promote consistent toileting routine
- Feet should be on stepstool while on toilet
- Increase soluble and insoluble fibre
- May use high fibre products at snacks
- Probiotics may help

Constipation

- Great advice in article “Constipation in Older Adults: stepwise approach to keep things moving”
- “For long-term care residents, the prevalence is as high as 80%”
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4325863/pdf/0610152.pdf>

Unplanned Weight Changes

- Weigh monthly & upon return from hospital
- Reweigh if wt is 2+ kg changed
- Significant wt change
- Root cause

Menu Planning

- Menu planning rules were prescriptive with previous Canada's Food Guide
- New guide released in 2019 provides much less guidance for LTC menus
- Dietitians of Canada is developing best practices document to help menu planners in LTC meet the nutritional needs of residents

New Topics for Best Practices

IDDSI

IDDSI

- IDDSI is a voluntary initiative to change texture names so that they are the same in all settings across the world
- The goal of IDDSI is to avoid confusion and serious / fatal outcomes of people with dysphagia receiving different textures in different settings

Our IDDSI Conundrum

- IDDSI food and fluid textures **are not to be** modified in any way
- We are implementing as a best practice for the safety of residents with dysphagia
- Residents, however, have the right to refuse any texture, and may refuse menu items such as gelled bread

Complying with IDDSI

Need to:

- Change texture names on menus
- Test each recipes to be sure they are assigned to the appropriate texture e.g. pureed chicken noodle soup versus split pea soup
- Train all staff to be aware of new names

Complying with IDDSI

- Framework
- <https://iddsi.org/framework/>

New Level 7 – Easy to Chew

- Fortunately this is a new addition to IDDSI
- Unfortunately this is not included in the best practices document
- Includes foods of soft, tender texture
- Therefore includes bread!!
- <https://iddsi.org/resources/>

Quotes from Level 7

- “This texture may be right for you if you usually choose to eat soft foods, have weaker chewing muscles for hard/firm textures, but can chew soft & tender foods without tiring easily.”
- “This level is not intended for people where there is an identified risk of choking.”

LTC communities can choose to...

- A. Educate staff so they can safely use IDDSI textures in purchased fluid products
- B. Decide to partially or gradually implement IDDSI and still keep some of the home's previous textures names and descriptions
- C. Decide to fully implement IDDSI and use the new terminology in every aspect of care and service

CONSENT TO TREATMENT

From College of Dietitians of Ontario

“Dietitians have a legal and professional responsibility to obtain informed consent from a client for nutrition treatment and for collecting, using and disclosing the client's personal health or other confidential information.”

What is Capacity?

- Capacity refers to the individual's functional ability to understand the significance of making a particular decision, with or without extra help
- Being under guardianship does not equate to incapacity to make a particular decision or type of decision
- <https://www.aginglifecarejournal.org/on-competency-and-capacity-of-older-adults-to-make-decisions/>

Determine Who is Capable

- Resident is capable to make own decisions, or not
- Residents may be able to make decisions about certain aspects of their lives, not others
- Ample time and clear explanations

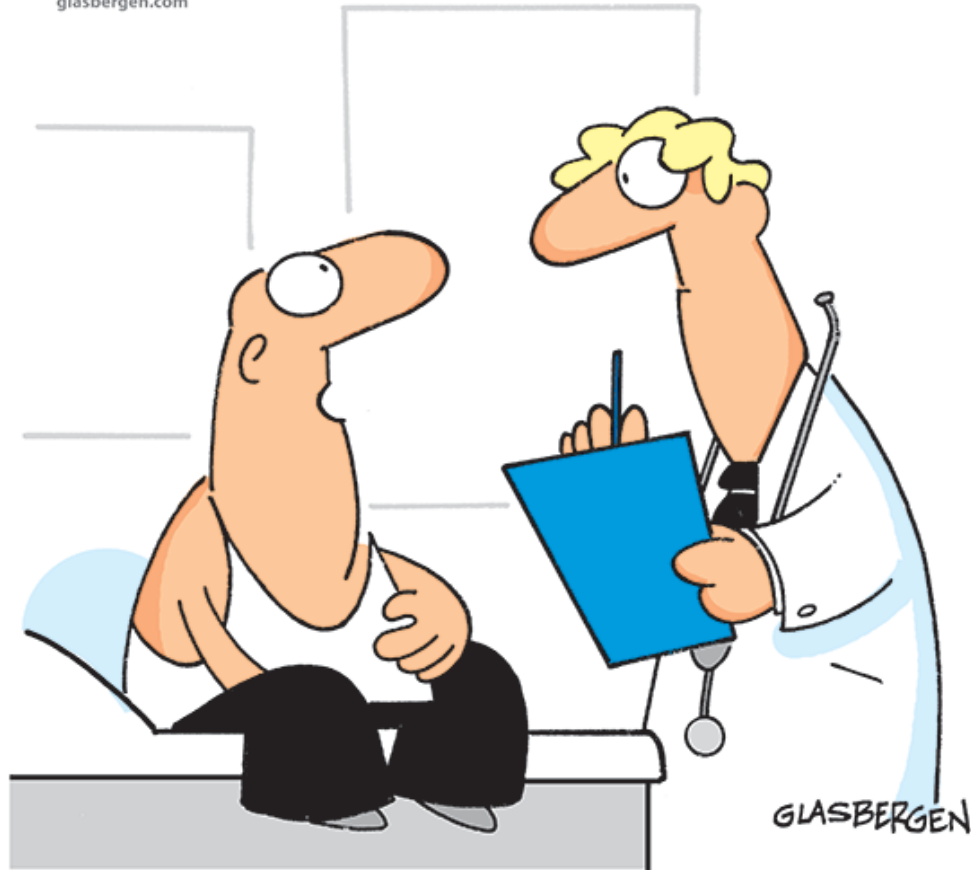
If Deemed Not Capable

- RD and care team educate the POA or SDM on the recommendations, risk and benefits to allow them to make an informed decision regarding the plan of care for this Resident

What about Implied Consent?

- Maybe this shouldn't be happening but...
- In some homes, when Residents first move in, they provide one consent that management believes covers everything

LIBERALIZED DIETS



“I try to eat healthy. I never sprinkle salt on ice cream, I only eat decaffeinated pizza and my beer is 100% fat free.”

Liberalized Diets

- These strategies may have the potential to improve:
 - nutritional status,
 - weight maintenance / weight gain
 - quality of life.
- Unwarranted diet restrictions in LTC may lead to:
 - skin breakdown,
 - risk of falling
 - weight loss
 - increased confusion (due to malnutrition/dehydration)
- A wider variety of available foods is meant to help reduce these health concerns

Diet List Confusion?

- All staff need to be aware of individualized menu changes
- An exhaustive list in terms of preferences may not be effective.

Which One is Better for Staff?

Diabetic Diet – no notes in diet list	Regular Diet – notes in diet list
Whole wheat toast	Dislikes fried foods
Diet jam	Likes small portion cake/pie
Limit fried foods	Dislikes icing on cake
Smaller portions cake/pie	No fruit punch
Serve diet drinks	

Other Medically Required Diets

- Possible other diets:
 - Restricted lactose/ lactose free
 - Healthy heart (lower fat, lower sodium)
 - Reduced Calorie
 - Gluten free
- Not sure if any LTC homes have just one diet
- Should we treat 60 y.o. different from 90 y.o.?

FOOD FIRST PHILOSOPHY vs SUPPLEMENT USE





“Something from the supplement cart?”

Support for Food First Approach

- Foods provide naturally occurring substances
- Many residents have supplement fatigue
- Most supplements are sweet or have an aftertaste, not everyone wants sweet

More Work, More Cost, Less Result?

- Increased labour hours for the RD
- Increased labour hours in the kitchen
Resident can change their mind

FORTIFIED FOODS

Fortified Foods

***foods to which
extra nutrients have been added***



Flavour Enhancers

- Flavour enhancers may improve intake
- Flavour enhancement can include the addition of spices, herbs, salt, MSG, etc.
- Goal is to compensate for taste losses that may accompany aging

RESPONSIVE BEHAVIOURS

Responsive Behaviours

- Resident cannot say what is bothering him, instead acts out thoughts/feelings
- Physical
- Emotional

Milder Responsive Behaviours in the Dining Room

1. Agitation - Redirect resident's attention
2. Sundowning (behavior change later in day)
- Provide reassurance, offer item to hold
3. Constant unwarranted requests for attention and help - Provide reassurance
4. Wandering – Provide finger foods, encourage resident to return to table

More Powerful Responsive Behaviours in the Dining Room

5. Verbal outbursts - Listen, empathize, reassure; then try to redirect / distract resident
6. Aggression - Watch for increase in movement to indicate anxiety, respond in a supportive manner with a gentle voice. Speak slowly and use repetition

All these can affect food intake!

A Few Possible Interventions

- Seat resident at a dining table that will minimize or eliminate distractions
- Seat with other residents that will provide a calming effect and minimize agitation
- Finger foods may be helpful for residents who wander, still need to supervise
- Ask if you can support them with eating by cutting their food, opening packages, etc.

END OF LIFE

Who Do We Listen To?

- The Resident's expressed desire is the primary guide for determining the extent of nutrition and hydration
- Families may insist on foods and fluids
- Families may need education – the earlier the better for understanding

Comfort Feeding Only

- “Careful hand feeding has been shown to be as effective as tube feeding with regards to outcomes related to death, aspiration pneumonia, functional status and comfort”
- From the webinar “Comfort Feeding Only: Managing Feeding at End-of-Life”, April 14, 2018 – E. Williams, J Wong, H Yeung

Key Learning...

FROM THE RESEARCH

NUTRIENTS IN LTC MENUS

We still may not be providing all the nutrients that are needed for residents....

Nutrients Missing from LTC Menus

Study 1 - Tolbert	Study 2 - Greenwood	Study 3 - Keller
Calories	Vitamin E	Vitamin D
Vitamin B12	Pantothenic acid	Vitamin E
Calcium	Calcium	Folate
Magnesium	Zinc	Vitamin B6
Zinc	Copper	Calcium
	Manganese	Magnesium
		Potassium
		Zinc

From Unlockfood.ca

Foods High in Calcium	Foods High in Magnesium	Foods High in Zinc
Dairy foods	Beans/legumes	Red meat
Canned fish	Nuts/seeds	Wheat germ
Cooked spinach	Fish	Heart of palm
Beans/legumes	Leafy greens	Dairy foods
Almonds	Whole grains	Beans/legumes

PUREED DIETS

- We can still do better on presentation of pureed diets...

Can We Do This?



Better Intake?



More Eye Appeal...



INTRODUCTION TO CHOICE +

- From: <https://the-ria.ca/resources/making-the-most-of-mealtimes/>
- Work from research team led by Heather Keller, PhD, RD, FDC (Schlegel Research Chair in Nutrition and Aging, University of Waterloo)

Choice +: A Training Program

- Goal – to improve our capacity to consistently provide relational and person-centered care by identifying and engaging key stakeholders who have the potential to facilitate change within the system

Choice + Includes...

- Emotional and physical support at the meal
- Physical environment – lighting, food aroma, table settings, condiments, music, noise levels
- Social environment – social talk vs task talk
- Relationship and Person Centered Care – where to sit, what to wear, asked food/beverage preferences,

Must See for Choice +

- <http://brainxchange.ca/Public/Events/Archived-Webinars-Events/2018/The-Stakeholder-Inclusion-in-Practice-Change-Proje.aspx>

RESOURCES...

Pioneer Network

- Focus on “culture change” - A key goal of culture change is for elders to feel “at home” wherever they live.
- <https://www.pioneernetwork.net/resource-library/> - 15 different resources to help under the heading “Dining”
- Definitely worth checking out!

Manuals from Australia

- <http://www.cclhd.health.nsw.gov.au/wp-content/uploads/BestPracticeFoodandNutritionManualforAgedCareEdition2.1.pdf>
- https://www.mcgill.ca/familymed/files/familymed/effective_hydration_in_elderly.pdf

Manual from Ireland

- INDI – Irish Nutrition and Dietetic Institute
- Nutrition in Residential Care Settings: A Guide for Healthcare Professionals
- https://www.indi.ie/images/INDI_Nutrition_in_Residential_Care_Guideline_for_Healthcare_Professionals_2015.pdf

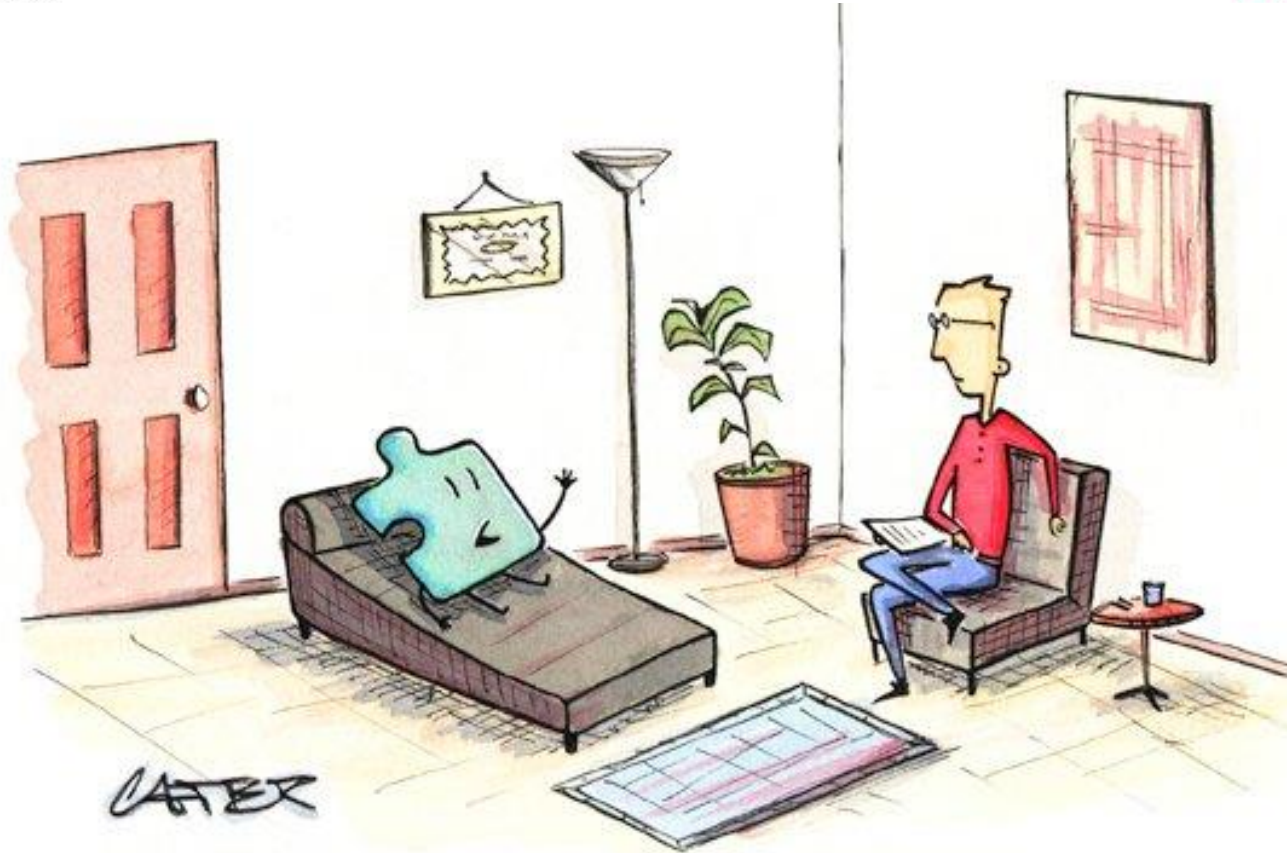
Other Resources to Check Out

- RNAO Best Practice Guidelines on constipation, skin & wound care, more..

<https://rnao.ca/bpg/guidelines>

- AND Position Papers, Practice Papers (American Dietetic Association)

<https://www.eatrightpro.org/practice>



"Did you ever feel like you're part of something greater than yourself?"

Questions?
Evaluations!

Ontario LTC Action Group