

Recommended National Standards for Long Term Care Nutrition and Foodservices 2022

Since healthcare, including long term care (LTC), is governed by provincial and territorial governments, there is wide variation in requirements across the country. The COVID-19 pandemic brought attention to the issues affecting LTC and ignited efforts at improvement but there has been limited attention to the food and nutrition aspects of care.

Dietitians of Canada's Gerontology Network commissioned a set of recommended LTC food and nutrition standards that could be adopted across Canada to provide consistent expectations for LTC homes. This is a summary of the project and recommended standards.

Overview

- An electronic survey was widely distributed through professional associations and social media, to obtain perspectives on importance and feasibility of several concepts found in existing best practices and guidelines.
- Although efforts were made to recruit survey participants from across Canada, not all provinces or territories were equally represented in the survey responses.
- Current literature (past 5 years) was reviewed for evidence that aligns with the standard topic areas.
- The process resulted in 57 recommended standards, organized in 7 topic areas.
- Several of the recommended standards did not reach consensus levels for feasibility among the Delphi survey participants, despite being rated as important for providing high quality nutrition care and foodservices.
- Major concerns affecting feasibility, as reported by participants, are lack of resources, specifically staff, time, and budget.



For more information

A more detailed background document on the development of the standards can be found on the [Dietitians of Canada website](https://www.dietitians.ca).

The scoping review of the literature conducted as part of this project can be accessed by [Gerontology Network members](#) in the Network community or by contacting advocacy@dietitians.ca.

Overview - continued

- There is a great deal of research ongoing in LTC settings, including nutrition care and some aspects of foodservice. Many topic areas have not been fully explored, and several of the systematic reviews characterize the current published evidence as weak. Several of the concepts in all topic areas are based on consensus, with limited published evidence to support them.
- Opportunities exist for further exploration of nutrition care and foodservices to strengthen the evidence base for standards.
- An advocacy campaign for National LTC Food and Nutrition Standards could be based on these recommended standards in their entirety or selected components.

Next Steps

Watch for more opportunities to engage with the Gerontology Network to develop plans for promoting these standards and advocating for their adoption in LTC homes.

Feasibility

All the recommended standards in this document reached consensus on importance in the Delphi surveys, i.e., participants felt that the concept is important to providing high quality nutrition care and foodservices in LTC.

Participants' perspectives on feasibility of a proposed standard are key to planning future advocacy. If dietitians and other partners feel that a standard is important to providing high quality care, but is not feasible, then it indicates there is a deficit in resources needed to achieve the standard. This could be a lack of financial resources, staffing, or access to expertise in the LTC home. Feasibility is also related to systemic process issues that make it difficult to meet the proposed standard with the current resources available.

Proposed standards that did not reach consensus on feasibility among the survey participants are marked with an asterisk (*).

Recommended Standards Summary

1.0 Budget and Administration

RECOMMENDED STANDARDS	
1.1	Minimum required spending/budget for resident meals is set at provincial/territorial level and adjusted annually for changes in the Consumer Price Index across regions.
1.2	The food budget is dedicated and protected from being spent on other factors.
1.3	Tube feeding and supplement budgets are established at provincial/territorial level and separated from the food budget.
1.4	Menu changes based on financial analysis and meeting budget goals are reviewed and approved by a Registered Dietitian or member of Canadian Society of Nutrition Management (CSNM). *
1.5	Housekeeping and sanitation programs are monitored to ensure the provision of safe food in a safe, sanitary environment.
1.6	A Preventative Maintenance Program is in place for all equipment used in meal preparation and nutrition care.
1.7	Emergency preparedness plans for loss of electricity, natural disasters, water contamination, pandemics, and other emergencies, includes alternative methods for food provision.

2.0 Staffing and Administration

RECOMMENDED STANDARDS	
2.1	Minimum dietitian time per LTC home is set at provincial/territorial level (including clinical/administrative responsibilities).
2.2	Nutrition care is part of multidisciplinary interventions to support nutritional status, clinical outcomes, and prevent dehydration.
2.3	Dietitians are core members of the care team developing and monitoring resident care plans and participating in care conferences.
2.4	Adequate numbers of appropriately trained cooking staff are scheduled to prepare high-quality nutrient-dense products. *
2.5	All LTC staff receive orientation to food and nutrition services upon hire.
2.6	Staff involved in meal and snack service receive education/training on nutrition, texture modification and hydration. *

3.0 Menu Planning and Analysis

RECOMMENDED STANDARDS	
3.1	Standardized cycle menus are planned and revised on a regular basis, at least annually.
3.2	The standardized menu is minimum three to four weeks per cycle for optimal variety.
3.3	All cycle menus for meals and snacks include therapeutic and texture modified food and fluid options.
3.4	All cycle menus include choices of at least two entrees at each midday and evening meal.
3.5	Therapeutic and texture modified menus follow the regular menu as closely as possible to provide similar choice, variety, and palatability.
3.6	Menus are planned by a professional, such as a Registered Dietitian or member of the Canadian Society of Nutrition Management, with the education, knowledge, and skills to plan a nutritious and varied menu that meets the needs of residents.
3.7	The master menu includes a minimum of three meals, three additional beverage opportunity passes and two snacks daily.
3.8	The planned meal and snack menus are composed primarily of nutrient-dense foods tailored to residents' needs and preferences.
3.9	The menu is planned and posted at least a week in advance in a manner accessible for viewing by residents, staff, and visitors.
3.10	The planned snack menu is based on nutrient-dense foods and beverages. *
3.11	The menu is composed primarily of nutrient-dense foods tailored to residents' needs and preferences. *
3.12	There is a policy and procedure to address development of an individualized menu when the needs of a resident cannot be met by the standard, therapeutic or texture modified menus. *
3.13	There is a policy and procedure that supports the needs of residents who request cultural or religious-specific food choices. *
3.14	Residents, family members, Substitute Decision Maker/Power of Attorney, other designated parties, and appropriate team members are consulted in the menu planning and review process to ensure menus reflect current residents' social, ethnic, cultural, and religious practices and needs. *
3.15	The menu assessment relative to dietary guidelines is completed under the supervision of a Registered Dietitian or member of Canadian Society of Nutrition Management.
3.16	Menu reviews and nutrient analyses are based on actual food production (recipes and purchased products) and dining service practices in the LTC home under the supervision of a Registered Dietitian or member of Canadian Society of Nutrition Management.
3.17	The LTC home regular and texture-modified menus can be demonstrated to provide >75% of the Recommended Dietary Allowance/Adequate Intake (RDA/AI) on any specific day, while achieving an average of 100% of the RDA/AI over the duration of the menu for energy, protein, calcium, dietary fibre, and fluid. *
3.18	A nutritional analysis is completed each time a new or updated menu is introduced and at a minimum, on an annual basis. *
3.19	Menus are kept up to date with revisions to Dietary Reference Intakes and evidence-based best practices or guidelines on the nutritional needs of LTC residents. *
3.20	For nutrients that are difficult to meet through diet alone, supplementation is considered (e.g., Vitamin D).

4.0 Food Production

RECOMMENDED STANDARDS	
4.1	LTC homes have a valid food establishment permit from provincial/territorial authorities.
4.2	Standardized recipes and portion sizes are developed and used consistently for palatable and acceptable nutrient-dense foods, including food and fluids modified in texture or consistency.
4.3	Food and beverages appropriate to residents' diet and texture requirements are available for residents on a 24-hour basis or outside of regular mealtimes. *

5.0 Meal Experience

RECOMMENDED STANDARDS	
5.1	Food intake and quality of life of residents is supported by a pleasant dining environment.
5.2	There are adequate staff and trained volunteers available to provide eating assistance for all residents who require assistance. *
5.3	Adaptive feeding aids are provided as indicated in the nutrition care plan. *

6.0 Nutrition Care

RECOMMENDED STANDARDS	
6.1	The organizational leaders ensure that assessment tools include assessment of the resident's nutritional status, food preferences, swallowing and independent eating capacity.
6.2	A standardized dysphagia screening tool is used to identify and determine resident risk of dysphagia. *
6.3	Residents are screened routinely for malnutrition and low-intake dehydration to identify those at nutritional risk, whenever there has been a change in health or every 3 months.
6.4	The team uses comprehensive, evidence-informed practices for the prevention and management of malnutrition and dehydration.
6.5	Food and fluid provision should meet personal preferences and be individualized; any dietary restrictions are based on a comprehensive individual nutrition assessment by a dietitian.
6.6	Standard operating procedures are used for nutrition and hydration care including: to guide screening, assessment, development of nutrition care plans, evaluation, and documentation.
6.7	An individual nutrition assessment and nutrition care plan is completed by a dietitian if risk is identified in screening.
6.8	Every resident has an individual nutrition care plan completed by a dietitian upon admission and reviewed at least annually.
6.9	Nutrition care plans are developed with input of the resident/Substitute Decision Maker/Power of Attorney.
6.10	Adequate nutrient, energy, and protein intake is supported through the use of fortified or enhanced foods, additional snacks, finger foods, or texture-modified enriched foods as indicated in an individual's nutrition care plan.
6.11	There is a process in place to ensure staff are up-to-date on current resident nutrition care plans. *

7.0 Quality Improvement and Data Collection

RECOMMENDED STANDARDS	
7.1	Consistent Provincial inspection or audit processes are in place to regularly and consistently evaluate all aspects of LTC homes including nutrition care and food services and results are used for individual home quality improvement and provincial/territorial benchmarking.
7.2	Regular feedback is obtained from residents on satisfaction with food, mealtime, and snack services.
7.3	There is a Continuous Quality Improvement Program for nutrition care and foodservices. *
7.4	LTC organizations support implementation of common electronic health records across local/regional healthcare organizations. *
7.5	LTC organizations collect common core data elements in electronic health records related to nutrition care. *
7.6	All LTC facilities contribute nutrition-related data to the Canadian Institute for Health Information, including the critical interRAI indicators. *
7.7	All LTC facilities collect and contribute accurate and timely information on dietitian staffing in LTC to the Canadian Institute for Health Information. *
7.8	Agreements with contracted food service management companies and dietitians or dietitian services companies include applicable requirements for monitoring and reporting of: <ul style="list-style-type: none"> • spending on food, beverages, tube-feeding, oral nutritional supplements, • monitoring and reporting resident satisfaction, • nutrition related data, including inter-RAI critical indicators, and • staffing levels. *

For more details about the survey results and evidence used to inform the standards, refer to the [National Long Term Care Standards Project: Recommended Food & Nutrition Standards Background Document](#).