The facts:

- Over 200,000 Canadians live in residential LTC.
  - Most are 80+ years of age
- 2/3 are diagnosed with dementia and 1/3 have severe cognitive impairment
- Most have health conditions that are managed by diet (1/4 diagnosed with diabetes, almost 2/3 diagnosed with hypertension)
- 1/2 require texture-modified diets due to chewing or swallowing issues
- Most are at risk for malnutrition and dehydration
- Malnutrition and dehydration increase risk of:
  - Falls
  - Infections
  - Skin breakdown
  - Poor wound healing
  - Hospital admissions
  - Overall morbidity and mortality
- Quality of life is significantly affected by mealtime experiences and nutrition status

Dietitian care improves outcomes

- Studies show that dietitian services contribute to:
  - Improved quality of life
  - Improved nutritional status and health
  - Increased meal satisfaction
  - Improved foodservice operations
- Dietitians collaborate with physicians, nurse practitioners, and the entire care team, residents, and families to assess nutrition status and plan individualized care
- Dietitians have expertise in clinical care, LTC policy and standards, and menu planning to provide resident-centred care and optimal nutrition
- Dietitians support residents and families with comfort care at end of life
- Dietitians educate residents, staff, volunteers, and families to support individualized nutrition care

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References


10. Smith K, Thomas K, Johnson S, Meng H, Hyer K. 2017. Dietary Service Staffing Impact Nutritional Quality in Nursing Homes. Journal of Applied Gerontology, http://journals.sagepub.com/doi/abs/10.1177/0733464816688309 In the United States, higher [levels of staffing for dietitians, along with higher staffing levels for dietary staff and nursing assistants, were found to decrease the risk of a facility receiving a citation for deficiency in dietary services.]