Dietitians of Canada
Les diététistes du Canada

Submission to the Government of Saskatchewan, Ministry of Health – Saskatchewan LTC Facility Audit Indicators for Food and Nutrition Services

Recommendations from Dietitians of Canada Saskatchewan LTC Local Action Group

August 31, 2017

Dietitians of Canada, as the professional association for Registered Dietitians in Saskatchewan, is pleased to provide recommendations to the Long-term Care (LTC) Facility Audit Program. The indicators that are recommended for each standard are based on expert opinion and considered to be feasible within the current provincial auditing context. The proposed indicators require the auditor to gather information from multiple locations (resident charts, training records, nutrition and food services department); however the information should be readily available and will not have a significant effect on the time required to complete the audit. Use of the policies and audits in the RQHR Nutrition and Food Services Audit Manual for LTC Facilities in the RQHR (or similar manuals developed by other health regions) is recommended, and some of the indicators are based on completion of audits from the RQHR Audit Manual.

It is important to note that a comprehensive audit would include direct observation of care processes including meal and snack service, to determine whether the planned care is provided to individual residents. We recommend further consideration of the proposal put forward by Dietitians of Canada in January 2016 to support LTC homes in Saskatchewan through dedicated LTC dietitian advisors (enclosed).

We strongly recommend that all audit questions related to food and nutrition be completed in conjunction with a Registered Dietitian familiar with the home.

Standard 13.1 Dining Assistance for Residents with Dysphagia

Current indicator (per condensed audit tool):
If this resident has difficulty swallowing, an assessment with recommendations is on file.

Recommended indicator:
Residents diagnosed with dysphagia have a documented swallowing assessment by a Speech Language Pathologist or Registered Dietitian on file, and the recommendations are accurately incorporated into the care plan and instruction is readily available to all staff involved in assisting the resident with meals and snacks.

Rationale:
Resident safety requires that the swallowing recommendations arising from the comprehensive swallowing assessment be put into practice. Communication of food texture, fluid consistency, positioning and swallowing/assistance techniques to appropriate staff is required to ensure that these recommendations are being followed. Documentation to review for this indicator includes:

- Registered Dietitian or Speech Language Pathologist swallowing assessment with recommendations.
- Resident care plan.
- Point of care communication methods for food service and nursing staff regarding food texture, fluid consistency, positioning, feeding assistance, etc. This could vary depending on individual home policies, but may be found in a binder, Kardex, or other communication tool easily accessible to staff who are preparing and providing food and beverages at meals and snacks.
- Documentation of the residents' response to the planned interventions, and evaluation of the need to change the plan of care, should also be on file. Observation of care delivered to residents with dysphagia should be included in the future as part of the audit, to verify that care is being provided as planned.

Standard 13.2 Dining Experience

Current indicator (per condensed audit tool):
None

Recommended indicator:
Audits such as the RQHR Dining Environment Audit and Meal Service Audit have been completed within the previous quarter, and actions have been taken to address deficiencies.

Rationale:
An enjoyable mealtime experience can improve quality of life, as well as improving food intake and nutritional status. A growing body of literature explores the importance of mealtimes and the dining experience on physical and mental well-being in LTC homes[1,2]. The dining experience encompasses both the physical environment and the social processes including interactions between residents, and between residents and staff. Policies to convey the importance of person-centred dining, and procedures to ensure that all staff are involved in promoting the concept, are needed.

Research on a standardized scale for measuring the experience is underway[3]; future audits should consider incorporating standardized and validated tools.

1. Chaudry H, Hung L, Badger M. The role of physical environment in supporting person-centred dining in long term care. American Journal of Alzhiemers' Disease and Other Dementias. 2013: 28(5). Available from http://journals.sagepub.com/doi/pdf/10.1177/1533317513488923
2. Liu W, Jao Y, Williams K. The association of eating performance and environmental stimulation among older adults with dementia in nursing homes: A secondary analysis. International Journal of Nursing Studies. 2017: 71. Available from http://www.journalofnursingstudies.com/article/S0020-7489(17)30064-0/fulltext
3. Keller H, Chaudry H, Pfisterer K, Slaughter S. Development and Inter-Rater Reliability of the Meal-Time Scan for Long Term Care. The Gerontologist. 2017 Available from , https://doi.org/10.1093/geront/gnw264

Standard 13.3 Food Safety

Current indicator (per condensed audit tool):
A valid Food Safety Inspection certificate is posted.

Recommended indicator:
Food temperatures are documented and within appropriate temperature ranges for hot and cold foods at point of service.

Rationale:
Removal of the current indicator (food safety inspection certificate) is recommended as this aspect is generally completed on an annual basis by public health inspectors, and including it in the audit does not add any additional insight into the food safety practices in the home. It is unlikely that a home will not have the inspection certificate, meaning that this indicator will contribute to a higher audit score without really assessing food safety risks.

Time and temperature abuse is a leading food safety risk. Food held at temperatures below 60 C (140 F) or above 4 C (40 F) are more likely to support growth of harmful microorganisms. In addition to food safety risks, foods that are served at excessively high temperatures can result in burns, particularly for vulnerable residents who require assistance with eating. Inappropriate temperatures make food less palatable, decreasing food intake and enjoyment of meals. Completed temperature logs show that there is a process in place for monitoring of food temperatures, as recommended by Saskatchewan Food Safety Regulations and Best Practices for Nutrition, Food Service, and Dining in LTC Homes (Dietitians of Canada). Regular monitoring of temperatures (and corrective action when required) is indicative of a "food safety culture" embedded in the dietary department.

- To assess the proposed indicator, the auditor would review the past week's food temperature logs and assess compliance with monitoring food temperatures at point of service. It is proposed that the rating for "yes" would mean that at least 90% of the food temperatures are recorded and are in the appropriate range. The RQHR temperature log found the RQHR Audit Manual has space for 23 food temperatures per day. This would mean, for example, that a one-week period with 23 opportunities for temperature recording per day would have no more than 16 blanks or out-of-range temperatures.

Standard 13.4 Food Services Quality Improvement Program

Current indicator (per condensed audit tool):
The Food Service Quality Improvement Program is reviewed annually by the regional dietitian.

Recommended indicator:
The Food Service Quality Improvement Program is reviewed annually by a Registered Dietitian and there is a documented action plan to address deficiencies.

Rationale:
For this indicator to be useful, there must be a structured approach to quality improvement program review that is used by all regional dietitians. The RQHR Audit Manual sets out a recommended frequency for audits and assigned responsibility that can be used as a guide for review. In addition to the review process, the home must have plans to address issues that are identified, such as an action plan detailing changes in frequency or types of audits or use of audit results.

Standard 13.5 Nutritional Assessments

Current indicator (per condensed audit tool):
None

Recommended indicator:
A nutritional assessment by a Registered Dietitian has been completed if the resident shows evidence of nutrition risk factors as evidenced by section K of RAI-MDS® tool.

Rationale:
Ideally, a comprehensive assessment by a Registered Dietitian would be completed for all residents on admission. Another approach would be for a nutrition risk screen to be performed on admission, with all residents at risk then having a comprehensive assessment.

The RAI-MDS® tool can be used to assess the need for a comprehensive nutritional assessment. The strength of the RAI-MDS® tool lies in its' standardization and the fact that its use is required in LTC homes in Saskatchewan. The data collected in the RAI-MDS® is a functional assessment, and does not replace a comprehensive nutrition assessment; for example, missing data elements include diet history and cultural preferences.

Standard 13.6 Meal and Snack Service

Current indicator (per condensed audit tool):
A dietitian is involved in menu planning and development.

Recommended indicator:
A Registered Dietitian who is familiar with the home has approved the current menu, as verified by completion of the approved menu review tool.

Rationale:
A well-planned menu is critical to the nutritional health and satisfaction for residents. Registered Dietitians' expertise in food and nutrition is important to ensure that the planned menu considers nutritional needs and food preferences of the residents, facility-specific food production capabilities, and other budgetary and operational issues. A Registered Dietitian familiar with the home should complete the menu review to be sure that it is appropriate for the specific home. Corporate menus may provide the base of the menu but should be reviewed considering the preferences of the specific homes' residents and capacity of staff and equipment.

The RQHR Nutrition and Food Services Audit Manual Menu Audit is recommended as the approved audit tool.

Standard 13.7 Staff Development

Current indicator (per condensed audit tool)
If this employee is a dietary staff, they have completed the safe food-handling course.

Recommended indicator:
No recommended changes.

Rationale:
Because of the importance of food safety, particularly when dealing with the extremely vulnerable population in LTC homes, regular updating of training is recommended. In addition to the required certification, it is strongly recommended that staff involved in preparing and serving meals receive annual education on food safety risks and safe food handling.

Standard 13.8 Therapeutic Nutritional Products

Current indicator (per condensed audit tool):
For residents receiving nutritional supplements, documentation that products were consumed in accordance with a dietitian's orders.

Recommended indicator:
For residents receiving nutritional supplements, documentation that products were consumed in accordance with a Registered Dietitian's orders.

Rationale:
Supplements (commercial nutrition supplements or made-in-house supplements) are one component in Registered Dietitians' interventions for residents with unintended weight loss, wounds, malnutrition, or other issues requiring additional energy and protein. Intake of supplements should be monitored to ensure care is being delivered as planned, and to enable reassessment of the intervention.

The documentation should include:

- The Registered Dietitians' assessment of the residents' needs.
- Planned nutritional supplementation.
- Regular evaluation of the residents' acceptance of the supplement(s) and assessment of needs, with revision as needed.
- Documentation of intake of food and supplements.

Standard 13.9 Tube feeding

Current indicator (per condensed audit tool):
For residents receiving tube feeds, documentation that products were consumed in accordance with a Registered Dietitian's orders.

Recommended indicator:
No change

Rationale:
Along with the initial assessment of needs, ongoing re-assessment and adjustment of the enteral feeding is needed. A review of documentation, including the Registered Dietitian's assessments and evaluation of appropriateness of the tube feeding regimen, is recommended.

Facility Audit Section B – New Questions

Amount Spent on Food

Recommended question:
What is the average amount spent on food per resident per day over the past year?

Rationale:
Currently, the amount spent on food is not systematically captured for comparison at provincial levels. While homes will have varying costs depending on the type of food service system and other factors, wide differences in the resources devoted to food may be related to resident satisfaction and nutritional status. For example, Ontario's increase in food funding led to improvements in micronutrient content of menu and vegetable and fruit servings[1]. For this indicator to be an effective measure, consistency in measurement and calculation is needed. It is our understanding that a provincial formula is currently being developed and will be implemented in all LTC homes. Use of the provincial formula to capture spending on food is recommended.

1. Wright-Thompson A, Piché L. Nutritional Analysis of a Long-term Care Menu: Before and After an Increase in the Raw Food Cost Allowance. Can J Diet Pract Res. 2011;72(3):141–5.)

Access to Registered Dietitian services

Recommended question:
Do you have access to on-site Registered Dietitian services?

Rationale:
The expertise of Registered Dietitians in nutrition and food issues is a key component of resident care. At present, some LTC homes rely on general advice through Registered Dietitians working in other settings such as the local hospital or public health unit. While this is helpful, it cannot replace the resident care that can be provided by an on-site Registered Dietitian that is part of the interprofessional care team. This indicator will capture the extent of gaps in nutrition care that currently exist, and provide opportunities for discussion on how best to support LTC homes without access to an RD.

Registered Dietitian Involvement in the Audit

Recommended question:
Were all related food and nutrition questions completed in conjunction with a Registered Dietitian who is familiar with the home?

Rationale:
The yes/no answer to this audit question will provide insight to the issue of access, as noted in the previous question, as well as prompt the auditor to engage the Registered Dietitian in compiling the required information.

Respectfully submitted by,

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