



Dietitians in Long Term Care: A Pan-Canadian Environmental Scan

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Executive Summary

An environmental scan of long term care (LTC) nutrition-related policies and practices was performed by Dietitians of Canada by reviewing legislative and policy documents and interviewing key informants in each province and territory. The objective of this report is to highlight dietitians' roles and responsibilities, and staffing levels, both as required by provincial and territorial policy, and as practiced by the key informants. A total of 39 key informant interviews were held and several common themes emerged across the country. Although dietitians' roles in LTC varied, core responsibilities were similar in many jurisdictions. Summary charts below provide an overview of dietitians' activities across the country. These are discussed in further detail in the provincial and territorial snapshots.

Common Themes

1. Residents are admitted to LTC at increasingly higher acuity levels, with more complex care requirements than ever before.
2. Length of stay has decreased substantially, leading to rapid turnover and more frequent admissions.
3. Dietitians' ability to deliver effective nutrition interventions is constrained by limited budgets for food, nutrition treatments, and staffing.
4. Increasingly diverse resident populations and high expectations for individualized meals create additional pressure on foodservices to meet expectations within current budgets.
5. Nutrition-related information for performing assessments is often lacking for newly admitted or re-admitted residents; informal information sharing between dietitians in different settings is often used as the system does not always enable timely and accurate access.

Recommendations

For government:

1. Establish minimum standards for dietitian services for LTC based upon care needs of residents, taking into account the additional workload caused by rapid turnover. Dietitian staffing requires time beyond clinical care to accomplish home-wide tasks including nutrient analysis of menus, working with staff to promote high quality nutrient-dense foods, and promoting foodservice quality.
2. Establish minimum standards for food funding for LTC to enable menu development based on Dietary Reference Intakes to meet therapeutic and cultural needs.
3. Collect accurate and timely information on dietitian staffing in LTC through the Canadian Institute of Health Information (CIHI) in addition to RAI-MDS (Resident Assessment Instrument–Minimum Data Set) data on LTC residents in all provinces and territories.
4. Support common electronic health records to facilitate secure sharing of health information between healthcare organizations.

For researchers:

1. Engage in outcomes research to identify optimal nutrition interventions and meal/snack practices to further develop the evidence base for LTC practices.
2. Engage in research to identify correlations between dietitian staffing and outcomes of interest such as markers of nutritional status, cost of care, satisfaction, quality of life.
3. Develop and evaluate interventions to promote food and fluid intake based on known relevant determinants of intake e.g. eating challenges, mealtime environment, person-centred care practices, quality food including modified texture foods and beverages, etc.

For dietitians:

1. Collect data on staffing, activities, and outcomes within individual LTC homes, and broader jurisdictions where possible to assist in establishing benchmarks.
2. Engage in practice-based research to support development of the evidence base for nutrition approaches to improve food and fluid intake and promote quality of life of residents.

Dietitian Services Required by Legislation/Regulation

	DIETITIAN SERVICES REQUIRED	COMMENTS
BC	✓	
AB	✓	
SK	✓	
MB	✓	
ON	✓	30 minutes per resident per month (= approx. 1 FTE per 300 residents). This is the only jurisdiction with specified staffing level in regulations.
QC	--	
NS	✓	
NB	✓	
PEI	✓	
NL	✓	
NWT	--	
YK	--	
NU	--	

Dietitians' Clinical Responsibilities and Roles

Legend:

- ✓ indicates items **required** by legislation or regulation or enforced external standards.
- indicates items that are usual practice but **not required** by legislation, regulation, or enforced external standards.

	NUTRITION ASSESSMENT	CARE PLAN	CARE CONFERENCE	DYSPHAGIA MANAGEMENT	WOUND CARE	RAI-MDS COMPLETION BY DIETITIAN*
BC	✓ for homes with more than 24 residents	✓ for homes with more than 24 residents	□	□	□	varies
AB	□ only when identified by another healthcare provider	□ only when identified by another healthcare provider	varies	□	□	varies
SK	✓	✓	varies	□	□	varies
MB	✓	✓	varies	□	□	varies
ON	✓	✓	□	□	✓	□
QC	□	□	varies	✓	varies	n/a
NS	□	□	□	□	□	varies
NB	✓	✓	□	□	□	varies
PEI	□	□	□	□	□	n/a
NL	✓	✓	□	□	□	varies
NWT	□	□	□	□	□	n/a
YK	□	□	□	□	□	No
NU	□	□	□	□	□	n/a

*This responsibility is included as it can be a significant time requirement for dietitians to complete coding in the relevant sections. RAI-MDS is a standardized assessment tool developed by [InterRAI](#); It should be noted that the RAI-MDS nutrition section completion does not replace a comprehensive nutrition assessment.

Dietitians' Non-Clinical Responsibilities and Roles

Legend:

- ✓ indicates items **required** by legislation or regulation or enforced external standards.
- indicates items that are usual practice or self-reported data but **not required** by legislation, regulation, or enforced external standards.

	MENU PLANNING OR APPROVAL	STAFF EDUCATION	POLICY AND PROCEDURE DEVELOPMENT	GOVT FUNDING SPECIFIC FOR FOOD
BC	varies	□	□	No
AB	✓	□	□	No
SK	✓	□	□	No
MB	✓	□	□	No
ON	✓	□	✓	\$9.00/resident/day
QC	□	□	□	No
NS	✓	□	□	No
NB	✓	□	□	\$5.95/resident/day
PEI	□	□	□	No
NL	□	□	□	No
NWT	no	□	□	No
YK	no	□	□	No
NU	no	□	□	No

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- Gerontology Network
- Alberta LTC Action Group
- BC LTC Action Group
- Nova Scotia Dietitians' Continuing Care Action Group
- Ontario LTC Action Group
- Saskatchewan LTC Action Group

Limitations of this Report

The provincial and territorial snapshots of dietitians' practice and challenges are based on a limited number of key informant interviews and may not reflect all of the activities performed by dietitians or identify all of the challenges to providing optimal nutrition care in the jurisdiction's LTC settings. The draft report was reviewed by other dietitians working in LTC to help address this limitation.