Best Practices for Nutrition, Food Service and Dining in Long Term Care Homes

A Working Paper

ONTARIO LONG TERM CARE ACTION GROUP
DIETITIANS OF CANADA
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- Christine Barker RD
- Julie Cavaliere RD
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- Margaret Leaver-Power RD
- Dale Mayerson RD
- Marsha Rosen RD
- Karen Thompson RD
- Leslie Whittington-Carter RD

Copies of the Best Practices document are available for download from the Dietitians of Canada website www.dietitians.ca.
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A. Introduction

This is a *living* document, subject to change as research, knowledge and experience continue to impact on the care and services we provide to Residents.

This document is intended to promote and support Interprofessional Collaboration and the Interdisciplinary Care Team’s provision of nutrition, food service and dining to Residents in Long Term Care (LTC) Homes by identifying and promoting current best practices. Note that hydration is encompassed in the program of nutrition, food service and dining. It is understood that each province may have unique legislation pertaining to provincial minimum requirements for the delivery of care and services. This document is not intended to be specific to those individual details but is intended to share current Best Practices that are being used effectively in the delivery of quality care. It is expected that each Home will compare this document to the legislated requirements of their province to ensure the Home’s policies and protocols are compliant with the legislated provincial expectations.

Best Practices are developed, implemented, monitored and communicated through the use of well developed Protocols, Policies, Procedures, Tools, Continuous Quality Improvement (CQI) and Education Programs and are accepted by the industry as generally being effective in the delivery of quality service. Best Practice guidelines should be reviewed and revised on a regular basis to remain current. They are established based on a combination of industry standards including:

1. **Professional practice**: Broader statements of expectations of the professional based on values, priorities and practice of the profession; may address unique body of knowledge, competency, legal and ethical requirements, and evidence-based practice

2. **Standards of care**: More specific protocols defining the minimum acceptable level of care to be delivered; may be based on specific diagnosis, assessment, outcome identification, planning, implementing an action plan, and evaluation

3. **Government Legislation, Acts, and Regulations as well as other regulatory bodies’ standards, policies, and directives**: These may include requirements from provincial government Acts, local Public Health Units and accreditation bodies. Generally, government standards are designed to be interpreted as a minimum acceptable level

Best Practices incorporate the Home’s vision and mission in the Nutrition, Food Service and Dining Program and provide systems and processes so that the Program:

- Is provided in a Resident-centered manner that supports, promotes and respects Residents’ rights, safety, security, comfort, choice, autonomy and decision-making
- Recognizes that quality nutrition, hydration and pleasurable dining enhance the “quality of life” and the “quality of care” for Residents in LTC
- Embraces a holistic approach, recognizing that food, beverages and pleasurable dining influence Residents’ psychological and social well-being as well as their physical well-being
- Takes into account Residents’ past history and its influence on their food preferences as well as interventions to address their nutritional needs
• Recognizes that the ability to feed oneself is a basic component of an individual’s feeling of self-worth and autonomy and therefore incorporates a supportive and restorative dining component to maintain, support and/or regain Residents’ self-feeding skills
• Embraces both Interprofessional Collaboration and an Interdisciplinary Care Team approach to support Residents’ health and well-being

Ongoing consultation with the Residents, Family, Substitute Decision Makers/Powers of Attorney (SDM/POA) and members of the LTC Home/Facility’s Interdisciplinary Care Team is required to ensure Best Practices continue to meet or exceed Residents’ needs and expectations and continue to reflect the Home’s philosophy of care.

Acronyms used in this document:

BMI Body Mass Index
CAFP Canadian Association of Foodservice Professionals
CQI Continuous Quality Improvement
CSNM Canadian Society of Nutrition Management
DRI Dietary Reference Intakes
FSS/NM Food Service Supervisor/Nutrition Manager
GI Gastrointestinal
HACCP Hazard Analysis Critical Control Point
LTC Long Term Care
MD Doctor of Medicine
NM Nutrition Manager
OSNM Ontario Society of Nutrition Management
OT Occupational Therapist
PEN Practice Based Evidence in Nutrition
POA Power of Attorney
PT Physiotherapist
QI/RM Quality Improvement/Risk Management
RAI-MDS Resident Assessment Instrument - Minimum Data Set
RD Registered Dietitian
RN Registered Nurse
SDM Substitute Decision Maker
SLP Speech Language Pathologist
B. Continuous Quality Improvement (CQI)

Best Practices require a strong Continuous Quality Improvement (CQI) program consisting of quality improvement, risk management and utilization review. This program continuously strives to:

- Meet and exceed the continually changing needs and expectations of Residents
- Take appropriate corrective actions, as required, to effectively utilize and deliver services
- Prevent or reduce and control actual or potential risks to the safety, security, welfare, health and reputation of Residents, Practitioners and the Home

The CQI program may follow a cycle of assessing, planning, implementing and of monitoring, evaluating and improving in order to develop the Protocols, Policies, Procedures and Tools needed to drive the organization and delivery of the Nutrition, Food Service and Dining Program that can be used by both the Departmental and Interdisciplinary Care Teams.

The CQI program monitors, evaluates and improves the quality of care through:

- Appropriate communication and documentation among Interdisciplinary Team members on the effectiveness of the program
- Recognizing the importance of consistent monitoring and supervision of the dining and snack programs to ensure Residents receive nutrition care as planned and to provide ongoing evaluation of the effectiveness of this care
- Regular review and updating of each Resident’s Care Plan so goals and interventions remain current and effective
- Ensuring appropriate corrective actions are taken and documented as required
- Consistent and effective methods of measuring performance, e.g. Resident satisfaction surveys, employee performance appraisals, budget review, Resident weights, accurate food and fluid records, monitoring of RAI-MDS quality indicators
- Determining the effectiveness of the protocols, policies, procedures and tools and conducting revisions as required
- Providing education and training to team members involved in the organization and administration process of all the above

The Education Program consists of the following:

- Education on Interdepartmental and Interdisciplinary Protocols, Policies, Procedures and Tools
- Inclusion in the planned orientation program for all new employees to ensure all Interdisciplinary Team members know and understand their importance and role in the Nutrition, Hydration and Dining Program
- Regularly scheduled educational programs and updates on the Nutrition, Food Service and Dining Program for all Interdisciplinary Care Team members based on their assessed learning needs and changes in the program
• Additional educational opportunities, as needs and opportunities arise such as maximizing Nutrition Month activities
• Team members belonging to appropriate professional and educational associations and networks which may include Dietitians of Canada (DC) PEN membership, DC Gerontology Network, CSNM, OSNM, CAFP
• Access to current resources from credible sources, to ensure processes are based on best available evidence

Best Practices for the Nutrition, Food Service and Dining Program recognize that quality nutrition, hydration and dining is achieved by meeting the goals of these five components:

• Organization and Administration
• Menu Planning
• Food Production
• Nutrition and Hydration Care
• Meal Service and Pleasurable Dining
C. Organization and Administration

Best Practices ensure that the Nutrition, Food Service and Dining Program is organized and administered to effectively and safely provide Resident-focused nutrition care and services that reflect the mission and philosophy of the Home, meet current Residents’ needs and expectations and are in keeping with professional practice, standards of care, applicable governing acts, regulations and directives.

Best Practices require that Protocols, Policies, Procedures and Tools for administration and organization include, as a minimum, processes for developing and implementing:

- A program Mission Statement reflecting the Home’s Mission Statement
- Specific, timely and measurable Long Term Goals
- Specific, timely and measurable Short Term Objectives
- Effective allocation of resources and utilization review
- Staffing qualifications and staffing levels required to provide a quality program, including:
  - Registered Dietitian (RD): member in good standing of the provincial regulatory body
  - Food Service Supervisor/Nutrition Manager (FSS/NM): member in good standing of the Canadian Society of Nutrition Management and/or provincial alternative
  - Cooks: qualified, with appropriate trade papers
  - Dietary employees: have completed or are enrolled in a recognized Food Service Worker Training program
  - All staff involved in food preparation, service or any other food-related activities: have current Food Handler Training certification, which may be offered through local Public Health agencies, or equivalent certification such as National Food Safety Training Program or ServSafe
- Staffing Schedules
- Written Job Descriptions and Job Routines defining the overall roles, functions and specific duties of each position as well as timeframes for completion of duties
- Policies/protocols for all staff involved in food handling/dining service
- Housekeeping and Sanitation Programs for all areas and equipment used for preparation and delivery of the Nutrition, Food Service and Dining program to ensure the provision of safe food in a safe, sanitary environment
- Preventative Maintenance Program for all equipment used in meal preparation and service as well as equipment required for clinical assessment and monitoring of Residents’ nutrition care
- Interdisciplinary and Interdepartmental Communication including:
  - Communication and documentation processes and tools in order to provide new information to Interdisciplinary Care Team members. Contents include recent memos, minutes of recent team meetings, dining room concerns relating to production guidelines, recipes, quantities and other pertinent information
- Accountability by all appropriate team members for reading the previous communications back to the last shift they worked and for reporting/documenting any incidents or concerns that occurred during their shift
- Assuming accountability for taking and documenting corrective actions as required and for following communications as provided
- Development of Interdisciplinary programs involving Nutrition, Hydration and Dining; e.g. Bowel Management and Continence, Skin and Wound Care, etc.
- Representation of the Nutrition and Food Service Department by the RD, FSS/NM or delegate at regularly scheduled Resident Care Conferences and Interdisciplinary Care Team Meetings including: Medical/Professional Advisory, Palliative Care, Accreditation, Wound Care, Dysphagia, Restorative Care, Pharmacy and Therapeutics, QI/RM (Quality Improvement/Risk Management), Infection Control, Occupational Health and Safety and other meetings/committees as appropriate
D. Menu Planning

In consultation with the Residents, family members, SDM/POA, other designated parties and appropriate team members, menus are planned to provide appetizing, nutritionally balanced meals and beverages provided in an efficient and cost effective manner. Menus are planned to offer variety and choice to all Residents, and are adapted to meet each Resident’s individual documented nutrition care needs and individual preferences.

Best Practices require that:

• Residents, family members, SDM/POA, other designated parties and appropriate team members are consulted and involved in the menu planning and approval process to ensure menus reflect current Residents’ social, cultural and religious practices and needs. This includes Residents’ Council, Family Council (if one exists) and the establishment of a Residents’ Food Committee for cycle menu and special occasion menus
• Variety and choice are provided for all Residents and accommodate current Residents’ preferences as much as possible
• Cycle menus are planned and revised on a regular basis, at least annually, and are generally 3-4 weeks per cycle unless otherwise requested by Residents. Menus are designed to provide Resident choice. An Emergency menu plan is also in place, covering 3 days at a minimum
• Processes include, as a minimum:
  - Assessing Residents’ preferences and appetites
  - Planning a meal day pattern and portion sizes, for both food and fluids, to accommodate Residents’ nutrition and hydration needs and preferences
  - Including Residents’ satisfaction questionnaires, Residents’ Food Committee comments, results of dining audits, feedback from front-line staff, as well as plate waste records in the menu planning and evaluation process
  - Assessing, documenting and planning menus based on Residents’ preferences regarding variety and frequency of menu items. Variety guidelines defining the Resident preferences and frequency of items may be developed and reviewed with the Residents prior to each cycle to determine if they reflect current preferences
  - Fresh seasonal foods, in keeping with Residents’ needs and preferences and in keeping with budget limitations, are incorporated in the menu
  - Local foods, in keeping with Residents’ needs and preferences and in keeping with budget limitations and regulatory requirements, are incorporated in the menu
  - Identifying the tools and/or nutrition software and processes to be used for determining that the planned menu provides adequate nutrients and energy to meet the Home’s Residents’ needs, based on the current Canada’s Food Guide and the current Dietary Reference Intakes (DRI) as determined by Health Canada
• Menu planning encompasses all foods and beverages to be provided daily to Residents. This includes a minimum of three meals, three additional beverage opportunities and two snacks daily

• The Master Menu is planned so that Residents are provided with food, fluids and nutrition care appropriate for their health requirements, cultural/religious needs, personal needs and quality of life including following guidelines for dietary fibre, healthy fats and moderate sodium

• The RD collaborates with the Interdisciplinary Care Team, as required, and bases therapeutic menus on the needs of the Resident population in determining and providing the types of therapeutic diets, texture-modified foods, modified fluid consistencies and nutritional supplements that are required and available in the Home. Therapeutic and texture modified menus follow the Master Menu as closely as possible to provide similar choice, variety and palatability and are planned to be as liberalized as possible

• There is a policy and procedure and/or a menu plan that defines alternate portion sizes such as smaller or larger portions for Residents who require or request them. This provides clear directions to staff and ensures accuracy in assessment by the RD and documentation in the Plan of Care

• All menus for meals and snacks, including therapeutic and texture modified food and fluid variations, are evaluated and approved by the RD

• There is a menu plan or recommendations for snacks available for Residents on a 24 hour basis

• All menu choices, including all therapeutic and texture modified food variations for the week and each day, are posted in designated areas or readily available and communicated to Residents, Family, SDM/POA and staff in an appropriate manner that meets their needs

• Nutrition and hydration education, as well as education about basic therapeutic diets, food texture and fluid consistency modification, is provided to all Interdisciplinary Care Team members. The importance of following the therapeutic menu in the delivery of quality nutrition and hydration care is emphasized
E. Food Production

All foods and beverages are prepared and provided in a clean, safe environment using methods that consistently result in nutritious, safe and personally acceptable meals, snacks and beverages for Residents.

Best Practices require that:

- Processes for food production ensure all menu items and food products are purchased, received, stored, prepared and served to:
  - Ensure appropriate food product selection considering quality, cost and acceptance by Residents
  - Prevent contamination, spoilage and food-borne illness
  - Retain maximum nutritive value, flavour, colour, texture and appearance
  - Enhance effective standardized food production
  - Ensure delivery of all Residents’ meals, snacks and special nourishments in the correct location in a timely fashion
  - Consistently result in personally acceptable and visually appealing meals and snacks for all Residents

- Standardized food production guidelines are available that indicate all food and beverages provided daily to Residents. These include a minimum of three meals, two snack and beverage opportunities/passes, menu items for all regular and therapeutic diets, texture modified meals, modified fluid consistencies, special nourishments and nutritional supplements. These reflect the Home’s current Resident population’s needs and numbers in sufficient quantities to meet Residents’ requirements and expectations.

- Policies and procedures for food production include as a minimum:
  - Staff schedules and timeframes for production
  - HACCP principles, including time and temperature guidelines for food purchasing, preparation, holding, service and storage
  - Purchasing procedures including ordering, receiving, food storage and delivery
  - Standardized food production guidelines
  - Procedures for taste testing
  - Guidelines for safe operation of equipment
  - Employee health and safety in the kitchen and food service areas
  - Cleaning guidelines and schedules for production, service and ware washing areas and equipment
  - Procedures for waste management

- Standardized recipes are used to prepare all foods and beverages for all food textures and fluid consistencies and include:
  - Item name and number
  - Ingredient quantities by weight, measure, volume or count
- Portion size, yield and appropriate serving utensil
- Panning information
- Method or procedure for combining ingredients
- Heating and chilling requirements at various stages of production and requirements for monitoring temperatures at these stages as required (i.e. HACCP guidelines)
- Time and temperatures for cooking or baking
- Internal temperatures of foods required by HACCP guidelines
- Production time and time required for panning/baking/heating and serving/holding
- Methods for adjusting recipe yields if required
- With the initial recipe, also include instructions on how to texture modify all items, i.e. size to cut pieces prior to processing, when to add liquid and/or thickening agent, what type of liquid to add, how to return to safe, palatable temperatures
- Instructions for texture modified items should identify whether measuring and/or processing takes place before or after product is fully cooked
- Proper handling of over-production, such as cooling logs, storage guidelines and directions for incorporating over-production into the menu
F. Nutrition and Hydration Care

The most appropriate nutrition care and interventions for each Resident are provided in the least restrictive and most effective manner. This is planned by the Registered Dietitian in consultation with the Resident, Family, SDM/POA and Interdisciplinary Care Team.

**Best Practices require that:**

- Processes are established for initial and ongoing assessments, to identify each Resident’s level of nutrition risk and establish and evaluate individual nutrition, hydration and dining Care Plan including:
  - Interdisciplinary Care Team collects basic information within 24 hours of admission that allows safe and appropriate meal service (e.g. food allergies and/or intolerances, food texture and fluid consistency requirements, assistive devices)
  - Communication with other care providers (e.g. primary health care, homecare, acute care, retirement home) to determine history and previous nutrition interventions
  - Food Service Supervisor/Nutrition Manager or other team member collects basic dietary profile information for each Resident during the first week of admission and observation period; i.e. food likes and dislikes
  - Interdisciplinary Care Team completes RAI-MDS or equivalent assessment of Resident
  - Registered Dietitian completes a timely, comprehensive nutrition assessment that identifies each Resident’s nutrition, hydration and dining needs and nutrition/hydration risk level. Timeframes may be based on Home’s policy or RAI-MDS requirements
  - Registered Dietitian consults with the Interdisciplinary Team and develops a Nutrition and Hydration Care Plan for each Resident to maintain/restore/optimize his/her nutrition health and hydration status
  - Interdisciplinary Care Team implements the Care Plan
- The nutrition assessment uses biochemical & physical measurements and clinical analysis including, but not limited to:
  - Current height and weight status and historical weight data if available
  - Current diet, food texture, fluid consistency
  - Dietary history and current documented food and fluid intake
  - Supplements
  - Relevant conditions and diagnoses, including those known to be of particular risk to this population
  - Physical and cognitive functioning
  - Eating ability and need for assistance
  - Skin integrity
  - GI/bowel function/issues
- Significant lab values
- Medications and potential food-drug interactions
- Vitamins/minerals
- Dentition
- Allergies and/or food intolerances
- Daily nutritional requirements

The Nutrition and Hydration Care Plan indicates problem/focus, interventions, Interdisciplinary Care Team member(s) responsible for providing interventions, desired outcomes, expected reassessment date and Resident’s (SDM/POA/s if appropriate) response to the plan.

Reassessment of each Resident’s Nutrition and Hydration Care Plan, based on the Resident’s changing conditions, abilities and needs, is completed quarterly, at a minimum, and whenever there is a significant change in status and/or a referral for reassessment by a member of the Interdisciplinary Care Team.

Mechanisms for monitoring and documenting each Resident’s response to the Nutrition and Hydration Care Plan and interventions include:

- Observing and documenting each Resident’s food and fluid intake at every opportunity for intake, including at every meal, each beverage, snack and med pass and social activities throughout the day.
- Taking and recording each Resident’s weight, monthly at a minimum, and more often, as documented, according to need.
- Processes and communication systems for referral to the RD whenever concerns are noted regarding food/fluid intake and/or weight.

Mechanisms for evaluating each Resident’s response to the Nutrition and Hydration Care Plan and interventions and modifying interventions as required including interdisciplinary reassessment of each Resident based on individual nutrition risk level, nutrition care needs and change in health status.

Therapeutic diets, food textures and fluid consistencies, as ordered by the RD and/or MD, are recorded in the Residents’ charts and communicated to the Interdisciplinary Care Team, as per the Home’s policies.

Residents are assessed by the RD and Interdisciplinary Care Team to determine the support, supervision, encouragement, and assistance required with intake of food and beverages at meals and snack-times to promote safety, comfort, independence and dignity in eating and drinking, including:

- Determining appropriate seating and positioning
- Determining those Residents who would benefit from assistive devices, and types and amount of assistance required to support and maintain Residents’ self-feeding skills
- Determining the need for a Restorative Dining Program, with individual goals established for each Resident participating in such a program
- Adapting the meal times and dining environment as deemed appropriate.
COMMON NUTRITION AND HYDRATION CARE CHALLENGES IN LONG TERM CARE

Some common nutrition, hydration and dining challenges in LTC include:

1. Unplanned Weight Changes
2. Hydration Concerns
3. Skin Integrity
4. Polypharmacy
5. Dysphagia
6. Uncontrolled Diabetes or Other metabolic conditions
7. Bowel and Bladder functions
8. Enteral Feedings.

1. Best Practices for Unplanned Weight Changes

- Taking and recording all Residents’ heights and weights on admission, by Nursing, and reporting methods used for obtaining height measurement
- Monitoring of all Residents’ weights monthly, using standardized protocol, and more frequently for identified Residents
- Referring any Resident with unplanned weight change, confirmed by reweigh, of 5% in one month, 7.5% in three months, or 10% over 6 months, if weight drops below 40 kilograms or if BMI is greater than 35, to the RD for assessment.
- Initiating interventions, such as modifying the Resident’s diet, as required, based on the Resident’s current diet/menu and documented energy intake, in consultation with the Resident, Family, SDM/POA and Interdisciplinary Care Team, via appropriate nutrition interventions ordered by the RD, in order to better meet individual Resident’s needs
- Monitoring each Resident’s food and fluid intake, and using this information to continuously monitor and evaluate Resident’s status

2. Best Practices for Hydration

- Establishing a policy on hydration, including the times, quantities and provision of beverages throughout the day
- Establishing Hot Weather policies for hydration
- Identifying the known risk factors that would increase Residents’ risk of dehydration
- Educating staff regarding the signs, symptoms and risk factors associated with dehydration
- Establishing procedures for ongoing monitoring and documenting signs and symptoms of dehydration for each Resident on a daily basis
- Establishing procedures for corrective actions, and documentation of same, when fluid intake does not meet Resident’s requirements or when there is a change in the Resident’s hydration status, including referral to the RD
3. Best Practices for Skin and Wound Care

- The RD participates as a member of the Interdisciplinary Care Skin and Wound Care Team and participates in decisions and recommendations regarding Resident skin/wound care

- Process may include:
  - Developing and implementing protocols for the Interdisciplinary Skin and Wound Care Team, including referral to the RD for all levels of pressure ulcers and other skin wounds for assessment, care planning and establishment of hydration and nutrition interventions
  - Establishing interventions that address the Resident’s increased needs for energy, protein, fluid and vitamins/minerals, as individually required to promote wound healing
  - Monitoring the Resident’s progress, through evaluation of skin integrity/wound healing, as well as food and fluid intake, and adjusting treatments and interventions, as indicated


- Optimizing nutrition for all Residents through the use of regular and therapeutic diets, texture modified foods and modified fluid consistencies based on nutrition care policies and procedures available in the Home

- Establishing hydration protocols to ensure appropriate fluid intake

- Establishing protocols for monitoring meal plans for Residents with therapeutic interventions, e.g. diabetes

- Providing menus with adequate levels of minerals and vitamins to minimize the need for supplementation

- Providing adequate dietary fibre to reduce the need for laxative use

- Adjusting the menu (by the RD) to address individual medical needs, as required

- Altering content and timing of meals to minimize medication dosage and/or maximize effect of medication, when possible

- Monitoring Residents’ food and fluid intakes to determine if there is a need for diet modification or nutritional supplements

5. Best Practices for Dysphagia

- The RD participates as a member of the Interdisciplinary Care Team which conducts swallowing assessments, reviews all recommendations for texture modification and thickened fluids and is responsible for approval of such recommendations

- Processes may include:
  - Conducting trials of texture modification and documentation of results in the Resident’s chart and monitoring tolerance
  - Consulting with PT/OT on appropriate provisions for seating and positioning of Residents for safe dining
  - Consulting with MD and Nursing staff on relevant diagnoses, behaviours, patterns of eating
- Training staff in the proper preparation and storage of all levels of texture modified foods and thickened fluids
- Ensuring that texture modified foods and modified consistency fluids are prepared consistently (according to manufacturer’s instructions for fluid thickening agents) and in keeping with defined textures/consistencies
- Ensuring that purchased prepared texture modified foods and modified consistency fluids are appropriate for Residents’ needs

• Collaborating with the Interdisciplinary Care Team on any additional specialized food textures that may be required by an individual Residents that are not typically offered and available in the Home, e.g. thin puree or liquid blenderized diet
• Documenting episodes of Residents’ choking or swallowing difficulties and communicating the need for Resident assessment to the RD or SLP
• Providing staff training on recognizing signs of dysphagia and proper feeding techniques for Residents with dysphagia
• Communicating and collaborating with SLP on dysphagia assessments and interventions

6. Best Practices for Diabetes and Other Metabolic Conditions that Affect Nutrition and Hydration

• Planning healthy menus that balance and/or control the amount of simple sugars, sodium, fibre and fats in the diet so that fewer interventions are required to help maintain good health and control disease process
• Planning therapeutic menus that follow the regular menu as closely as possible and are liberalized based on the RD’s professional judgment to maximize intake and quality of life
• Individualizing interventions planned by the RD, in consultation with the Resident and based on individual needs and personal preferences e.g. kidney disease, liver failure, obesity

7. Best Practices for Bowel and Bladder Protocols

• Planning and providing menus to include adequate fluid and fibre. They may also include specific products to enhance fibre content, such as flax flour, pea flour, commercial or in-house high fibre products
• Using an interdisciplinary approach to planning bowel and bladder protocols so that food, fluid and fibre are the first means of intervention vs. medication
• Documenting by the Interdisciplinary Care Team, through monitoring of Residents’ food and fluid intake and bowel function, to help maintain and improve Residents’ bowel function
• Providing individualized interventions for bowel function, as planned by the RD, in consultation with the Resident and based on individual needs
8. Best Practices for Enteral Feeding

- Providing protocols, policies, procedures and tools for the effective implementation and management of the enteral feeding program
- Providing nutrition and hydration care for Residents receiving enteral feeding that is managed by the Interdisciplinary Care Team and overseen by the RD, with input/support from appropriate referring source or previous providers, when applicable
- Recommending specialized products and feeding protocols based on each Resident’s medical condition
- Writing the enteral feeding orders and routines (by the RD) specifying formula product name, total volume, method of delivery, rate of delivery, times of feeding, and volumes and times of required water flushes
- Monitoring signs and symptoms of intolerance, intake, weight and pertinent lab values to best determine optimal formula and rate of flow
- Initiating enteral feeding based on assessment by the RD of the Resident’s clinical condition, judgment of the Interdisciplinary Care Team members, Advance Directives and Resident’s /family’s wishes
- Ensuring that Residents being admitted to the Home on enteral feedings are assessed promptly upon admission
- Ensuring that systems are in place to provide advance notice of admission of Residents requiring enteral feeding so the Home is properly equipped and able to provide for the Residents’ needs
- Monitoring each Resident on every shift (by Interdisciplinary Care Team members) and evaluating their progress and condition, checking for symptoms of intolerance to the formula or administration method and for signs/symptoms of dehydration
- Periodic interdisciplinary assessment regarding transition back to oral feeds where appropriate
- Where transition to oral feeding is planned, the RD initiates and develops a comprehensive plan for transition, including specific guidance for all staff and clear monitoring protocols
G. Meal Service/Pleasurable Dining

All Residents are provided with a pleasurable and supportive dining environment for all meals, beverages and snacks so they consume and enjoy the majority of the foods and fluids they are offered and thereby receive quality nutrition care appropriate for their medical condition(s), personal needs, and quality of life.

Processes for meal service/pleasurable dining include, as a minimum, Best Practices for:

1. Providing a relaxed, supportive dining environment
2. Providing an organized meal service
3. Meeting Residents’ nutrition care needs at meal times
4. Providing food and beverage choices
5. Serving food and beverages at safe and palatable temperatures
6. Managing medications and treatments at mealtime
7. Offering supportive/restorative dining programs
8. Ensuring quality dining
9. Providing dining supervision

1. Best Practices for Providing a Relaxed, Supportive Dining Environment

- Providing Residents their meals in a physical environment that is comfortable and supports a positive dining experience
- Providing each dining room with adequate equipment to provide effective meal service, including adequate supply of dishware, glassware and cutlery, assistive eating/drinking devices (as needed), adjustable height dining room tables, comfortable dining room chairs and appropriate seating for Interdisciplinary Care Team members assisting Residents
- Ensuring dining rooms are clean, well lit, peaceful and cheerful with appropriately set tables and seasonal décor
- Providing tablecloths/placemats that are clean and used to enhance the Home-like atmosphere of dining rooms
- Serving meals in a planned, unhurried fashion that contributes to a positive dining experience
- Ensuring Residents are given sufficient time to consume meals at a safe and comfortable pace
2. Best Practices for Providing an Organized Meal Service

- Serving meals at approximately equal intervals during the day, with a full breakfast available until at least 0830 hours, for Residents who choose to sleep late, and the evening meal not offered before 1700, unless otherwise determined and based on the wishes and needs of the majority of Residents, as documented in the Residents’ Council or Food Committee minutes
- Recognizing the importance of mealtimes as a priority and therefore having all Interdisciplinary Care Team members available to assist during meals
- Minimizing noise and interruptions to ensure a pleasurable dining environment
- Providing appropriate dining supervision
- Providing Residents with encouragement and assistance as required to arrive in the dining room ready for an enjoyable dining experience, which may include:
  - Assisting Residents to the Dining Room according to their Plan of Care
  - e.g. independently, walking program, wheelchair, walker
  - Residents arriving in the dining room no more than 20 minutes in advance of dining service starting
  - Residents being properly groomed and dressed and wearing any sensory aids, i.e. hearing aids, glasses, dentures etc.
  - Providing appropriate support and assistance so the Resident is seated comfortably at the dining room table
  - Seating Residents with suitable tablemates
- Providing any required clothing protection (not referred to as “bib”) such as cloth napkins or aprons, as preferred by the Resident/Family and documented in the Nutrition Care Plan
- Encouraging dining room service for Residents; alternative types of service are accommodated under special circumstances and as documented in the Plan of Care
- Providing temporary tray and isolation tray service according to established Home policy and as documented in the Plan of Care. Ensuring the need is evaluated on an ongoing basis and that the Resident’s safety is maintained, with supervision and assistance provided as necessary

3. Best Practices for Meeting Residents’ Nutrition Care Needs at Meal Times

- Ensuring there is an organized system to provide nutrition care at meals as well as between meal snacks and beverage passes, according to each Resident’s needs which includes:
  - Creating an interdisciplinary dining binder or Resident roster (referred to here as binder/roster). This dining binder/roster contains information derived from the initial dietary profile, the Nutrition Care Plan, and all other care needs associated with eating/dining and nutrition care, as well as revised interventions and updated Resident information.
  - Training Interdisciplinary Care Team Members to verify pertinent information provided for each Resident prior to every meal service delivery, by referring to the binder/roster.
- Ensuring this resource is readily available to all staff at the point of food and beverage service and provides clear directions to staff providing care
- Assigning regular tables to team members so they become familiar with the Residents and their personal needs, including therapeutic diets, food textures, fluid consistencies and preferences in dining
- Providing point of service materials to support accurate meal service, including the seating plan, dining binder/roster and therapeutic menus
- Instructing staff on the importance to the Resident’s nutrition care and overall health of adherence to any therapeutic diet needs, including the use of portion control and correct serving equipment
- Training staff to recognize that receiving correct food items enhances the feeling of control and personal worth to a Resident, as well as their satisfaction with meals and, ultimately, their intake
- Ensuring that serving staff portion and garnish meals based on point of service information so they are visually appealing to the Residents
- Documenting for Residents who might be resting or away during the regular snacks or when beverages are offered so that the snacks and beverages can be provided at a time more suitable to their individual needs, in order to ensure optimal intake

4. Best Practices for Providing Food and Beverage Choices

- Providing all Residents a **choice of food and beverages** based on the posted and communicated menu and in a manner suitable to each Resident’s ability and/or limitations e.g. visual, verbal or written. Offering of choice includes:
  - Offering all the planned menu choices – including beverages, entrées, vegetables, desserts and their alternates for all regular, therapeutic and texture modified diets. Posting alternatives to planned menu choices, as necessary
  - Ensuring all menu items are prepared, provided and ready to be served at the same time for all diet types required for the Home’s Residents and served course by course
  - Offering beverages as Residents arrive for meals, with a team member providing appropriate beverages
  - Offering menu choices by various team members, table by table, so all Residents are offered all their choices
  - Rotating the order of the “table by table” service on a regular basis to allow all Residents the opportunity to be served first
  - Providing visual choice (e.g. “show plates”) generally as the most effective method, unless individual Resident’s binder/roster indicates an alternate method of choice; i.e. verbal, use of likes and dislikes, a family marked menu, etc.
- Displaying the menu choices in regular texture, but providing the meal to Residents requiring texture modified foods in the manner modified to meet their individual needs and explaining that the meal items will be provided in the texture that has been planned to best meet their needs
- Relaying Resident choices to the Dietary staff plating the meals by table number and by Resident name so Dietary staff can portion the meals based each Resident’s information in the dining binder/roster

5. Best Practices for Serving Food/Beverages at Safe and Palatable Temperatures

- Policies and Procedures are in place to ensure that food and beverages for meal times and snack and beverage service are provided at safe, comfortable and palatable temperatures. These policies and procedures cover topics such as:
  - Maintaining correct food temperatures. Hot foods are maintained at a minimum temperature of 60 degrees Celsius throughout Resident meal service, and cold foods at a maximum of 4 degrees Celsius throughout meal service
  - Calibration of thermometers and documentation
  - Providing appropriate equipment to transport and hold hot and cold food at safe temperatures both for meal service and snack service
  - Taking and recording temperatures of both hot and cold food and beverages at the point of service
  - Taking and documenting corrective action, if holding temperatures are found not to be at the correct level, prior to or during meal service, as the problem is identified
  - Ensuring plating and delivering meals to Residents requiring assistance with eating occurs when staff are present to provide assistance
  - Including information on what temperatures provide Resident safety, comfort and meal satisfaction and how this “comfortable” temperature is achieved as a part of staff orientation

6. Best Practices for Managing Medications and Treatments at Mealtime

- Practices for medications and treatments at mealtime recognize each Resident’s right to respect, dignity and privacy and that medication may also affect the taste and enjoyment of food
- Medications are not mixed in food or fluid that is served as part of the meal advised without prior documented approval from POA/SDM
- Whenever possible, medications are provided as Residents arrive and leave the dining room so the dining experience is not interrupted with medications; this also allows for more Nursing supervision and assistance during dining
- Medications are not given in the dining room during meal service unless indicated on the Resident’s Care Plan
• Any medications that are provided in the Dining Room are administered in a manner that ensures Residents can safely swallow and are not disruptive to the dining experience
  - Staff is seated to administer a medication that requires crushing or mixing with food so Resident is properly positioned to swallow.
  - A medication mixed in a sweet food (that is not one of the menu items or part of the actual meal, e.g. applesauce), is not provided when the Resident is eating the savoury portion of their meal.
• No treatments are administered in the dining room

7. Best Practices for Offering Supportive/Restorative Dining Programs

• Providing Residents with food and fluids at meal and snack times in an environment that supports and promotes their safety, comfort, independence and dignity in eating and drinking including:
  - Training the Interdisciplinary Care Team to watch for signs that a Resident’s needs are changing (recognizing that all Residents require some assistance from time to time), such as: eating less, tiring more readily
  - Checking and updating Residents’ Plan of Care and dining binders/rosters regularly to reflect Residents’ changing requirements for assistance and to ensure this assistance is provided - including cutting of meat, etc.
  - Assessing, providing and training all Residents to use any assistive devices that will support, maintain or restore their independence in eating
  - Seating Residents requiring support and assistance, when appropriate, at tables of four, with two Residents requiring complete assistance (not to be called “feeders”) together with two Residents requiring verbal cuing and some assistance. Ensuring staff are seated (never standing) between the two Residents requiring complete assistance
  - Providing appropriate seating at all meals and snacks, so Residents are properly positioned in an upright position and able to tuck their chins slightly down to facilitate safe swallowing and help prevent food from entering the airway. Any variations or adjustments needed to achieve this positioning need to be clearly indicated on the dining binder/roster and staff should be personally advised and trained in the variation
  - Instructing and ensuring staff use appropriate seating while assisting Residents, to ensure safe feeding techniques, maintain eye contact, inform Residents of the food they are about to eat and involve the Resident in communication
  - Providing Restorative Care, as applicable, and training other Interdisciplinary Care Team members who are also available to monitor dining and assess which Residents would benefit from additional support
8. Best Practices for Ensuring Quality Dining

- Meals are provided in a relaxed, skilled and unhurried manner, generally over 45 minutes to 1 hour, to promote Residents’ enjoyment, safety, comfort, independence and dignity in eating and drinking. This allows Residents to socialize and eat at a pace that provides time to eat slowly and chew carefully to maintain their independence whenever possible.

Quality Dining protocols may include:
- Training all Interdisciplinary team members in appropriate food handling techniques
- Training serving staff in appropriate meal service techniques
- Providing table by table service
- Providing Residents time to complete one course before the next is offered, removing dirty dishes before providing the next course
- Offering second helpings, unless contraindicated in the Nutrition Care Plan
- Using a team approach to provide meals and assistance ensuring continuous flow of meal courses so that Residents experience a well paced meal service
- Monitoring food and fluid intake during meals by all team members so this information is noted and communicated to those recording the intakes
- Circulating with hot beverages and desserts after the main course has been served
- Final clearing and cleaning of tables should not be completed, nor tabletops washed, until all Residents have finished eating, had their hands and faces washed if needed, and have left the dining areas.

9. Best Practices for Providing Dining Supervision

- Monitoring and Supervision is provided during dining, including meals, snacks and other food-related activities, to promote Residents’ safety, comfort, independence and dignity in eating and drinking, to monitor Residents’ overall response to the meal service/pleasurable dining program and to monitor each Resident’s nutritional well-being.

This includes:
- Providing monitoring/supervision of Residents by a member of the Interdisciplinary Care Team
- Ensuring regular presence of management/administrative staff, in dining rooms during mealtimes to provide support to staff, interact with Residents, and show support for the pleasurable dining program
- Ensuring that one Interdisciplinary Care Team member, trained to handle risks such as choking, illness and other response protocols, is assigned to be present at all times while Residents remain in the dining room
- Ensuring the Nutrition Manager, Registered Dietitian and Registered Nursing staff, as well as other Dietary and Nursing Team members, have responsibility for the monitoring and management of the quality of the dining program and its benefits and risks
- Completing meal time audits on a regular basis to ensure the dining program provides a safe and pleasurable dining experience.
H. Conclusion

**Best Practices:**

- Ensure all guidelines, protocols, policies, processes, and interventions are based on best available evidence and on promoting and supporting Residents’ health, safety, comfort, rights and quality of life as well as their autonomy and involvement in decision making regarding their care and services.
- Promote Interprofessional Collaboration and an Interdisciplinary Care Team to provide the maximum benefit of the Nutrition, Food Service and Dining Program for the Resident.
- Use audits, surveys and data to improve the quality of the Nutrition, Food Service and Dining Program.
- Standardize processes that work well and use the information obtained from audits, surveys and Team input to improve processes that are not effective.
- Modify protocols, policies, processes and tools based on information collected and documented by the Team.
- Use the results of basic research and studies performed by the Team and peers to improve and modify current practices.
- Continually strive to improve the quality of care and services, maximize the effective use of resources and reduce the potential of risk to Residents, Team and Home.
- Provide appropriate orientation and ongoing education so the whole Team understands and promotes the entire Nutrition, Food Service and Dining Program effectively.

**COMMENTS/QUESTIONS/CONCERNS:**

We welcome your feedback about this document. Please let us know if you have found it helpful and feel free to send us any specific comments, questions or concerns you may have about the content.

Please contact the current Chair of the Ontario LTC Action Group (see Dietitians of Canada website, [www.dietitians.ca](http://www.dietitians.ca)).