

Nutrition and Hydration Program

Policy, Procedures and Training Package

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ABOUT THIS DOCUMENT

The development and implementation of a policy and procedures for nutrition and hydration is a requirement of Regulation 79 of the *Long-Term Care Homes Act, 2007* (LTCHA). This document contains a sample policy, procedures and staff training materials that meet the minimum requirements of the LTCHA and regulation.

This package is intended to be used as a resource for OANHSS member homes to modify and customize, as appropriate. This material can also be used by homes to review their current policies and procedures and compare content. Please note: The project team have compiled these materials during the fall of 2010, and as a result, the information is based on the guidance available at this time. Members will need to regularly review the Ministry of Health and Long-Term Care (MOHLTC) Quality Inspection Program Mandatory and Triggered Protocols to ensure that internal policies and procedures align to these compliance expectations.

Acknowledgements

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NUTRITION AND HYDRATION

Purpose

The Nutrition and Hydration Program is aimed at improving, preventing deterioration or maintaining a resident's functional and wellness level and quality of life through an interdisciplinary approach to meal preparation and service. The nutrition and hydration program is integrated into the home's programs and the resident's individual plan of care and supports an enjoyable dining experience.

Goals

- To ensure residents' daily nutrition and hydration needs are met consistently.
- To plan and deliver nutritious meals and snacks and ensure sufficient fluids are provided.
- To identify, mitigate and manage risks related to nutrition and hydration and dietary services.
- To monitor, residents' weights, food and fluid intake and skin integrity.
- To ensure best practices related to dining service, menu planning and food production.

Policy

The home shall ensure, through a restorative approach, that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied by dietary services (LTCHA s. 11).

Preamble

The program consists of resident focused nutrition care, dietary services and hydration.

Many factors contribute to meeting the program's goals including qualified and trained staff who can contribute to a positive dining experience for all residents. Meal planning for individual residents is carried out within the care planning process and involves collaborative input from the interdisciplinary team.

Delivering a comprehensive nutrition and hydration program includes consulting with a registered dietitian who is a staff member of the home, and policies and procedures relating to nutrition care, dietary services and hydration. The program identifies risks and incorporates the implementation of strategies to mitigate those risks. Dietary services include menu choices, snacks and ensuring availability of various nourishing food and drinks.

Definitions

Malnutrition

Malnutrition is complex and may be difficult to diagnose in elderly people. The following risk factors may lead to the condition: decreased cognition, difficulty feeding oneself, dentition issues, dysphagia issues, decreased physical ability/weakness, skin breakdown, constipation, and medical conditions which may contribute such as diabetes, renal disease, abnormal diagnostic results and rapid weight loss.

Dehydration

Dehydration *is* the loss of water and salts essential for normal body function and is caused by not drinking or taking in enough fluids. Risk factors are similar to malnutrition and can impact on physical and cognitive well being.

Obstipation

Obstipation is intractable constipation. It is a condition of extreme and persistent constipation causing obstruction in the intestinal tract.

Restorative Care

Restorative care requires an organized interdisciplinary team approach, supported with a restorative care philosophy, promoting and maximizing resident independence.

Procedures

The Administration and Leadership Team

The Administration and Leadership Team have overarching responsibilities to develop, implement, evaluate and revise as necessary the organization wide systems and clinical aspects of the nutrition and hydration program.

Organization Wide Interrelated Actions to Support Dietary Services

- Develop policies and procedures.
- Ensure that processes are in place to hire qualified staff as defined by the LTCHA Regulation 79:
 - Dietitian (see section 74 of LTCHA Regulation 79).
 - Nutritional Manager (section 75).
 - Food Service Workers (section 78).
 - Cook (section 76).

- Put in place schedules and resources to train staff prior to performing duties and on an ongoing and as needed basis.
- Establish a schedule to reflect the minimum staffing requirements for Dietitian, Nutritional Manager and Food Service Workers in accordance with sections 74, 75, 77 of the LTCHA Regulation 79.
- Promote consultation, communication and educational opportunities between the team and the resident/SDM that respects resident's rights, safety, autonomy and decision making.
- Implement monitoring and evaluation processes to identify risks and develop interventions to mitigate those risks through an integrated quality/risk management program.
- Monitor the dietary services, nutrition and hydration services regularly and evaluate the program at least annually.
- Implement a process for identifying and securing equipment and resources needed for food storage, menu planning, food production, dining room and snack service.
- Ensure that safe routines and practices are in place to provide the residents with food and fluids that are safe, adequate in quantity, nutritious and varied.
- Implement rules relating to the labelling and storage of hazardous substances safely so they are not accessible to the residents.
- Develop routines and schedules to provide environmental services and preventative maintenance to clean and sanitize all areas and equipment and maintain same in good working order.
- Adhere to Infection Control, Workplace Hazardous Materials Information System (WHMIS) and Occupation Health guidelines and that there is regular monitoring of same.
- Put a process in place for residents and others to raise concerns and suggestions and for staff to follow-up.
- Ensure that records are retained and maintained:
 - Records of food or beverages prepared in the long term care home for persons who are not residents are maintained for seven years.
 - Records relating to the purchasing of residents' food for the production system, approved menu cycle and menu substitutions are retained for at least one year.
 - Resident records are retained for ten years after the resident is discharged and maintained on site during the resident's stay and for one year after discharge.

- Staff records are retained for at least seven years after the staff member ceases to work in the home and on site for at least one year after employment ceases.

Responsibilities Relating to Dining Room and Snack Services

- Develop and implement routines and guidelines to provide the right food and fluids to the right resident at the right time, at the right temperature and with the right approach and assistance.
- Implement an interdisciplinary approach to meal services and educate staff of their responsibilities including maintaining an engaging and pleasant approach.
- Ensure all staff are aware of any visual or hearing impairments and or language barriers when offering menu choices and providing meal time set up.

Dietitian

Responsibilities Relating to the Effective Operations of the Dietary Service

- Carry out clinical and nutrition care duties.
- Consult on the development and implementation of policies and procedures on nutrition care, dietary services and hydration.

Responsibilities Relating to Direct Resident Care

- Assess all new residents and work collaboratively with the interdisciplinary team to develop a plan of care and complete RAI-MDS 2.0 section K.
- Note height, weight, nutritional and hydration status and any related risks.
- Assign a nutritional level of risk to all residents upon admission and whenever there is a significant change in condition or the plan of care is ineffective.
- Ensure that all care plans of high risk residents are current by monitoring, evaluating, reassessing and completing RAI-MDS 2.0 section K.
- Complete RAI-MDS 2.0 section 12 (nutritional risk) and section 13 (tube feeding) when applicable.
- Write resident's diet orders including resident's diet, texture modification, fluid consistencies and nutritional supplements.
- Assess/reassess the resident's nutritional status when there are skin integrity issues.
- Review nutritional status of resident's with significant unplanned weight changes as defined by:
 - 5% of body weight or more in 1 month period.

- 7.5% of body weight or more in 3 month period.
- 10% of body weight or more over a 6 month period.

Responsibilities Relating to Menu Development and Approval

- Approve resident menus as developed by nutrition manager to ensure that they meet the residents' nutritional and hydration intake requirements. Approve updated menus at least annually (section 71(e) of LTCHA Regulation 79).
- Consult with nutrition manager on therapeutic and texture modified menus.
- Communicate with resident and family and attend care conferencing meetings according to residents assessed needs.

The Nutrition Manager

A. Menu and Food Production

Responsibilities for Menu Development and Food Production

- Develop menus that meet the nutritional and hydration intake required by the residents and seek dietitian review and approval of menus (section 71(e) of LTCHA Regulation 79).
- Consult with and receive approval from the Residents' Council when developing the menu and dining room service.
- Maintain at least a 24 hour supply of perishable food and a 3 day supply of non-perishable food and enteral feeding.
- Ensure that the menu cycle is at least 21 days in length.
- Review and update the menu at least annually with dietitian approval (see section 71(e) of LTCHA Regulation 79).
- Prepare standardized recipes and production sheets for all menus.
- Post menus and ensure that substitutions are documented in the production and posted menus.
- Maintain records of menus, production sheets and purchases.
- Develop work routines and staffing schedules to ensure that breakfast is available up to at least 0830 and the evening meal is not served before 1700.

Responsibilities for Menu and Food Production to Ensure that Resident Dietary Needs are Met

- Include regular, therapeutic, and texture modified diets in the menu.

- Plan individual menus for residents whose needs cannot be met through the menu.
- Include alternative choices for entrees, vegetables and dessert at lunch and dinner and alternative beverage choices at meals and snacks.
- Complete resident's assessments to offer safe meals to the resident (e.g. diet type, texture, allergies, feeding ability, dining room location).
- Monitor and evaluate residents designated as moderate or low nutritional risk on a quarterly, annual basis and when the plan of care is not effective or not needed.
- Complete quarterly RAI-MDS 2.0 section K for those residents at low and moderate risk.
- Communicate with resident and family and attend care conferencing meetings according to residents assessed needs.
- Record resident's weight and height on admission; check height yearly and weight at least monthly.
- Monitor the resident's weight for significant changes; implement and document measures and refer residents to dietitian for further assessment as needed.

B. Dining room and Snack Service

Responsibilities for the Efficient Operating of the Dining Room and Snack Service

- Support a congregate dining room experience for all residents, unless a resident's needs indicate otherwise.
- Post the menu for seven days and clearly communicate the daily menu to the residents.
- Develop communication, documented systems and routines to ensure that the prescribed diets are served course by course to each resident.
- Develop routines and approaches to offer residents choice in beverages, meals and snacks.
- Purchase/obtain necessary assistive devices for residents such as place mats, sippy cups and document on plan of care.
- Develop a seating plan and dining room service rotations to allow for pleasurable dining.
- Maintain communication systems to share resident information with all dietary staff preparing and serving the meals.
- Complete ongoing monitoring of the dining room service.
- Follow up on concerns raised by the resident, SDM or Residents` Council.

Responsibilities to Ensure that the Residents Enjoy the Dining Room and Snack Service

- Ensure that the food temperature reaches the correct temperature prior to serving.
- Develop guidelines for staff to serve residents in a way that reflects their needs, diet order, fluid requirements, preferences and rights.
- Monitor the preparation of snacks based on prescribed diet and resident's preferences.
- Provide food and beverages that are appropriate for the resident and make available 24/7.
- Document food allergies and communicate to staff.
- Ensure that staff encourage and guide the resident to participate in restorative activities based on the assessed resident's ability and or level of assistance required.
- Monitor the recording of diet and fluid intake where risks are identified; evaluate data and address issues in an interdisciplinary team approach.

Staff Assisting in Dining Room Support

Resident's Participation and Enjoyment in the Meal Service

- Promote an engaging, pleasant atmosphere and reduce disruptive situations.
- Complete hand washing/hygiene on entering the dining area and frequently throughout the meal service. Wash hands between service to each resident.
- Position the resident comfortably and safely for eating and drinking.
- Check that the resident's dentures are in place, if worn.
- Check that the resident is comfortable, e.g. toileted prior to going to dining room.
- Follow the routine schedule, policies and procedures and arrive on time to help in the dining room.
- Maintain awareness of the resident's nutritional and hydration needs and have access to the dietary plan of care.
- Offer the resident a choice of menus including beverages.
- Give correct meal to the resident, e.g. staff plating the meal checks the resident's diet and preferences and staff delivering the plate checks that the correct plate is delivered to the correct resident.

- Allow the resident to eat and drink at his/her own pace.
- Do not serve the meal to a resident until a caregiver is ready to assist the resident where assistance is needed.
- Sit and maintain eye contact with a resident/s when feeding and feed with a teaspoon.
- Encourage the resident to participate at his/her level of ability and desire.
- Ensure that any necessary assistive devices are available for resident use.
- Refrain from personal conversations or use of personal phones or text messaging while in a resident's area.
- Check that the resident's face and hands and wheelchair as appropriate are clean before the resident leaves the dining area.
- Record or report the resident's diet and fluid intake as directed.
- Report any swallowing, behavioural or changes in diet or fluid intake.
- Monitor for tolerance to current diet texture and fluid consistency, reporting any concerns and making adjustments for safe food and fluid intake.
- Provide mouth care following the meal.

Staff Assisting in Snack Service Support

Resident's Participation and Enjoyment in the Snack Service

- Serve the snack and beverages at the assigned time.
- Offer the snack in an engaging manner.
- Check that the resident is comfortable and positioned in a safe manner.
- Maintain awareness of the resident's nutritional plan of care and offer the resident choice.
- Allow the resident to enjoy the beverage or snack at his/her pace.
- Offer appropriate assistance and encouragement as needed.
- Record and or report the resident's intake as directed.

Physician

- Monitor the resident's health status.

- Consult with the dietitian relating to appropriate diet and skin integrity.
- May sign off on the diet ordered by the dietitian and or order diet appropriate to the resident's medical condition.
- Consult with pharmacist regarding pharmacological strategies to enhance eating where appropriate.
- Request referrals as appropriate to speech language pathologist.

Registered Nurses and Registered Practical Nurses

- Work collaboratively within the nutrition and hydration programs to identify and mitigate nutrition, dietary service and hydration risks.
- Ensure that medication provision, treatments and diagnostic services are not completed during meal times.
- Direct the front line staff emphasising the need to follow policies and procedures so that resident dietary needs are offered in a safe manner.
- Monitor dining room and snack activities ensuring proper feeding techniques are being used.
- Collaborate with the interdisciplinary team in the assessment processes on admission, every 6 months, and if the resident's plan of care becomes ineffective.
- Use a collaborative approach to developing and implementing the plan of care including giving clear directions for direct care staff.
- Carry out plan of care strategies consistently and review every 6 months at a minimum.
- Complete documentation in health records, RAI-MDS 2.0, the plan of care, progress and reassessment.
- Follow up on identified risks and situations and evaluate the outcome.
- Report a resident's skin integrity issues to the dietitian and interdisciplinary care team members.
- Encourage fluids when medication is being administered and at other times during the day.
- Encourage the resident/SDM to share customary routines and preferences with the interdisciplinary team.
- Complete the MDS Hot Weather Assessment Risk Tool when required.
- Complete and submit dietitian referral request as required.

Physiotherapist or Occupational Therapist

- Carry out assessments taking into consideration resident's functional level at mealtimes.
- Work with the interdisciplinary team, the resident/SDM on seating and mobility comfort.
- Develop and implement therapeutic interventions to support comfort while participating in nutrition and hydration activities.
- Encourage resident's independence within ability.
- Advise on assistive devices.
- Educate the interdisciplinary team, the resident/SDM on approaches that support resident independence, safety, comfort and participation in the nutrition and hydration activities.

Interdisciplinary Team

Approach to Resident Assessment

Interdisciplinary team assessments are completed on admission, quarterly, annually, and also when the resident needs change, or the plan of care is no longer necessary and is not effective.

- Admission assessment offers baseline data to allow for safe eating and meals to be served to the resident (e.g. diet type and texture, allergies, feeding ability, dining room location). Diet orders are then written and include food texture, fluid consistencies and food restrictions.
- Initial plan of care assessments are completed within 14 days of admission and the initial plan of care is in place within 21 days of admission. Comprehensive assessments include: information gathered from the diet profile, food preferences, current height and weight, food and fluid reports, relevant medical, lab and medication history, cognition, skin integrity, bowel routine, feeding ability, feeding devices/aides/route, assistive devices, amount and type of assistance required, chewing ability/dentition, swallowing, dining room location and suitable table mate.
- Ongoing assessments are completed at intervals: quarterly and annually for RAI-MDS 2.0, when the resident care needs change, when the care plan is no longer necessary or is not effective.

Interdisciplinary Approach to Developing and Implementing a Plan of Care for Nutrition and Hydration for a Resident

- Complete the plan of care based on the assessments, resident/SDM input and risk level identified.

- Complete the plan of care to maintain, restore, optimize the nutrition health and hydration of each individual resident.
- Include in the plan of care identified issues, preference, customary routines, interventions and expected resident outcomes.
- Share the plan of care with the resident/SDM.
- Ensure that all staff are aware of the plan of care and have access to it.

Registered Nursing Staff and Dietitian

Interdisciplinary Approach to Monitoring and Evaluation

Individual Resident

- Monitor according to the care plan.
- Monitor any risk issues such as weight loss or gain, dysphagia, increase or decrease in intake. Make relevant referral to occupational therapist, speech and language pathologist and dietitian as necessary.
- Continually monitor emotional, cognitive, physical responses at mealtime.
- Evaluate to determine if resident's nutrition and hydration goals are achieved; if the strategies are effective. Are changes to the care plan required?

The Nutrition and Hydration Policies and Program

- Monitor the dietary services, nutrition and hydration services regularly and evaluate the program at least annually. This would include, but not be limited to auditing and evaluation of the many sections of the dietary services, and elements of the nutrition and hydration program as outlined in the policies of the homes Quality/Risk Management Program.
- Complete nutrition and hydration assessments quarterly, annually and when plan of care is not effective.
- Review resident care plans to address changes in nutrition and hydration program as required.
- Utilize data from the RAI-MDS 2.0; analyse indicators independently or collectively.
- Participate in benchmarking and trending of resident care plan outcomes, specifically in relation to nutrition and hydration practices.
- Complete analysis of data and document findings.

- Develop and implement changes and improvements in the nutritional and hydration program, based on analysis of data.

Interdisciplinary Approach to Documentation for Nutrition and Hydration Programs

- Monitor weight of all residents monthly and residents at risk more frequently.
- Monitor height and BMI monitoring annually.
- Monitor mealtime, snack food and fluid intake for residents identified to be at risk.
- Identify residents requiring more in-depth assessments or re-assessments.

Dietary Service Documentation

- For records requirements see pages 8 and 9 of this document.

Procedures for Nutrition and Hydration Management in Individual Resident Situations

“Sick Day” or “Hiatus Day”

Refers to a period up to 48 hours where a resident is unable to participate in his/her normal nutritional/dietary plan of care and where there is no major change/s in the resident's medical condition.

Interdisciplinary care team:

- Assess the resident's condition and share the information with the team.
- Encourage the resident to drink up to minimum of 1500 mls of free fluids and or diet/fluids as ordered.
- Offer mouth care and comfort.
- Monitor output and report fever, vomiting, diarrhoea.
- Assess for delirium and monitor changes in behaviour.
- Maintain contact with resident/family.
- Complete documentation and reassess as appropriate.

Palliative Care / End of Life

Resident at the end of life will receive end-of-life care in a manner that meets their needs.

Interdisciplinary care team:

- Discuss nutrition and hydration with the resident/SDM and suggest palliative care articles to read that offer insight into the resident's decreasing ability or lack of desire to eat and drink.
- Discuss the resident's wishes with the resident/SDM and receive consent for care approaches.
- Access an ethics consult as appropriate to support resident/SDM decision making.
- Follow the physician's order to address palliative care approaches.
- Develop a plan of care including the nutritional/hydration approaches during end-of-life care.
- Offer fluids and diet as tolerated and as desired by the resident.
- Provide mouth care frequently.

Enteral Feeding

Enteral feeding can be offered to the resident/SDM for mainly reversible, time limited medical situations. The nutritional and hydration principles for enteral feeding are reflected in the body of this policy and procedure:

- Assessment and risk level identification.
- Reassessment and re-evaluation, generally monthly.
- Consideration for assessment of swallowing by speech language pathologist.
- Consideration to return to oral feeding if resident's condition allows.
- General principles of promoting restorative/maintenance/comfort approaches and care at the end of life.

There are specific care implications for the nutritional and hydration team when caring for a resident receiving nutrients and fluid by means of enteral feeding. Team members to ensure that they:

- Offer frequent mouth care on all shifts.

- Maintain the head of the bed elevated during feeding and for a specific time after the feeding has finished as documented in the plan of care.
- Ensure that the enteral feeding tube and medication administration port remains patent and in position and report any concerns.
- Assess for side effects, which may include aspiration, nausea, pain, diarrhoea and skin excoriation, abdominal bloating, metabolic or mechanical problems such as blocked tubing.

Hypodermoclysis

Hypodermoclysis is the administration of isotonic fluids via a subcutaneous infusion for mild rehydration or the prevention of dehydration. Requires a physician's or Nurse Practitioner's order for less than 3 litres in a 24 hour period.

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APPENDIX A: NUTRITION AND HYDRATION PROGRAM: REVIEW OF SYSTEM AND CLINICAL REQUIREMENTS

For Appendix A: Nutrition and Hydration Program: Review of System and Clinical Requirements, see attached presentation (Microsoft PowerPoint file) included in this package.

APPENDIX B: NUTRITION AND HYDRATION TRAINING PRESENTATION FOR FRONT-LINE STAFF

For Appendix B: Nutrition and Hydration Training Presentation for Front-line Staff, see attached presentation (Microsoft PowerPoint file) included in this package.

APPENDIX C: DIETARY SERVICES TRAINING PRESENTATION

For Appendix C: Dietary Services Training Presentation, see attached presentation (Microsoft PowerPoint file) included in this package.