NUTRITION, FOOD SERVICE & DINING IN LTC

The best practices within this document are recommendations to support regulatory compliance to Ontario LTC legislation, promote optimal nutrition and hydration care and support person centered care. It is important to note, however, that residents' rights and preferences are paramount and should be respected regardless of legislation or best practice. The best practice document is based on resources and expertise from industry professionals and where applicable, are evidence-based. This is a living document that will transition with the evolution of the industry over time.

SUBJECT: DYSPHAGIA ASSESSMENT & MANAGEMENT	**Revised: 2023-11-30**
ONTARIO REGULATION 246/22 made under the FIXING LONG-TERM CARE ACT, 2021	
Nutrition Care and Hydration Programs	

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1. Purpose & Scope

- Eating and swallowing are complex behaviours involving more than 30 nerves and muscles interacting together in precision. Stroke, dementia, Parkinson's disease, and other conditions/illnesses/medication can cause decreased swallowing function.

- The registered dietitian (RD) will have gained knowledge and skill to competently perform an assessment on residents' chewing and swallowing ability for solids and liquids. This includes identifying, analyzing,

and evaluating potential risks related to feeding and swallowing, as well as proper body positioning, and the risk of malnutrition. Scope of practice for RDs may vary by province.

- Assessment, planning, monitoring and follow-up are best managed with the interdisciplinary care team working together for the benefit of the resident. A team approach is optimal.
- Family/ power of attorney for personal care (POA)/ substitute decision makers (SDMs) should be included in the assessment as deemed appropriate, to maintain and optimize nutrition, hydration, safety, and, ultimately, quality of life for the resident.
- The RD participates as a member of the interdisciplinary care team, which conducts swallowing assessments, reviews all recommendations for texture modification, thickened liquids or enteral feeding and is responsible for approval of such recommendations.
- All aspects of assessment, planning, monitoring and follow up are documented in the resident's health record.

2. Key Concepts

- RD conducts the swallowing assessment as well as a nutrition/hydration assessment to address all food, liquid and nutrition concerns.
- Swallowing assessments are completed in the resident's normal meal location and in the resident's usual body position for eating and drinking to determine dysphagia risk and how best to manage swallowing challenges. As a resident's condition changes, their positioning ability/tolerance and/or location for eating may change.
- The assessment may include trials of different food texture and liquid consistency modifications.
- RD consults, communicates, and collaborates with the interdisciplinary care team for appropriate provisions for eating and positioning of residents for safe swallowing.
- RD may contact speech language pathologist (SLP) or RD at hospital upon readmission/admission if more information is needed.
- A referral may be sent to request a swallowing assessment be completed by SLP depending on the nature of the swallowing disorder and the perceived risk.

- Outpatient testing may include video fluoroscopy or fibre-optic endoscopic evaluation. The interdisciplinary team should evaluate the need, along with goals of care, prior to referring for additional testing due to the disruption of having to be transferred out of the home.

3. Practice Recommendations

a. RD Role

- The RD in collaboration with Registered Staff, conducts a table or bedside swallowing assessment considering all factors affecting dysphagia management:
    - environment
    - physical limitations
    - diagnosis
    - signs and symptoms of dysphagia
- The RD or designate recommends the appropriate interventions which may include texture adjustments, to assist with managing dysphagia symptoms and reducing risk of choking/aspiration.
- The International Dysphagia Diet Standardization Initiative (IDDSI) framework is recognized as best practice for texture management for dysphagia. See resource section for more information on IDDSI.
- Interdisciplinary care team creates a safe feeding plan that works for the resident.

b. Strategies

- Assistive feeding devices
- Positional recommendations
- Texture modification
- Thickened liquids
- Feeding strategies
- Supports needs (verbal cueing, physical supports, etc.)

c. Emergency Situation

- If a risk is identified, registered nurses can downgrade food and liquid textures temporarily until RD reassesses. Referral to RD is required for assessment.

d. Education and Training

- Education should be provided to the resident/family/POA/SDM so that an informed decision can be made outlining the risks associated if texture modification is refused. Residents may choose to consider their quality of life (QOL). Refer to Best Practices – Consent to Treatment for more information.
- Ensure education is provided to all necessary staff to recognize signs of dysphagia and how to appropriately report and document concerns.
- Staff and volunteers are trained to safely assist residents whenever eating and drinking, and how to monitor residents' feeding, chewing and swallowing abilities. Family can be provided support and/or education for feeding if needed.
- Negative perceptions and opinions toward texture modified foods can lead to poor intake by residents. All staff should taste-test texture modified foods and liquids so that negative perceptions can be changed.

4. Home Specific Policies, Roles & Responsibilities

- Standardized recipes and menus are in place, providing information on how to modify textures appropriately. Research, plan and implement IDDSI best practice guidelines for texture modification whenever possible.
- Policies exist for all the above aspects of dysphagia care and menu planning and include IDDSI terminology once implemented.
- Purchased and/or prepared texture modified foods and thickened liquid consistency are appropriate for residents' needs.
- Broth, gravy or sauces for flavour are used instead of water for in-house pureed foods. Taste testing occurs to monitor flavour.
- Encourage food-based thickeners such as instant mashed potatoes, cracker or breadcrumbs, and lentils etc.).
- Staff is aware of the resident's current diet, texture and liquid consistency order, along with the residents' individualized nutrition and hydration plan of care, feeding strategies and preferences.

- Utilize these Best Practices to guide your home specific policies, roles and responsibilities. Home specific policies take precedence over this document.

5. Resources & tools

- College of Dietitians of Ontario. https://www.collegeofdietitians.org/search.aspx?searchtext=dysphagia&searchmode=anyword
- Dietitians of Canada. (2015). Defining the Role of the Dietitian in Dysphagia Assessment and Management. A statement of Dietitians of Canada. https://www.dietitians.ca/DietitiansOfCanada/media/Documents/Resources/Dysphagia-Role-Paper-2015.pdf
- Dietitians of Canada - Practice Based Evidence in Nutrition (PEN) https://www.pennutrition.com/index.aspx
- International Dysphagia Diet Standardization Initiative. (IDDSI) https://iddsi.org/framework
- Szpiech, D. (2014). Mealtime feeding assistance resource. A resource for volunteers, families, and healthcare professionals. Bridgepoint Active Healthcare. file:///Users/admin/Downloads/Mealtime%20Assistance%20Program%20Handbook%20-1.pdf

6. Evidence & references