

SUPPORT DOCUMENT – REGISTERED DIETITIANS TO ADVOCATE AT HOME LEVEL FOR MORE MINUTES TO SUPPORT RESIDENTS' INCREASING NEEDS IN LONG TERM CARE IN ONTARIO



The Ontario Seniors Nutrition & Advocacy Committee (OSNAC) and the Food & Nutrition Advisory Team (FNAT) are voluntary groups of Nutrition Managers and Registered Dietitians advocating for improved Nutrition Care for all seniors living in Long Term Care (LTC). As a larger group, we have over 25 years of experience in the LTC sector and represent all levels of care including corporate leadership to front line support staff, not for profit and for profit. Our support and advocacy efforts extend to all roles including Dietitians, Nutrition Managers, Cooks and Food Service Workers (FSW).

OSNAC and FNAT want to help empower our Registered Dietitians working in LTC across Ontario to advocate for more time at the home level to support residents. With the recent announcement of increased MLTC funding for allied health team members, we want to support all RDs working in LTC homes to advocate for a portion of these funds. The allocation of this funding is up to each individual LTC home or chain. Some RDs have already been successful to receive additional minutes per resident per month.

Please review the summary below of the recent announcement from the MLTC and the supporting documents (Minister of LTC letter and the policy on how funds can be allotted). Our OSNAC team has also put together some key points on the need for and use of additional RD time. We hope this information can provide the background and information to support you in meeting with your home management team to discuss this additional allied health funding.

Please reach out with any questions and keep us up to date if you are provided additional time.

Thank you for everything you do to support our staff and residents every day. Good luck on your advocacy efforts.

Sincerely

The OSNAC and FNAT Teams

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NEWS RELEASE: February 21, 2024 – Fiscal Year Three (2023-24) LTC Staffing Increase Funding Update

Effective March 1, 2024, eligible long-term care (LTC) home licensees will receive an adjustment to the funding provided for staffing investments aimed at direct hours of care for residents.

On March 17, 2023, the Ministry of Long-Term Care (the Ministry) announced staffing investments of up to \$1.25 billion in 2023-24 to LTC home licensees to retain and hire direct care staff.

Up to \$20.3 million was held in reserve to provide funding for approved new beds that were anticipated to come online within the fiscal year. The Ministry committed to making funding adjustments for the fiscal 2023-24 period, where applicable. Based on these adjustments, effective March 1, 2024, LTC home licensees will receive a top up to their fixed monthly amount for the final month of the current fiscal year (March 2024).

Effective March 2024, LTC home licensees will receive an increased fixed monthly amount for the last month of fiscal year three (2023-24) as follows:

- RN, RPN, and PSW Staffing Supplement: \$1,316.18 per bed, per month.
- **AHP Staffing Supplement: \$158.82 per bed, per month.**

In order to be eligible for the use of AHP Staffing Supplement funding, direct care tasks and other related responsibilities shall be performed by staff with the following job titles:

- a. Physiotherapists
- b. Restorative Aides / Leads (Rehab / Therapy Aides) for supporting the Restorative Care Program
- c. Social Workers
- d. Social Service Workers
- e. Occupational Therapists
- f. Speech-Language Therapists
- g. Activity Directors / Activity Assistants and designated staff who provide assistance and support to participate in the Recreational and Social Programs
- h. Health Care Attendants / Aides
- i. Resident Support Aides / Resident Support Personnel 6
- j. Dietitians (Dietitian time in accordance with the Ministry’s current directives under the Program and Support Services (PSS) Level of-Care funding envelope and any additional increase may be expensed under the “AHP Staffing Supplement” as deemed appropriate by the LTC home)**
- k. Religious and Spiritual Practice related positions (e.g., Chaplains, Pastoral Care)
- l. Assistant Directors of Care / Nurse Managers
- m. Attending Nurse Practitioners
- n. Nurse Practitioners
- o. Clinical Managers
- p. Clinical Nurse Specialists / Nurse Clinicians
- q. Directors of Care
- r. Infection Control Leads
- s. Physician Assistants
- t. Other applicable PSS and Nursing and Personal Care (NPC) Level-of-Care funded roles / positions designated to help residents improve or maintain their ability to perform activities of daily living

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Advocacy Guidelines: Increasing Registered Dietitian (RD) Time and Value in Ontario LTC Homes

Food is a fundamental quality-of-life indicator for LTC residents, impacting their nutritional status, clinical outcomes, and overall well-being. Without sufficient food service staffing, efforts to improve resident care, including nursing initiatives, may be hampered, leading to negative outcomes. This could include poor skin integrity, delayed wound healing, weight loss, decreased quality of life and increased risk of choking, falls, malnutrition and dehydration. This creates further strain on our health care system with increased hospital admissions and increased workload for Nursing and Personal Support Workers (PSW).

Introduction: These guidelines aim to advocate for increased time and involvement of Registered Dietitians (RD) in Long-Term Care (LTC) sites across Ontario. The objective is to demonstrate the positive impact on resident health, the reduction of healthcare incidents, and the improvement of overall quality of life. Use these guidelines as a foundation when engaging with administrators to secure additional funding for RD services.

Clinical Work:

1. Allocate more time for assessing, documenting, and planning nutrition interventions to enhance resident health and functional abilities.
2. Provide additional time for managing complex care situations, including tube feedings, intravenous treatments, hypodermoclysis, renal dialysis, specialized wound care, and other interdisciplinary responsibilities.
3. Dedicate time to address complicated behavioral and psychological issues impacting malnutrition and dehydration, which also affect nursing staff time.
4. Ensure more follow-up time for timely responses to written referrals from the health team.

Administration Work:

1. Allocate time for menu development, addressing nutrition, variety, ethnic food preferences, and budget control, as the menu forms the foundation for nutrition care, food costs, and staff deployment.
2. Devote time to policy development related to menu planning, hydration programs, diabetes protocols, food handling, recipe development, etc.
3. Engage in committee roles such as wounds, quality improvement, medication management, professional development, pharmacy and therapeutics, among others.
4. Dedicate time to quality improvement activities, including setting goals, developing improvement strategies, designing and conducting audits, and collecting statistics.
5. Allocate time to roll out strategic projects in the foodservice department such as advanced foodservice technology, evaluate menu planning process, quality improvement projects.

Education Work:

1. Provide dietary staff training on food and fluid textures, proper serving techniques, and related topics.
2. Conduct PSW training on resident positioning at meals, safe feeding practices, diets, allergies, and other relevant areas., impacting residents’ health positively.
3. Offer mentoring to new professionals, including dietetic interns, university students, nutrition manager (NM) students, internationally-educated dietitians, and other health professional students.

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Resident Food and Fluid Intake Observation:

1. Observe residents eating, addressing the need for assistive devices, safe swallowing, individualized attention, assistance as needed, and legislation related to dining to identify potential problems early.
2. Monitor residents drinking to prevent dehydration-related issues.
3. Observe cognitive needs in the dining room, addressing responsive behaviors related to dementia.
4. Observe snack services for intake, risk of dehydration, needed assistance, body positioning, and more.

Communications:

1. Establish one-on-one contact with residents, Power of Attorney (POA) or Substitute Decision Maker (SDM), and families to gain consent, follow up, and address questions/concerns.
2. Attend resident care conferences, especially for residents at high nutrition and hydration risk.
3. Communicate with the Nutrition Manager (NM) regarding changes to updated nutrition care plans to avoid gaps in service.
4. Foster communication with nursing staff to evaluate residents’ responses to nutrition interventions and the feasibility of planned interventions.
5. Maintain communication with the interdisciplinary team, including physicians, speech-language pathologists, physiotherapists, occupational therapists, and pharmacists, to ensure alignment in the care plan components.

By implementing these guidelines, we aim to enhance the role of RDs in LTC homes, ultimately improving resident well-being and reducing healthcare incidents. Increased funding for RD services will lead to a more comprehensive and proactive approach to nutrition and hydration, positively impacting the overall quality of care in LTC settings.