



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: InterRAI- LTC-F Dietary	August 2025				
Table of Contents					
1. Purpose & Scope 2. Key Concepts 3. Practice Recommendations a. Timelines b. Coding c. Clinical Assessment Protocols (CAPs) d. Nutrition Care Assessment e. Care Planning 4. Home Specific Policies, Roles and Responsibilities 5. Resources/Tools 6. Additional Resources					
1. Purpose & Scope					
To ensure accurate, comprehensive, and timely completion of the InterRAI Long-Term Care Facility (LTC-F) assessment by dietary staff, supporting high-quality nutrition care planning and resident outcomes. The interRAI LTC-F suite of tools was created through extensive research, offering multiple improvements and recommended updates to the Resident Assessment Instrument Minimum Data Set (RAI MDS 2.0) which is set to be retired on April 1, 2026. The interRAI LTC-F assessment is part of a comprehensive set of assessments that use standardized language and consistent assessment items, promoting seamless continuity of care throughout the healthcare system. The assessment identifies risks and guides person centered care planning used all around the world. Some key differences between MDS and InterRAI LTC-F <table><tr><th>MDS (Minimum Data Set)</th><th>InterRAI LTC-F</th></tr><tr><td>Relias - Academic Intervention Services (AIS) new user and annual education</td><td>Relias - Academic Intervention Services (AIS) new user and annual education</td></tr></table>		MDS (Minimum Data Set)	InterRAI LTC-F	Relias - Academic Intervention Services (AIS) new user and annual education	Relias - Academic Intervention Services (AIS) new user and annual education
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7 day look back from the Assessment Reference Date (ARD)	3 day Look back from ARD unless otherwise specified (ie. weight loss in 30 days, 180 days).	
Quarterly submission to Canadian Institute for Health Information (CIHI)	Submission to Canadian Institute for Health Information (CIHI) as assessment is completed between Day 7-14	
RAPS (Resident Assessment Protocols)	CAPS (Clinical Assessment Protocols)	
2. Key Concepts		
This new assessment tool enhances continuity of care by emphasizing accurate and timely evaluations, as well as ongoing monitoring of residents' conditions in Long Term Care Communities.		
3. Practice Recommendations		
a. Timelines		
The standard observation period is now 3 days, unless otherwise stated in the manual. The ARD remains the date that coding can begin, which is also the last day of the observation period. The ARD has some flexibility for new admissions. The coding timeline for allied health will be established by your facility policies/practices. Once the ARD is set, CAPS must be completed within 7 days. The care plan must be completed within 7 days of the CAP completion date. The care plan completion must be done by day 14 from the ARD. Your RAI coordinator/team will establish all necessary timelines as the submission occurs immediately following assessment completion.		
b. Coding		
Coding related to Nutrition and Hydration Care is captured in the following sections: - G1j. Eating – How the person eats (independence, assistance needs, etc.) K. Oral and Nutrition Status – Nutritional Intake, weight changes, swallowing issues and dental status - N4. Total Number of Herbal/Nutritional Supplements –Any supplements or herbal products used. (See InterRAI Manual and CIHI Coding Reference Guide for details.)		





NUTRITION, FOOD SERVICE & DINING IN LTC

c. Clinical Assessment Protocols (CAPS)

3 Nutrition related CAPS include:

- Undernutrition
- Feeding Tube
- Dehydration

(See InterRAI Manual and CIHI Clinical Assessment Protocols Manual for details).

d. Nutrition Care Assessment

Within the CAP, the nutrition/hydration trigger(s) should be commented on and the Registered Dietitian (RD) or designate should indicate if the interventions are effective or if care plan changes are required. In order to ensure a comprehensive nutrition/hydration assessment is completed, separate documentation is recommended (ie. progress note or standard template).

e. Care Planning

CAPS help highlight the problems and/or potential problems based on the assessment triggers. The care plan should address the nutrition/hydration problem or possibility of the problem, which is identified in the CAP(s), as well as the resolution or interventions in place for risk reduction. Whenever possible, the residents' preferences and priorities should be considered first to build on strengths and address needs. Care plans are developed as a collaborative effort amongst the resident, Substitute Decision Maker (SDM) and care team. The nutrition/hydration care plan requires review, updating as necessary and sign off by the RD or designate, within the required time frame established by the RAI coordinator/team.

4. Home Specific Policies, Roles and Responsibilities

Many variations of the roles and responsibilities for completing the InterRAI LTC-F assessment amongst licensees and organizations are considered correct. These decisions may be based on resources and accessibility of allied health team members. Up to date and accurate documentation is key to allowing all assessment participants to review nutrition and hydration assessments and interventions in place.

The RD (nutrition manager or designate) have varying job routines, budgeted time and skill sets. Each organization may develop a system, or policies related to responsibilities of completing the InterRAI LTC-F. The process developed must align with the timelines set out by CIHI and meet the MLTC regulations.

5. Resources/Tools





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Canadian Institute for Health Information (CIHI) <https://secure.cihi.ca/cas/login>

Any professional involved in the InterRAI LTC-F can create free login from CIHI. A prompt will ask you to “Select for Affiliation” which can be the name of your organization.

You can submit questions to CIHI, view the CIHI Coding Reference Guide and more.

For assistance CIHI can be contacted at:

Please contact Central Client Services at 613-241-5543 or email help@cihi.ca

InterRAI Long-Term Care Facilities (LTCF) Assessment Form and User’s Manual, Electronic Canadian Edition, 9.1.4

This manual provides directions on coding criteria including the intent, definition, process and coding.

MLTC has provided access to a digital copy with a generic username and password.

<https://ebooks.interrai.org/home/login>

Please speak to your administrator at your facility for login information.

interRAI Clinical Assessment Protocols (CAPs) - for Use With interRAI’s Community and Long-Term Care Assessment Instruments

This manual provides information on CAP, triggers and guidelines.

6. Additional Resources

- CIHI Job Aid Document “interRAI LTC-F: What’s Different”. April 2024. Accessible at: <https://www.cihi.ca/sites/default/files/document/interrai-ltcf-whats-different-job-aid-en.pdf>
Manual - [what-different-in-irrs-manual-en.xlsx](#)
- CIHI interRAI Implementation Tool Kit. Accessible at: <https://www.cihi.ca/en/interrai-implementation-toolkit/resources-related-to-interrai-ltcf-interrai-hc-interrai-ca-and-irrs>
- CIHI Learning Center Course - 1406E-interRAI LTCF What's different: What Non-Regulated Staff and Allied Health Professionals Need to Know and/or 1348E-Transitioning to interRAI LTCF
[Assign Training: Learning Centre / Centre d'apprentissage](#)

