



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: LIBERALIZED DIETS	Revised: 2023-03-06
ONTARIO REGULATION 246/22 made under the FIXING LONG-TERM CARE ACT, 2021	
Nutritional Care and Hydration Programs	
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1. Purpose & Scope

- Dietary restrictions may be valuable during an acute disease, but research has shown that in the long run, the benefit to risk ratio of restrictive diets is unfavourable.
- Nutrition care is planned to maximize food and fluid intake and to enhance quality of life. A liberalized approach to diets removes restrictions that may limit residents' food choices. Diabetic diets, lower sodium diets, and other restrictive diets can potentially limit food choices and reduce resident food and fluid intake.





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2. Key Concepts

- In the long-term care (LTC) setting, it is generally accepted that the effects of malnutrition due to decreased food intake may be a greater risk to the resident than the benefits provided by the therapeutic diet.

3. Practice Recommendations

a. Individualizing Residents' Needs

- A regular diet is provided for residents for meals and snacks, unless individualized interventions are preferred, required, or requested.
- Residents with clearly identified acute or chronic pathologies may require individualized changes to the regular menu to maintain optimal health or support symptom management. A few examples include residents who are receiving dialysis, have congestive heart failure but are not cachectic, those with unstable diabetes, residents newly diagnosed with a condition managed by diet, acute anemia, lactose intolerance, or require a gluten-free diet. This is not an exhaustive list.
- A resident receiving dialysis may require some dietary restrictions for potassium or phosphorus. The registered dietitian (RD) would work collaboratively with the dialysis RD to determine and implement appropriate restrictions. However, as with any intervention, the resident/power of attorney (POA)/substitute decision maker (SDM) has the right to accept or refuse any recommended intervention. Refer to the Best Practice 2023 Consent.
- Residents' previous eating patterns and their wishes to follow or not follow a specific diet to manage a health condition must be respected. Person-centered care is promoted in LTC expecting it to lead to a better quality of life for all residents and later improved intake.
- Residents and/or their power of attorney (POA) / substitute decision maker (SDM) have the right to eliminate or minimize diet restrictions to provide optimal variety. This can lead to increased nutrient intake, and more pleasure from meals. These strategies may improve nutritional status, weight maintenance or weight gain and quality of life. Refer to the Best Practices – Consent to Treatment for more detail.
- Unwarranted diet restrictions in LTC can lead to skin breakdown, sarcopenia, falls, dehydration, malnutrition, and increased confusion. A wider variety of available foods is meant to help reduce these health concerns.





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b. Medications to Manage Medical Condition

- As part of the nutrition assessment, medications are reviewed with the physician or interdisciplinary care team to control health concerns and symptoms rather than limiting food and fluid intake. Some examples include lactase enzymes, diabetes and cholesterol lowering medications.

c. Resident / POA / SDM Education

- Education and discussion are provided on the liberalized diet approach with residents, SDM, POA, and staff regarding the residents' individualized nutrition assessments, monitoring, and care planning. This is essential to the residents' ongoing nutritional health and will focus on any areas of concern.
- Staff and families accustomed to dietary restrictions may benefit from discussion and education on the liberalized diet approach to understand the benefits.
- [Advanced care planning \(ACP\)](#) conversations with the residents and families is an important first step to determine and prepare for nutrition care decisions on liberalization of diet interventions.

d. Staff Involvement / Plan of Care

- All staff need to be fully aware of each resident's individualized interventions, documented in the plan of care. This will support accuracy in serving and is an important part of ensuring that residents receive the appropriate foods at meals and snacks specific to their individual needs.
- Liberalized approach to therapeutic diets may mean an increase in individualized interventions, which requires registered dietitian time, staff education and a system to monitor.

4. Home Specific Policies, Roles & Responsibilities

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





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5. Resources & Tools

- Disha, J. (2020 July 24). *Liberalized diets for older adults*. The Geriatric Dietitian. <https://thegeriatricdietitian.com/liberalized-diets/>
- Carlson, D., Klimanis, A. (n.d.). *The importance of liberalized diets for older adults*. Dietitians on Demand. <https://dietitiansondemand.com/the-importance-of-the-liberalized-diet-for-older-adults/>
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- Advanced Care Planning Ontario <https://advancecareplanningontario.ca/>

6. Evidence & References

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<https://guidelines.diabetes.ca/cpg/chapter11>

