

## 2022 BUDGET – MODERNIZATION FUNDING REQUEST 13

<b>New Initiative:</b>	<b>Woodingford Lodge Nutritional Services Review</b>
<b>Department/Division:</b>	<b>Woodingford Lodge</b>
<b>Strategic Plan Focus:</b>	<b>A County that Performs and Delivers Results</b>
<b>Strategic Plan Objective:</b>	<i>5. ii. Deliver exceptional services by: Regularly reviewing service level standards to assess potential for improved access to services / amenities</i>

### DESCRIPTION OF REQUEST

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Woodingford Lodge seeks external consulting support to perform a critical review of service delivery for nutritional and dietary services performed by the County (Woodstock) and its contracted service providers (Ingersoll, Tillsonburg.) The review will examine the effectiveness of existing delivery models in terms of level of service and financial performance. It will identify any alternative approaches that would provide for consistent levels of service at all three locations, improved, levels of service, higher resident satisfaction, cost savings, and partnerships.

### DISCUSSION

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#### Background

All long-term care homes in Ontario are governed by one piece of legislation - the *Long-Term Care Homes Act, 2007* (LTCHA). The LTCHA is designed to help ensure that residents of long-term care homes receive safe, consistent, high-quality, resident-centred care. The goal is to create long-term care home environments where residents feel at home, are treated with respect, and have the supports and services they need for health and well-being.

The LTCHA requires all homes to have a Plan of Care, and that it cover all aspects of care. Specific to this request, it states that: *“The licensee shall ensure that the plan of care covers all aspects of care, including medical, nursing, personal support, nutritional, dietary, recreational, social, restorative, religious and spiritual care.”*

In regard to dietary services and hydration, it states that: *“Every licensee of a long-term care home shall ensure that there is an organized program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents; and an organized program of hydration for the home to meet the hydration needs of residents.”*

Further, that: *“Every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied.”*

The LTCHA sets out a Residents' Bill of Rights, which addresses residents' personal well-being and safety and includes the privileges, choices and protections available to all residents of a Home. The Bill of Rights requires homes to address important quality of life aspects, including access to food: *"Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. In other words, care should include:*

- *a proper place to live;*
- *enough good food to eat;*
- *clean clothes to wear; and*
- *help with looking clean and tidy."*

### Current State at Woodingford Lodge

The current service delivery model meets the daily nutrition needs of residents in all three Woodingford locations – Woodstock, Ingersoll, and Tillsonburg, however the levels of service are not consistent. Woodstock residents receive foods prepared on-site by Woodingford staff, often using fresh, locally-sourced ingredients. The Ingersoll and Tillsonburg locations contract a food preparation and delivery service, often providing processed, pre-packaged foods. This creates inequity between the three locations. Residents' access to healthier food options is dependent on which location has a vacancy at the time of admission.

The challenges of geographic distance, physical space within each location to carry out nutrition and dietary services, and the lack of resources have led to the current 'hybrid' solution. Woodingford spends approximately \$1.2 million annually to a contractor for food services at the Ingersoll and Tillsonburg locations. The Modernization Program is an excellent, and timely, opportunity to examine all aspects of food provision at all three locations by undertaking a comprehensive, holistic review.

### Comments

#### Project Scope

The proposed scope is to undertake a critical review of existing nutrition care and dietary services, including operational practices for each of the three Woodingford locations and to examine effectiveness in terms of level of service and performance, and identify alternative approaches to derive improved levels of service and possible cost savings.

#### Key Deliverables

Key deliverables of the consultant would include, but are not limited to, the following:

- Conduct a review and analysis of all existing policies, practices, and processes at each of the three Woodingford locations applicable to nutritional and dietary services to determine service delivery model options to provide equitable access to healthy food in all three locations.
- Provide recommendations related to each location's requirements to maximize resource deployment while providing equitable access to a menu comprised of high quality, healthy offerings.
- Conduct a review and analysis of each location's physical constraints and opportunities, including inter-facility transportation and logistics.
- Conduct an environmental scan of comparable Long-Term Care Home providers to identify best practices for providing equitable nutritional and dietary services across multiple locations.

- Analysis of opportunities to provide services to other Long-Term Care Homes, whether non-profit or for-profit, to enhance the quality of care throughout the community, gain efficiencies, and reduce the overall cost of long-term care in Oxford.

### Key Deliverables - “Beyond Food” Opportunities

Opportunities exist beyond the scope of nutrition and dietary services provision; other activities could benefit from this review and are therefore in scope, including, but not limited to:

- Broader considerations for overall service efficiencies such as laundry services, equipment, transportation and logistics, maintenance / service agreements, etc.
- Potential partnerships / collaborations with other County Departments, including but not limited to:
  - Paramedic Services
  - Human Services
- Potential partnerships / collaborations with and community stakeholders, including but not limited to:
  - Service providers such as Oxford County Community Health Centre, United Way, Food Forward Oxford, local growers, and / or meal providers

It is the intent of this review to identify additional efficiencies as they present themselves.

### Timelines

Following project approval, it is anticipated that an award for this project will be made in early 2022 and that the project undertaking should be approximately four to six months for completion.

### Conclusions

This assignment will explore whether inherent cost savings (of significance) and improvements to level of service can be responsibly derived in considering existing or alternative nutrition and dietary service delivery methods. County staff have limited capacity and in-house resources to complete a review and fulsome analysis of a modernized nutrition and dietary services. Utilization of an independent consulting firm will ensure the service delivery review is conducted in an objective and transparent manner.

### RISKS/IMPLICATIONS

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There are no risks associated with this proposal.

## BUDGET REQUIREMENTS

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	2022 One-time	2022 Base
<b>Funding</b>		
Modernization Grant – Review Stream (Intake 3)	\$95,000	\$-
<b>Total Funding</b>	<b>95,000</b>	<b>-</b>
<b>Expenses</b>		
Consulting Fees	95,000	-
<b>Total Expenses</b>	<b>95,000</b>	<b>-</b>
<b>County Levy</b>	<b>\$-</b>	<b>\$-</b>

## ATTACHMENT

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Excerpt from A Guide to the Long-Term Care Homes Act, 2007 and Regulation 79/10

## PART II Nutrition Care, Dietary Services and Hydration Programs

### A. Overview

Section 11 of the LTCHA and sections 68 to 78 of the Regulation set out the requirements for an organized program of nutrition care, dietary services and hydration. The Home must identify any risks to residents' nutrition and hydration and take appropriate action. These requirements include the qualifications and minimum hours of work for staff that provide nutrition care, dietary services and hydration.

### B. LTCHA Requirements

#### Section 11 – Dietary Services and Hydration

There must be an organized program of nutrition care and dietary services for the Home as well as an organized program of hydration for the Home to meet the needs of residents. Every resident must receive food and fluids that are safe, adequate in quantity, nutritious and varied.

#### Key Linkage

Paragraph 4 of section 3 (1) of the LTCHA (Resident's Bill of Rights) provides that every resident has the right to be properly fed in a manner consistent with his or her needs.

### C. Regulatory Requirements

#### Section 68 – Nutrition Care and Hydration Programs

The Home must develop and implement, in consultation with a registered dietitian who is a member of the Home's staff, policies and procedures related to nutrition care, dietary services and hydration, including identifying any risks and implementing interventions to mitigate and manage those risks. These programs must also include a system to monitor and evaluate the food and fluid intake of residents with identified nutrition or hydration risks, and a weight monitoring system to measure and record every resident's:

- Weight on admission and monthly thereafter; and
- Body mass index and height upon admission and annually thereafter.

See section 30 of the Regulation for the general requirements that apply to all organized programs required under the LTCHA.

#### Key Considerations

The registered dietitian who assists in developing the policies and procedures cannot be a consulting dietitian from a supplier or manufacturer; he or she must be a member of the staff of the Home.

Homes are not required to monitor the food and fluid intake of all residents – just those at risk of nutrition or hydration problems.

## Section 69 – Weight Changes

An interdisciplinary assessment must be conducted of every resident who experiences any of the following weight changes:

- A change of 5 per cent of body weight, or more, over one month.
- A change of 7.5 per cent of body weight, or more, over three months.
- A change of 10 per cent of body weight, or more, over 6 months.
- Any other weight change that compromises the resident's health status.

Actions must be taken if any of these changes are observed and outcomes must be evaluated.

## Section 70 – Dietary Services

The dietary services program must include menu planning, food production, dining and snack service, and the availability of supplies and equipment for food production and dining and snack service.

## Section 71 – Menu Planning

The Home's menu cycle must be a minimum of 21 days in duration and must include menus for regular, therapeutic and texture modified diets for meals and snacks as well as alternative choices of entrees, vegetables and desserts at lunch and dinner, and alternative choices of beverages at meals and snacks. If the Home's menu cycle does not meet a resident's nutrition needs, the Home must develop an individualized menu for the resident.

**Key Consideration**

See <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php> to obtain a copy of Canada's Food Guide.

The requirement to provide individual menus would apply, for example, to residents with complicated therapeutic dietary needs (e.g., renal diets) and residents who may not be able to sit down at meal times (e.g., constant wanderers who need “finger foods” that can be eaten on the go).

All menus must provide for adequate nutrients, fibre and energy based on the current Dietary Reference Intakes (DRIs) and a variety of foods each day from all food groups, including fresh seasonal foods, in keeping with the current Canada's Food Guide.

All menu cycles must be approved by the Home's dietitian and reviewed by the Residents' Council. The menu cycle must be reviewed and updated at least annually. The planned menu items must be offered and available to residents at each meal and snack. Every resident must be offered a minimum of three meals daily, a between-meal beverage in the morning and afternoon, a beverage in the evening after dinner, and a snack in the afternoon and evening. A full breakfast must be available to residents up to at least 8:30 a.m. and the evening meal must not be served before 5:00 p.m. Food and beverages that are appropriate for the residents' diets must be accessible to staff and available to residents 24 hours a day.

## Section 72 – Food Production

There must be an organized food production system that provides a 24-hour supply of perishable foods, a three-day supply of non-perishable foods and a three-day supply of nutritional supplements used in the Home. The food production system must include standardized recipes and production sheets for all menus, preparation of all menu items according to the planned menu, and a system for documenting and communicating all menu substitutions. Menu substitutions must be comparable to the planned menu.

All food and fluids in the food production system must be prepared, stored and served using methods that preserve nutritive value, appearance, food quality and taste, and that prevent adulteration, contamination and food borne illness.

A record must be kept for at least one year of purchases related to the food production system, including food delivery receipts, the approved menu cycle and menu substitutions. If food or beverages are prepared in the Home for persons who are not residents of the Home, records must be kept for at least seven years in accordance with the requirements set out in section 72 (5) of the Regulation.

There must be sufficient space to support the menu requirements and institutional food service equipment with adequate capacity to prepare, transport and hold perishable hot and cold food at safe temperatures. There must be institutional food service equipment with adequate capacity to clean and sanitize all dishes, utensils and equipment used in food production, dining and snack service.

The Home must have **all** of the following:

- Policies and procedures for the safe operation and cleaning of equipment related to the food production system and the dining and snack service;
- Cleaning schedule for all equipment; and
- Cleaning schedule for the food production, servery and dishwashing areas.

Staff must comply with these policies, procedures and schedules.

### Section 73 – Dining and Snack Service

The daily and seven-day menus must be communicated to residents. The Residents' Council must have the opportunity to review meal and snack times, subject to the meal time requirements in section 71 (6) of the Regulation. Meal services must take place in a congregate setting unless a resident's assessed needs indicate otherwise. All residents must be monitored during meals and all staff members assisting residents must be aware of the residents' diets, special needs and preferences. Meals must be served course by course unless otherwise indicated by the resident or by the resident's assessed needs. Foods and fluids must be served at a temperature that is both safe and palatable to the residents. Every resident must have sufficient time to eat at his or her own pace. Every resident must be provided with any eating aids, assistive devices, personal assistance, and encouragement required to allow him or her to safely eat and drink as comfortably and independently as possible. Staff must use proper techniques to assist residents with eating, including safe positioning of residents requiring assistance.

No person shall help at the same time more than two residents who need total assistance with eating or drinking. Meals must not be served to residents who require assistance until someone is available to provide assistance.

#### Key Consideration

The requirement for a Home to serve meals course by course (section 73 (1) 8 of the Regulation) does not mean that staff must remove dishes between courses.

Resident dining areas must be equipped with appropriate furnishings and equipment, including comfortable chairs and tables of an appropriate height to meet the needs of residents, and appropriate seating for staff providing assistance with eating.



## Section 74 – Registered Dietitian

The Home must have at least one registered dietitian who is a member of the staff and who is on site at the Home for at least 30 minutes per resident per month to carry out clinical and nutrition care duties. Where the registered dietitian for the Home is also a nutrition manager for the Home, any time spent working in the capacity of nutrition manager does not count towards the 30 minutes per resident per month time requirement for the registered dietitian.

### Key Consideration

The minimum 30 minutes per resident per month that the dietitian is required on site at the Home includes reviewing menus, developing and documenting plans of care, and participating in the annual evaluation of the medication management program.

### Key Linkage

The registered dietitian must complete a nutritional assessment for every resident on admission and whenever there is a significant change in the resident's health condition. The dietitian must also assess the resident's nutritional status, including height, weight and any risks relating to nutrition care or hydration status and any risks related to hydration, in accordance with the plan of care requirements set out in section 26 of the Regulation.

## Section 75 – Nutrition Manager

There must be at least one nutrition manager for the Home. A person hired as a nutrition manager after July 1, 2010 must be a member of the Canadian Society of Nutrition Management or a registered dietitian. The minimum number of hours that the nutrition manager must work in the Home is set out in a formula in the Regulation and is based on the number of residents in the Home. This formula does not include any hours spent fulfilling other responsibilities. One of the Home's nutrition managers must be the lead of the nutrition care and dietary services program for the Home.

### Key Consideration

Nutrition manager hours devoted to producing meals and other food and beverages for non-residents are not included in the minimum number of hours.

## Section 76 – Cooks

There must be at least one cook who works at least 35 hours per week in that position on site at the Home.

If the Home has only one cook who works at least 35 hours per week in that position on site at the Home, this cook, if hired on or after July 1, 2010, must have one of the following qualifications:

- A. A chef training or culinary management diploma or certificate,
  - granted by a college established under the *Ontario Colleges of Applied Arts and Technology Act, 2002*, or
  - granted by a registered private career college, for successfully completing a program approved by the Superintendent of Private Career Colleges under the *Private Career Colleges Act, 2005*;
- B. A diploma or certificate granted in another jurisdiction and a set of skills that, in the reasonable opinion of the Home, is equivalent to those that the Home would expect of a person who has a diploma or certificate as set out in A. above;
- C. A certificate of qualification as a Cook issued by the Director of Apprenticeship under the *Apprenticeship and Certification Act, 1998*, or after Part III of the *Ontario College of Trades and Apprenticeship Act, 2009* comes into force, by the Registrar of the College under that Act; or
- D. A post-secondary diploma in food and nutrition management or a post-secondary degree in food and nutrition.

If this cook was employed at the Home prior to July 1, 2010, the cook must have one of the following qualifications:

- 1. One of the above qualifications (A through D above);
- 2. Successfully completed a Food Service Worker program at a college established under the *Ontario Colleges of Applied Arts and Technology Act, 2002* or a Food Service Worker program provided by a registered private career college and approved by the Superintendent of Private Career Colleges under the *Private Career Colleges Act, 2005*; or
- 3. Completion of a food handler training program by October 1, 2010 unless he or she met the qualifications in 1. or 2. above before that date.

If the Home has more than one cook who works at least 35 hours per week in that position on site at the Home, only one of the cooks must meet the above qualifications.

Definitio

“Food handler training program” means the program offered or approved by the board of health for the public health unit where the Home is located (section 78 (5) of the Regulation).

#### Key Considerations

Other cooks working in the Home, other than the section 76 cook, must meet the qualifications set out in section 78 of the Regulation for food service workers.

Cooks with a “Red Seal” endorsement on their certificate exceed the qualifications set out in section 76 of the Regulation.

The 35 hours per week worked by the section 76 cook are included in the calculation of food service worker hours under section 77 of the Regulation.

## Section 77 – Food Service Workers, Minimums

There must be sufficient food service workers (including cooks) for the Home to meet the minimum staffing hours per week set out in this section of the Regulation for:

- Preparing resident meals and snacks;
- Distributing and serving resident meals;
- Receiving, storing and managing the inventory of resident food and food service supplies; and
- Daily cleaning and sanitizing of dishes, utensils and equipment used for resident meal preparation, delivery and service.

The minimum staffing hours per week for food service workers is set out in a formula in the Regulation which is based on the number of residents in the Home.

Definitio

A “food service worker” is a member of staff in the Home who is routinely involved in the storage, preparation, cooking, delivery or serving of food; cleaning kitchen equipment and utensils; or maintaining the kitchen and serveries in a clean and sanitary condition, but does not include the nutrition manager for the Home (see section 1 of the Regulation). All cooks in the Home are food service workers.

#### Key Consideration

Food service worker hours devoted to producing meals and other food and beverages for non-residents are not included in the minimum staffing hours.

## Section 78 – Training and Qualifications

Food service workers (other than the section 76 cook) hired on or after July 1, 2010 must have successfully completed or be enrolled in a Food Service Worker program at a college established under the *Ontario Colleges of Applied Arts and Technology Act, 2002* or a Food Service Workers program provided by a registered private career college and approved by the Superintendent of Private Career Colleges under the *Private Career Colleges Act, 2005*.

If a food service worker who is enrolled in a Food Service Worker program when hired does not complete the required training within three years of being hired, that person will no longer be able to work as a food service worker at the Home.

Food service workers who were employed at the Home prior to July 1, 2010 and who do not have the above qualifications must have completed a food handler training program by October 1, 2010, unless they met the enrolment and completion requirements relating to a Food Service Worker program as described above before that date.

The above qualifications for food service workers hired on or after July 1, 2010 do not apply to:

- students hired on a seasonal or part-time basis who have successfully completed a food handler training program;
- persons who are members of the Canadian Society of Nutrition Management or a registered dietitian;
- persons who have any of the following qualifications:
  - A. A chef training or culinary management diploma or certificate,
    - granted by a college established under the *Ontario Colleges of Applied Arts and Technology Act, 2002*, or
    - granted by a registered private career college, for successfully completing a program approved by the Superintendent of Private Career Colleges under the *Private Career Colleges Act, 2005*;
  - B. A diploma or certificate granted in another jurisdiction and a set of skills that, in the reasonable opinion of the Home, is equivalent to those that the Home would expect of a person who has a diploma or certificate as set out in A. above;
  - C. A certificate of qualification as a Cook issued by the Director of Apprenticeship under the *Apprenticeship and Certification Act, 1998*, or after Part III of the *Ontario College of Trades and Apprenticeship Act, 2009* comes into force, by the Registrar of the College under that Act; or
- persons who have a post-secondary diploma in food and nutrition management or a post-secondary degree in food nutrition.

Definitio

“Food handler training program” means the program offered or approved by the board of health for the public health unit where the Home is located (section 78 (5) of the Regulation).

Key Consideration

Staff who do not complete the Food Service Worker program within three years of being hired (section 78 (2) of the Regulation) can be employed in other positions in the Home for which they are qualified, but not as food service workers.