

Chapter 1

Section 1.05

Ministry of Long-Term Care

Food and Nutrition in Long-Term-Care Homes

Follow-Up on VFM Section 3.05, 2019 Annual Report

RECOMMENDATION STATUS OVERVIEW						
	# of Actions Recommended	Status of Actions Recommended				
		Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	1			1		
Recommendation 2	1		1			
Recommendation 3	2			2		
Recommendation 4	3	1	1	1		
Recommendation 5	2	1		1		
Recommendation 6	2		2			
Recommendation 7	1			1		
Recommendation 8	1			1		
Recommendation 9	1			1		
Recommendation 10	2		2			
Recommendation 11	2			2		
Recommendation 12	1			1		
Recommendation 13	1	1				
Recommendation 14	2			2		
Recommendation 15	3		1	2		
Recommendation 16	3		1	2		
Recommendation 17	1			1		
Recommendation 18	1			1		
Recommendation 19	1			1		
Total	31	3	8	20	0	0
%	100	10	26	64	0	0

Overall Conclusion

The Ministry of Long-Term Care (Ministry), AdvantAge Ontario and the Ontario Long Term Care Association (sector associations), as of October 28, 2021, have fully implemented 10% of actions we recommended in our *2019 Annual Report* and were in the process of implementing an additional 26% of the recommendations. The Ministry and the long-term-care sector made little progress on 64%.

The Ministry indicated that it was taking extensive measures to mitigate risk imposed by the COVID-19 pandemic and was engaged in assisting homes to manage outbreaks for much of the period between the 2019 audit report and the time of our follow-up. The Ministry indicated that, as the tasks associated with COVID-19 subsidy and the human resource issues are addressed, it will resume work on addressing the audit recommendations.

Similar to the Ministry, the sector associations were focused on supporting long-term-care homes to manage the impact of the COVID-19 pandemic on home operations and human health.

At the time of our follow-up, the Ministry has fully implemented recommendations related to monitoring whether long-term-care homes' staff are complying with internal policies to refer residents for registered dietitian assessment and maintain complete and accurate resident food and fluid consumption records, and ensuring homes regularly assess compliance with the hand hygiene policy around mealtimes.

The Ministry was in the process of implementing recommendations such as confirming during its inspection process that all direct-care staff are able to know the residents' plans of care for food and nutrition before serving food and developing and implementing an updated staffing strategy for the long-term-care home sector that considers the varying needs of residents throughout the day.

The Ministry and the long-term-care sector have made little progress on 64% of the recommendations.

For example, the sector associations had provided education and other resources to help long-term-care homes implement the audit recommendations but had not yet measured the homes' implementation status of our audit recommendations. Similarly, the Ministry has done little to determine how best to group the long-term-care homes, such as by region or by ownership type, in future food-buying arrangements, until the organization(s) responsible for co-ordinating group purchasing is identified. The Ministry has also not yet set performance targets and regularly assessed actual results against these targets that measure how effective a long-term-care home is at meeting residents' food and nutrition needs. Implementation of these actions is also contingent on the completion of other actions that were in progress of being implemented.

The status of actions taken on each of our recommendations is described in this report. Many timelines provided for implementation are for two years and beyond, with minimal short-term actions being taken or planned to address the situation for current residents in a timelier manner. Some timelines are unreasonable given the urgency of care required for current residents.

Background

As of December 31, 2020, the most recent data available at the time of the follow-up, more than 67,100 (77,000 in 2018/19) adults live in Ontario's 626 (same as 2018/19) long-term-care homes. The Ministry of Long-Term Care (Ministry) funds the homes to provide residents with 24-hour nursing care and help with daily living activities in a protective and supportive environment.

At the time of our audit, the average age of residents in Ontario's long-term-care homes was 83. However, compared with 2009, the current cohort of residents are more cognitively impaired and require more assistance with daily living, including eating

and drinking. It was estimated that in 2016, there were 228,000 long-term-care home residents living with dementia. This number was expected to grow substantially to over 430,000 by 2038. Providing food and nutrition services to residents will become more challenging for long-term-care homes with this expected increase in the prevalence of dementia.

The Ministry inspects long-term-care homes on aspects related to food, such as dining room observation, menu planning and evaluating nutritional and hydration risks to residents. As well, Ontario's 35 public health units (reduced to 34 effective January 1, 2020), which are co-funded by the Ministry of Health and municipalities, inspect the homes for food-safety concerns such as food temperature control, food-area sanitation, pest control and food-preparation practices.

Our audit found that the long-term-care homes were not consistently providing residents with sufficient and high-quality food and nutrition care.

Our more significant audit findings included:

- Residents typically waited an average of 43 minutes to receive breakfast, compared to 29 minutes during lunch and 24 minutes during dinner, because personal support workers have other responsibilities in the morning to help residents get ready for the day. As well, over a two-week period in February 2019, one in eight, or 13% of meals served at the long-term-care homes we visited did not have a full complement of staff reporting to work on those days.
- Long-term-care staff did not consistently follow the residents' plans of care, increasing the risk that residents may be eating the wrong food. Plans of care define the level of care residents require for various aspects of their living activities, including eating. Between January 2017 and May 2019, the Ministry noted 56 homes that failed to follow a resident's plan of care, with 29% of these homes having repeated non-compliance issues in this same area.
- Menus did not have the nutrients for residents recommended by the Dietary Reference Intakes. While we found that homes' menus had sufficient

protein, they contained too much sugar, ranging from 40% to 93% over recommended amount; too much sodium, ranging from 32% to 59% over the recommended amount; and not enough fibre, ranging from 19% to 34% below recommended amount.

- In three of the five long-term-care homes we visited, some food used to make meals was past its best-before date. Two of these homes served that food to residents; one of the food items was three months beyond the best-before date. Food past its best-before date may still be safe, but can lose some of its freshness, flavour and nutritional value, and undergo a change in texture.
- Only 19% of residents were observed to have washed their hands to prevent and control infections. We also observed that 76% of staff practised proper hand hygiene directly before or after the meal. According to the Ministry of Health's March 2018 publication—*Gastroenteritis Outbreaks in Long-Term Care Homes, Recommendations for Long-Term Care Homes and Public Health Unit Staff*, long-term-care homes could prevent 20% of infections through adherence to an infection prevention and control program that includes proper hand hygiene.
- The Ministry did not require long-term-care homes to report on performance indicators related to food and nutrition. Such indicators could include the percentage of residents at high nutritional risk, ratio of staff to residents who need help eating, and satisfaction of residents and families with respect to food and dining.

We made 19 recommendations, consisting of 31 action items, to address our audit findings.

We received commitment from the Ministry of Long-Term Care, AdvantAge Ontario and the Ontario Long Term Care Association that they would take action to address our recommendations.

Status of Actions Taken on Recommendations

We conducted assurance work between April 2021 and August 2021. We obtained written representation from the Ministry of Long-Term Care, that effective October 28, 2021, it has provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

Plans of Care Not Always Followed or Updated to Meet Residents' Needs for Food and Nutrition

Recommendation 1

To provide residents with safe and appropriate food and nutrition services that are in accordance with their plans of care and reduce the risk of food-related harm to residents, we recommend that long-term-care homes develop ways to ensure that all direct-care staff have timely access to the most current plans of care of the residents for food and nutrition before serving food.

Status: Little or no progress.

Details

In our 2019 audit, we noted that personal support workers at the long-term-care homes we visited did not always have ready access to the most current plan of care, and home management did not consistently ensure that they had access. A regulation under the *Long-Term Care Homes Act, 2007* states that long-term-care homes shall ensure staff and others who provide direct care to a resident have convenient and immediate access to the resident's plan of care.

At the time of our follow-up, both AdvantAge Ontario and Ontario Long Term Care Association, associations that represent the province's long-term-care homes, indicated that they will conduct a member survey by March 2023 to measure how their respective members have implemented this audit recommendation. The COVID-19 pandemic started

shortly after the completion of the 2019 audit. The long-term-care sector experienced significant impacts to both long-term-care home operations and human lives. While the sector associations prioritized managing and responding to the pandemic, they have, nevertheless, still provided education and other resources to their members to support implementation of the audit recommendations.

For example, AdvantAge Ontario in December 2019 prepared a summary of the audit report to raise awareness among its membership and highlighted recommendations for the long-term-care sector. AdvantAge Ontario also delivered four webinars related to food and nutrition in August 2020, which contained suggestions or strategies to enable direct-care staff access to the most current plans of care for residents for food and nutrition, for instance, using technology so that staff have table-side access to resident care plans.

In addition, in its newsletter to members, AdvantAge Ontario in April 2021 reminded member long-term-care homes to take specific actions to address this audit recommendation. Specifically, AdvantAge Ontario reminded homes to review with staff the importance of referencing the care plan and dietary requirement lists at each mealtime and consider ways and means of making dietary care plan information readily accessible to staff and feeding volunteers.

At the time of our follow-up, we found that the Ontario Long Term Care Association had included a program on dietary services in its conference held in April 2021. This program covered the challenges food service faced in responding to COVID-19, better infection prevention and improving the culinary experience. In another conference held in October 2020, one of the sessions covered a technological solution to support various aspects of mealtime, including food procurement, menu planning to meet nutritional goals and nutritional analysis; another session covered a program that consists of checklists to help improve the mealtime experience for residents.

Recommendation 2

To remind long-term-care homes of the importance of providing residents with safe and appropriate food and nutrition services that are in accordance with their plans of care and reduce the risk of food-related harm to residents, we recommend that the Ministry of Long-Term Care confirm during its inspection process that all direct-care staff are able to know the residents' plans of care for food and nutrition before serving food.

Status: In the process of being implemented by December 2022.

Details

In our 2019 audit, we noted that personal support workers at the long-term-care homes we visited did not always have ready access to the most current plan of care, and home management did not consistently ensure that they had access.

At the time of our follow-up, the Ministry has drafted a new proactive inspection process with the goal of developing an improved, standardized proactive inspection that aligns with addressing risk in reactive inspections and ensures quality of care and safety of residents. The Ministry started this work in early March 2020, before the onset of the COVID-19 pandemic, and reconvened the work in January 2021. The Ministry expects that by December 2022, it will complete its review to determine potential legislative and regulatory requirements that may be included in the scope of the new inspection process. This may include confirming during inspections that all direct-care staff have access to the residents' plan of care for food and nutrition before serving food. The Ministry also confirms that direct-care staff have access to the residents' plan of care for food and nutrition before serving food, which is required in regulation, in the existing process of inspection of complaints and critical incidents regarding issues with residents not receiving appropriate meals.

As well, in July 2021, the Ministry issued a memo to the long-term-care sector to remind it of this regulatory requirement.

Recommendation 3

To better meet the dietary needs of their residents, as assessed in their plans of care and proactively mitigate nutritional risks to residents, we recommend that long-term-care homes:

- *communicate to their staff the importance of complying with internal policies to refer residents for registered dietitian assessment and maintain complete and accurate food and fluid consumption records;*

Status: Little or no progress.

Details

In our 2019 audit, we noted that long-term-care home direct-care staff did not always follow their home's internal referral policy to refer residents for a registered dietitian assessment, and consumption data to help identify residents who require dietary intervention was not always reliable.

At the time of our follow-up, both AdvantAge Ontario and Ontario Long Term Care Association, associations that represent the province's long-term-care homes, indicated that they will conduct a member survey by March 2023 to measure how their respective members have implemented this audit recommendation. The COVID-19 pandemic started shortly after the completion of the 2019 audit. The long-term-care sector experienced significant impacts to both long-term-care home operations and human lives. While the sector associations prioritized managing and responding to the pandemic, they have, nevertheless, still provided education and other resources to their members to support implementation of the audit recommendations.

For example, AdvantAge Ontario in December 2019 prepared a summary of the audit report to raise awareness among its membership and highlighted recommendations for the long-term-care sector. AdvantAge Ontario also delivered two webinars related to food and nutrition in August 2020, which included education on the importance of ongoing education for staff regarding referrals to the registered dietitian according to internal nutrition and

hydration policies, and the importance of completing food consumption records.

In addition, in its newsletter to members, AdvantAge Ontario in April 2021 reminded member long-term-care homes to take specific actions to address this audit recommendation. Specifically, AdvantAge Ontario reminded homes to enhance quality audits of food and fluid documentation.

The Ontario Long Term Care Association indicated that it continues to support quality improvement initiatives led by its member homes to meet the complex needs of their residents.

- *allocate more time for the registered dietitians to proactively monitor the nutrition and hydration risk posed to all residents such as observing residents eating at mealtimes, attending resident-care conferences and providing education to residents, staff and family members.*

Status: Little or no progress.

Details

In our 2019 audit, we noted that registered dietitians at the five homes where we conducted detailed audit work estimated that they spent more time on conducting clinical assessments and creating or updating plans of care, as opposed to proactively monitoring residents' dietary needs.

At the time of our follow-up, both AdvantAge Ontario and Ontario Long Term Care Association, associations that represent the province's long-term-care homes, indicated that they will conduct a member survey by March 2023 to measure how their respective members have implemented this audit recommendation. The COVID-19 pandemic started shortly after the completion of the 2019 audit. The long-term-care sector experienced significant impacts to both long-term-care home operations and human lives. While the sector associations prioritized managing and responding to the pandemic, they have, nevertheless, still provided education and other resources to their members to support implementation of the audit recommendations.

For example, AdvantAge Ontario in December 2019 prepared a summary of the audit report to raise awareness among its membership and highlighted recommendations for the long-term-care sector. AdvantAge Ontario also delivered two webinars related to food and nutrition in August 2020, which included suggestions on how to encourage registered dietitians to be more proactive in the dining room and during meal service. In one webinar, the expert speaker noted that this may require increasing the hours of registered dietitians to achieve this. AdvantAge Ontario indicated that its members have also expressed this view and the association continues to advocate to the Ministry of Long-Term Care to adequately fund and staff long-term-care homes to meet resident needs.

The Ontario Long Term Care Association indicated that there has been little or no sector progress in implementing this recommendation, as the province has not provided any additional guidance on increasing dietitian hours and an expanded role for dietitians beyond what is currently stated in the *Long-Term Care Act, 2007* and its regulation.

Recommendation 4

To confirm that long-term-care homes are meeting the residents' dietary needs as assessed in their plans of care and proactively mitigate nutritional risks to residents, we recommend that the Ministry of Long-Term Care:

- *monitor whether long-term-care homes' staff are complying with internal policies to refer residents for registered dietitian assessment and maintain complete and accurate resident food and fluid consumption records;*

Status: Fully implemented.

Details

In our 2019 audit, we noted that long-term-care home direct-care staff did not always follow their home's internal referral policy to refer residents for a registered dietitian assessment, and consumption data to help identify residents who require dietary intervention was not always reliable.

At the time of our follow-up, the Ministry noted that when it receives complaints or mandatory reporting of residents receiving improper nutritional care or not being assessed for nutritional needs, it monitors, as part of its inspection process, compliance with the regulatory requirements whether the resident's plan of care was based on an interdisciplinary assessment of the resident's nutritional and hydration statuses, whether the long-term-care home has a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration, and whether the home has a written description of its protocols for referring residents to specialized resources where required. As part of the dining observation conducted during proactive inspections, Ministry inspectors may notice risks related to the nutrition and hydration status of a resident and as a result may examine internal policies related to registered dietitians or food and fluid consumption records.

The Ministry has demonstrated that its inspectors have reviewed and cited non-compliances of long-term-care homes' practices of referring residents for registered dietitian assessment and maintaining complete and accurate resident food and fluid consumption records in inspections conducted since our 2019 audit.

As well, in July 2021, the Ministry issued a memo to the long-term-care sector to remind it of the regulatory requirement to have a system to monitor and evaluate the food and fluid intake of residents with identified risks with hydration and nutrition.

- *establish protocols for registered dietitians to allocate more time for observing residents eating at mealtimes, attending resident-care conferences and providing education to residents, staff and family members;*

Status: Little or no progress.

Details

In our 2019 audit, we noted that registered dietitians at the five long-term-care homes where we conducted detailed audit work did not spend much

time on proactive care such as proactively observing residents eating in the dining room, attending all resident-care conferences to see if the resident and family are satisfied with the food and dietary interventions, and providing education to residents, staff and family members about different diets and risks associated with consuming the wrong textured food. Instead, registered dietitians were allocating more time to conducting clinical assessments and creating or updating plans of care.

At the time of our follow-up, the Ministry indicated that long-term-care homes and the registered dietitians in those homes can review the time allotted for registered dietitians to observe residents eating at mealtimes, attend resident-care conferences and provide education to residents, staff and family members, to determine if more time is required than the minimum required time of 30 minutes per resident per month to carry out clinical and nutritional care duties. In April 2019, the Ministry introduced a global increase adjustment in addition to the four level-of-care per diem categories. Long-term-care homes can use this adjustment as needed to address priority areas and use up to 32% of the global per diem increase in the level-of-care envelope that funds dietitian services. The Ministry indicated that long-term-care homes can use this funding if they need to spend more beyond this minimally required time on registered dietitians, and that there are similar increases in the 2020 and 2021 budgets for long-term-care homes. The Ministry can monitor whether long-term-care homes allocate more funding toward dietitian services by reviewing information that homes report to it annually.

As well, according to Ontario's Long-Term Care Staffing Plan (2021-2025) that the Ministry released in December 2020, it plans to increase the staffing level of allied health care workers, including registered dietitians, by 20%. The Ministry indicated that it expects this funding increase will be fully implemented by March 2023, and it will consider adjustments that may be appropriate in relation to expensing registered dietitians' time to carry out

clinical and nutritional care duties and/or providing further guidance to the sector.

In the meantime, in July 2021, the Ministry issued a memo to the long-term-care sector to inform it of the best practices developed by Dietitians of Canada. The Ontario Long-Term Care Action Group of Dietitians Canada (now known as the Ontario Seniors Nutrition and Advocacy Committee) developed a working paper in 2019 that noted that regular observations by registered dietitians and other long-term-care home staff and informal conversations with residents are important components of menu planning and evaluation. The group also advocated for the dietitian to attend resident-care conferences and to provide more education to staff and families.

- *during their inspections, review long-term-care homes' system for monitoring resident food and fluid consumption as a whole to see how they proactively minimize the nutrition and hydration risk posed to other residents.*

Status: In the process of being implemented by December 2022.

Details

In our 2019 audit, we noted that Ministry inspectors only look at food and fluid consumption records if the inspection was related to a resident with a nutrition or hydration risk, but not for all residents. Reviewing the home's system for monitoring resident food and fluid intake as a whole could help proactively minimize the nutrition and hydration risks posed to other residents.

At the time of our follow-up, the Ministry had drafted a new proactive inspection process with the goal of developing an improved, standardized proactive inspection that aligns with addressing risk in reactive inspections and ensures quality of care and safety of residents. The Ministry started this work in March 2020, before the onset of the COVID-19 pandemic, and reconvened the work in January 2021. The Ministry expects that by December 2022, it will complete its review to determine potential legislative and regulatory requirements that may be included in the scope of the new inspection process, which may

include reviewing long-term-care homes' systems for monitoring resident food and fluid intake to see how they proactively minimize the nutrition and hydration risk posed to other residents. As well, in its existing process of inspection of complaints and critical incidents regarding issues with residents not receiving appropriate meals, the Ministry confirms that long-term-care homes have systems to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration, which is required in regulation.

As well, in July 2021, the Ministry issued a memo to the long-term-care sector to remind it of this regulatory requirement.

Residents Not Consistently Consuming Sufficient Quality of Food and Fluid

Recommendation 5

To increase the likelihood that residents receive food and fluids with adequate nutrients, fibre and energy, we recommend that long-term-care homes':

- *registered dietitians make appropriate menu changes to achieve compliance with the current Canada's Food Guide and Dietary Reference Intakes requirements;*

Status: Little or no progress.

Details

In our 2019 audit, our review of menus and recipes from a sample of long-term-care homes showed that residents were not provided with food that had adequate nutrients, fibre and energy based on the Dietary Reference Intakes values established by a scientific body commissioned by both the Canadian and the US governments. These values specify the intake level required of healthy populations in specific sex and age groups. An example of a standard from the Dietary Reference Intakes is that people over the age of 70 years have a recommended dietary allowance of 1,200 mg of calcium per day.

At the time of our follow-up, both AdvantAge Ontario and Ontario Long Term Care Association, associations that represent the province's long-term-care homes, indicated that they will conduct a member survey by March 2023 to measure how their respective members have implemented this audit recommendation. The COVID-19 pandemic started shortly after the completion of the 2019 audit. The long-term-care sector experienced significant impacts to both long-term-care home operations and human lives. While the sector associations prioritized managing and responding to the pandemic, they have, nevertheless, still provided education and other resources to their members to support implementation of the audit recommendations.

For example, AdvantAge Ontario in December 2019 prepared a summary of the audit report to raise awareness among its membership and highlighted recommendations for the long-term-care sector. AdvantAge Ontario also delivered two webinars related to food and nutrition in August 2020, which included specific education around the new Canada's Food Guide and the Dietary Reference Intakes requirements. One of the webinars focused specifically on understanding best practices for menu planning to meet resident needs in long-term-care homes, integrating the new food guide into menu planning, and recognizing practice and policy options that support high-quality menu planning while balancing resident preferences. This webinar also included sharing a template menu planning guide based on changes in the new food guide, as well as a menu-approval tool, which incorporates menu audit questions. In another webinar, the presenter recommended that homes be proactive about adopting the new food guide and referred to a report from the Ontario Long-Term Care Action Group of the Dietitians of Canada (now known as the Ontario Seniors Nutrition and Advocacy Committee) regarding this.

In addition, in its newsletter to members, AdvantAge Ontario in April 2021 reminded member long-term-care homes to take specific actions to address this audit recommendation. Specifically,

AdvantAge Ontario reminded homes to, in collaboration with the registered dietitian, review the nutrient values of the home's menu and compliance with the Canada's Food Guide.

The Ontario Long Term Care Association indicated that it had included a program on dietary services in its conference held in April 2021. This program covered the challenges food service faced in responding to COVID-19, better infection prevention and improving the culinary experience. In another conference held in October 2020, one of the sessions covered a technology solution to support various aspects of mealtime including food procurement, menu planning to meet nutritional goals and nutritional analysis; another session covered a program that consists of checklists to help improve the mealtime experience for residents.

- *management monitor their menus for compliance with the current Canada's Food Guide and Dietary Reference Intakes requirements.*

Status: Fully implemented.

Details

In our 2019 audit, we noted that of the five long-term-care homes where we conducted detailed audit work, two could not provide evidence that their registered dietitian analyzed the home's menu to be in accordance with Canada's Food Guide and the Dietary Reference Intakes, two performed minimal analysis and instead relied on the corporate dietitian to perform the analysis, and one performed analysis as required by regulation.

At the time of our follow-up, the two homes that did not provide evidence that they performed nutritional analysis on the home's menu now demonstrated that they analyzed their menus to be in compliance with the current Canada's Food Guide and Dietary Reference Intakes requirements. As well, for the two homes that used corporate dietitian services, one home has demonstrated that it has reviewed and signed off on the corporate dietitian's analysis and the other home ensures it has the corporate dietitian's analysis in writing for each of its menu cycles.

Recommendation 6

To increase positive health outcomes and assist residents in receiving food and fluid with adequate nutrients, fibre and energy, we recommend that the Ministry of Long-Term Care:

- support long-term-care homes to develop and implement a transition plan setting out when long-term-care homes need to fully adopt the 2019 Canada's Food Guide;

Status: In the process of being implemented by December 2022.

Details

In our 2019 audit, we noted that the Ministry did not have a transition plan to set out when homes needed to fully adopt the Canada's Food Guide that came into effect in January 2019. All five homes where we conducted detailed audit work were still following the 2007 version of the Guide. The 2019 Guide recommended people include plenty of vegetables and fruit in their meals as they contain more important nutrients such as fibre, vitamins and minerals.

At the time of our follow-up, the Ministry noted that in April 2020, Dietitians of Canada, L'Ordre professionnel des diététistes du Québec and the Canadian Malnutrition Task Force together issued a guidance document to assist long-term-care dietary and nutritional staff to prepare menus to meet residents' overall nutritional needs that follow the 2019 Canada's Food Guide, which did not provide specific guidelines on people living in institutional environments.

In addition, the Ministry consulted with various parties including Health Canada and the Food and Nutrition Advisory Team in spring 2021, and indicated that it will continue consulting with stakeholders to determine how best to use this guidance document together with Canada's Food Guide and the Dietary Reference Intakes as the basis for menu planning in Ontario long-term-care homes. The Food and Nutrition Advisory Team is a newly formed dietary consultation team that is part of the Ontario Seniors Nutrition and Advocacy Committee within the Dietitians of Canada. The advisory team consists

of registered dietitians and nutrition managers working in the long-term care and retirement sector that works with the Ministry of Long-Term Care, the Ministry of Health, the Ontario's Long-Term Care COVID-19 Commission and other stakeholders.

As well, the Ministry noted that training for inspectors and the long-term-care sector may also follow if the Ministry decides to endorse the guidance document. The Ministry expects to complete this work by December 2022.

- instruct its inspectors to regularly verify that long-term-care-home menus are meeting the current Canada's Food Guide and Dietary Reference Intakes requirements as part of their inspection protocol and review the long-term-care home's nutrient analysis of its menus.

Status: In the process of being implemented by December 2022.

Details

In our 2019 audit, the Ministry informed us that it would be unlikely an inspection would require a review of the entire menu cycle. An inspector would likely only review nutrition levels of a particular day if there were complaints about the nutrients provided or if the inspector observed unusual meals in the dining room. None of the registered dietitians and nutrition managers at the five long-term-care homes where we conducted detailed audit work said Ministry inspectors had asked them for the nutrient analysis of the home's menu in the last three years.

At the time of our follow-up, the Ministry indicated that it will, by December 2022, continue stakeholder consultations to determine whether it would endorse the 2019 Canada's Food Guide and Dietary Reference Intakes as the basis for menu planning in Ontario long-term-care homes.

In addition, the Ministry has drafted a new proactive inspection process with the goal of developing an improved, standardized proactive inspection that aligns with addressing risk in reactive inspections and ensures quality of care and safety of residents. The Ministry started this work in March 2020, before the onset of the COVID-19 pandemic, and reconvened

the work in January 2021. The Ministry expects that by December 2022, it will complete its review to determine potential legislative and regulatory requirements that may be included in the scope of the new inspection process, which may include verifying that long-term-care home menus are meeting the current Canada's Food Guide and Dietary Reference Intakes requirements and reviewing the long-term-care home's nutrient analysis of its menu.

Recommendation 7

To minimize the risk of residents consuming low-quality food, we recommend that long-term-care homes require and monitor that their staff abide by the internal food storage policy, including not storing food beyond their best-before date.

Status: Little or no progress.

Details

In our 2019 audit, we found that at three of the five long-term-care homes where we conducted detailed audit work, food items past their best-before date were still in the fridge or dry-storage area. Management at these homes explained that staff did not always use food inventory according to the home's policy of first-in-first out.

At the time of our follow-up, both AdvantAge Ontario and Ontario Long Term Care Association, associations that represent the province's long-term-care homes, indicated that they will conduct a member survey by March 2023 to measure how their respective members have implemented this audit recommendation. The COVID-19 pandemic started shortly after the completion of the 2019 audit. The long-term-care sector experienced significant impacts to both long-term-care home operations and human lives. While the sector associations prioritized managing and responding to the pandemic, they have, nevertheless, still provided education and other resources to their members to support implementation of the audit recommendations.

For example, AdvantAge Ontario in December 2019 prepared a summary of the audit report to raise awareness among its membership and highlighted

recommendations for the long-term-care sector. AdvantAge Ontario also delivered a webinar related to food and nutrition in August 2020, which reinforced the importance of internal food storage policies and monitoring food safety elements, for example, fridge temperatures and food expiration dates.

In addition, in its newsletter to members, AdvantAge Ontario in April 2021 reminded member long-term-care homes to take specific actions to address this audit recommendation. Specifically, AdvantAge Ontario reminded homes to review food inventory and storage policies and procedures related to expiry and best-before dates of food products.

The Ontario Long Term Care Association indicated that it had included a program on dietary services in its conference held in April 2021. This program covered the challenges food service faced in responding to COVID-19, better infection prevention and improving the culinary experience.

Recommendation 8

To minimize the risk of residents consuming low-quality food, we recommend that the Ministry of Long-Term Care require its inspectors to regularly verify that food items in refrigeration and storage in long-term-care homes are not beyond their best-before date.

Status: Little or no progress.

Details

In our 2019 audit, we noted that Ministry inspectors only observe whether homes store food and fluid in a manner that preserves taste, nutritional value, appearance and food quality when an incident or complaint related to food storage occurs.

At the time of our follow-up, the Ministry noted that its existing inspection process ensures food is stored to preserve taste, nutritional value, appearance and food quality. It has researched guidance on best-before date issued by the Canadian Institute of Food Safety, which indicated that while unopened products should still be of high quality until the specified best-before date, the date no longer applies if a

package is opened and failure to adhere to handling and storing guidelines will affect the food item's quality. The Ministry expects to, by December 2022, consult with subject matter experts to review inspection processes regarding best-before dates and food quality and develop a framework to identify appropriate indicators, which could include qualitative measures such as satisfaction of food and meals and food quality, and determine if any changes are required to inspector practices when determining compliance with the *Long-Term Care Homes Act, 2007* related to food quality.

Wait Times for Meals and Level of Service Vary Across the Province

Recommendation 9

To promote quality of life and provide timely assistance during mealtimes to residents, we recommend that long-term-care homes evaluate alternative staffing options to provide assistance to residents during peak demand times such as mealtimes; for example, volunteer or students trained in feeding residents with dementia.
Status: Little or no progress.

Details

In our 2019 audit, we noted that at the 59 long-term-care homes where we observed mealtimes, residents rarely had family or friends present during mealtimes and relied on personal support workers to help them eat or feed them. Yet in a 2018 survey of long-term-care homes conducted by the Ontario Long Term Care Association, about 80% of long-term-care homes that responded to the survey indicated that they had difficulty filling shifts. During our audit, we found that staff did not report to work despite being scheduled to work, resulting in an average of 13% of meals not having enough staff on the floor at the five long-term-care homes where we conducted detailed audit work over a two-week period in February 2019.

At the time of our follow-up, both AdvantAge Ontario and Ontario Long Term Care Association, associations that represent the province's

long-term-care homes, indicated that they will conduct a member survey by March 2023 to measure how their respective members have implemented this audit recommendation. The COVID-19 pandemic started shortly after the completion of the 2019 audit. The long-term-care sector experienced significant impacts to both long-term-care home operations and human lives. While the sector associations prioritized managing and responding to the pandemic, they have, nevertheless, still provided education and other resources to their members to support implementation of the audit recommendations.

For example, AdvantAge Ontario in December 2019 prepared a summary of the audit report to raise awareness among its membership and highlighted recommendations for the long-term-care sector. AdvantAge Ontario also delivered two webinars related to food and nutrition in August 2020, which included suggestions on staffing options to provide residents with assistance during mealtimes, for example, working with the staff available, including the leadership team, rethinking tasks and staff roles during mealtime, and using technology to boost staff efficiency and availability to interact with residents during meals.

The Ontario Long Term Care Association included several programs on staffing in its conference held in April 2021. These programs covered technology solutions on shift scheduling, possible staffing solutions, challenges faced by personal support workers, managing unionized and non-unionized workforces, and foundations of workplace culture. In another conference held in October 2020, programs covered discussions on staffing shortages and recruitment issues.

Recommendation 10

To promote quality of life and provide timely assistance during mealtimes to residents, we recommend that the Ministry of Long-Term Care:

- *clarify to long-term-care homes that alternative staffing options exist that can be used to provide*

assistance to residents during peak demand times such as mealtimes; for example, part-time staff, volunteers or students trained in feeding residents with dementia;

Status: In the process of being implemented by March 2025.

Details

In our 2019 audit, we noted that Ministry inspectors observed that staffing shortages caused some residents to miss their meal. We also observed that residents on average waited 43 minutes during breakfast, 29 minutes during lunch and 24 minutes during dinner, before they received their food at 59 long-term-care homes where we observed mealtimes. Meanwhile, the long-term-care sector associations indicated that the *Long-Term Care Homes Act, 2007* specifies that assistance with activities of daily living to residents be provided by qualified personal support workers and indicated that clarification by the Ministry would help remove a barrier to ensuring sufficient support for residents during mealtimes.

At the time of our follow-up, we found that the Ministry had issued a four-year long-term care staffing plan for 2021 to 2025 in December 2020, which called for increasing the level of direct care hours per resident to an average of four hours per resident per day, and increasing the care provided by allied health-care professionals by 20% over two years. The Ministry plans to start funding long-term-care homes to increase the average hours of care in 2021/22 and expects to fully implement the increase in direct care by March 2025. The Ministry also expects that it will issue further guidance to the long-term-care sector on staffing models.

- *develop and implement an updated staffing strategy for the long-term-care home sector that considers the varying needs of residents throughout the day.*

Status: In the process of being implemented by March 2025.

Details

In our 2019 audit, we noted that some residents experienced longer wait times during breakfast, some did not receive timely assistance for eating, and staffing shortfalls at some long-term-care homes affected personal support workers' ability to deliver adequate care to residents when they had to take on increased workload on shifts where other personal support workers did not report to work.

At the time of our follow-up, we found that the Ministry had issued a four-year long-term care staffing plan for 2021 to 2025 in December 2020, which called for increasing the level of direct care hours per resident to an average of four hours per resident per day, and increasing the care provided by allied health-care professionals by 20% over two years. The Ministry plans to start funding long-term-care homes to increase the average hours of care in 2021/22 and expects to fully implement the increase in direct care by March 2025. By 2021/22, the Ministry expects that residents will receive an average of 180 minutes (165 minutes, 2018) of care by registered nurses, registered practical nurses and/or personal support workers and 33 minutes (30 minutes, 2018) of care by physiotherapists, occupational therapists, recreational therapists, and/or social workers. The Ministry expects these will increase to an average of 240 minutes by the end of 2024/25, and an average of 36 minutes by the end of 2022/23, respectively.

Design of Dining Areas Impacts Residents' Dining Experience

Recommendation 11

To allow more long-term-care home residents to eat in a safe and home-like environment, we recommend that the Ministry of Long-Term Care:

- *re-evaluate whether its home design requirements for homes constructed before 2009 continue to be reasonable given the increased use of mobility devices in long-term-care homes today;*

Status: Little or no progress.

Details

In our 2019 audit, we noted that the Ministry allows homes built before 2009 to have dining areas outside of dining rooms. We observed that some residents were eating in the hallway, close to linen carts and close to people moving through the hallway.

At the time of our follow-up, the Ministry indicated that the design standards established in 1998 were no longer in use and have been replaced by the 2009 and subsequently the 2015 standards that require all dining space be provided in the “resident home area” as opposed to permitting some of the dining space to be outside the area. The Ministry feels that updating the design standards over the years has improved comfort and access for residents.

As well, the Ministry had committed to upgrading existing older homes to current design standards. Homes with B, C and upgraded D classifications may be eligible for redevelopment funding under the Long-Term Care Home Development Program. The Program seeks to build 30,000 new beds by 2028 and redevelop older existing beds to current design standards. The Ministry expects that the Program will cover more than 50% of the older beds.

The Ministry further indicated that many older homes moved to in-room dining and other models of meal delivery during the COVID-19 pandemic and these practices may be adopted permanently.

The Ministry also indicated that it expects the recent changes made to modernize the Long-Term Care Development Program will respond to the challenges in the sector brought by COVID-19, particularly the elimination of three- and four-bed ward rooms in which isolation and cohorting has proven difficult. These changes include a redesigned funding model on long-term-care home capital development, announced in July 2020, that the Ministry expects to address historic barriers and accelerate the construction of new and redeveloped beds to current design standards. Also, the Ministry is implementing initiatives to address capacity issues in long-term-care homes, including selling surplus government lands for delivering long-term care and building new homes on hospital-owned lands in the

Greater Toronto Area. As well, the Ministry expects that the Final Report of the Ontario’s Long-Term Care COVID-19 Commission released in April 2021 will help identify further changes that may be required to the existing design standards.

- *determine what measures to put in place for homes that do not have dining spaces under the current design manual to increase the comfort of their residents during mealtimes.*

Status: Little or no progress.

Details

In our 2019 audit, home management informed us that more residents today have mobility limitations than in previous years and use either wheelchairs or walkers. During our audit, we noted that residents at one long-term-care home we visited had limited space to move in the dining room—many of them were in wheelchairs and they were seated in a small space with additional people including staff and family members assisting with feeding. Residents who had mobility devices were not able to move through the dining room unless staff moved other residents. The Ministry’s best practice, as noted in its 2015 home design manual, stated that dining room layouts should consider wheelchair access to tables as well as staff accessibility as they serve meals.

At the time of our follow-up, the Ministry indicated that the design standards established in 1998 were no longer in use and have been replaced by the 2009 and subsequently the 2015 standards that require all dining space be provided in the “resident home area” as opposed to permitting some of the dining space to be outside the area. The Ministry feels that updating the design standards over the years has improved comfort and access for residents.

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Only 19% of Residents Observed to Have Washed Their Hands to Prevent Infections

Recommendation 12

To minimize the risk of gastroenteritis outbreaks in long-term-care homes, we recommend that long-term-care homes regularly assess compliance with the Ministry of Health's policy on hand hygiene around mealtimes and correct on a timely basis any weaknesses that they identify through these reviews.

Status: Little or no progress.

Details

In our 2019 audit, we observed at the 59 long-term-care homes we visited across Ontario that 19% of residents and 76% of staff practised proper hand hygiene directly before or after a meal. Management and personal support workers from some homes informed us one of the reasons they did not perform proper hand hygiene with residents was due to the lack of available time. A March 2018 Ministry of Health document noted that proper hand hygiene is the single most important practice in preventing the transmission of infections.

At the time of our follow-up, both AdvantAge Ontario and Ontario Long Term Care Association, associations that represent the province's long-term-care homes, indicated that they will conduct a member survey by March 2023 to measure how their respective members have implemented this audit recommendation. The COVID-19 pandemic started shortly after the completion of the 2019 audit. The long-term-care sector experienced significant impacts to both long-term-care home operations and human lives. While the sector associations prioritized managing and responding to the pandemic, they have, nevertheless, still provided education and other resources to their members to support implementation of the audit recommendations.

For example, AdvantAge Ontario indicated that infection prevention and control practices have been a focus of the COVID-19 pandemic response in the long-term-care sector, and regular hand hygiene audits are part of these practices.

In addition, in its newsletter to members, AdvantAge Ontario in April 2021 reminded member long-term-care homes to take specific actions to address this audit recommendation. Specifically, AdvantAge Ontario reminded homes to review hand-washing policies, procedures and protocols with all staff and volunteers.

Although the Ontario Long Term Care Association has put on two conferences in 2020 and 2021 to support and educate the long-term-care sector, programming did not cover hand hygiene.

Recommendation 13

To minimize the risk of gastroenteritis outbreaks in long-term-care homes, we recommend that the Ministry of Long-Term Care monitor to ensure that long-term-care homes regularly assess compliance with the Ministry of Health's policy on hand hygiene around mealtimes, and correct on a timely basis any weaknesses that they identify through these reviews.

Status: Fully implemented.

Details

In our 2019 audit, we noted that even though home management displayed reminders on proper hand hygiene throughout the homes and the Ministry in its inspections monitors whether home staff and residents practise proper hand hygiene during mealtimes, we still observed improper hand hygiene directly before or after residents' meals.

At the time of our follow-up, the Ministry, in conjunction with the Ministry of Health and Public Health Ontario, has issued infection prevention and control resources, including the importance of hand hygiene, to long-term-care homes during the COVID-19 pandemic. As well, in October 2020, the Ministry provided an inspection guide to its inspectors on infection prevention and control, including an example of how to document a non-compliance related to staff not assisting residents with hand hygiene before and after meals.

As well, as of January 18, 2021, the Ministry required all inspectors to complete an infection prevention and control inspection with every new inspection of homes. In completing these inspections, Ministry inspectors follow a checklist, which includes a step to verify whether long-term-care home staff assisted residents to perform hand hygiene before and after meals.

The Ministry also demonstrated that its inspectors have included verification that long-term-care homes assess compliance with hand hygiene policies around mealtimes and have documented these concerns in inspection reports.

As well, in July 2021, the Ministry issued a memo to the long-term-care sector to remind it of the requirement to adhere to the hand hygiene program.

Long-Term-Care Homes Can Do More to Divert Food Waste from Landfills

Recommendation 14

To limit the impact of food waste on the environment, we recommend that the Ministry of Long-Term Care:

- *work with the Ministry of the Environment, Conservation and Parks to establish a goal of diverting food and organic waste generated in long-term-care homes;*

Status: Little or no progress.

Details

In our 2019 audit, we noted that while the province's Food and Organic Waste Policy Statement of April 2018 had a goal of diverting food and organic waste in certain hospitals by 2025, it did not apply to long-term-care homes.

At the time of our follow-up, the Ministry of the Environment, Conservation and Parks (Ministry) had released its two-year progress update to the A Made-in-Ontario Environment Plan in November 2020. This update includes a commitment to consult on a proposal to phase out food and organic waste from landfills by 2030. The Ministry indicated to us that it will consider whether the phasing-out of food and organic waste could apply to long-term-care homes as part of this work.

Food and organic waste diversion is not currently required in long-term-care homes. By December 2021, the Ministry aims to release a discussion paper for consultation on industrial, commercial and institutional waste diversion. The Ministry's consultation may lead to the need to amend Ontario's Food and Organic Waste Policy Statement to clarify which industrial, commercial and institutional sector facilities should be required to divert food and organic waste.

- *work with the associations that represent the long-term-care home sector to develop guidelines to help long-term-care homes meet this goal.*

Status: Little or no progress.

Details

In our 2019 audit, we noted that only one of the five homes where we conducted detailed audit work had procedures to divert food waste from landfills. This home donates leftover food to a local soup kitchen and composts the remaining organic waste.

At the time of our follow-up, the Ministry of Long-Term Care, in conjunction with the Ministry of the Environment, Conservation and Parks, as part of the province's consultation process and posting on the Environmental Registry, will share with the long-term-care sector associations the policy proposal to phase out food and organic waste from landfills and the consultation paper on waste diversion in the industrial, commercial and institutional sector. These documents are expected to be released by summer and fall 2021, respectively.

Opportunities Exist to Improve Allocation of Resources Related to Food and Nutrition

Recommendation 15

To achieve further cost savings in purchasing food for the long-term-care-home sector, we recommend that Ministry of Long-Term Care, in conjunction with the Ministry of Health:

- *identify the organization(s) responsible for co-ordinating group purchasing for long-term-care homes;*

Status: In the process of being implemented by March 2023.

Details

In our 2019 audit, we noted that each of the long-term-care homes where we conducted detailed audit work was responsible for securing its own bulk-purchase discounts from food suppliers.

At the time of our follow-up, the Ministry indicated that it is scoping out a plan for co-ordinating group purchasing and achieving cost savings in food procurement for the long-term-care sector. This plan includes consultation with shared services organizations, group purchasing organizations and the Ministry of Government and Consumer Services. The Ministry of Government and Consumer Services is responsible for providing overall direction and transfer payment accountability for Supply Ontario. Supply Ontario is an integrated supply chain agency for the Ontario public service and the broader public sector, that the government announced the creation of in November 2020 and appointed the CEO of in February 2021. The Ministry expects that the organization(s) responsible for co-ordinating group purchasing for long-term-care homes will be identified once Supply Ontario completes prioritized work such as stabilizing and maintaining personal protective equipment supply chain operations and takes on additional direction from the government to manage other areas of provincial importance, such as food procurement. This is expected to be by March 2023.

- *determine how best to group the long-term-care homes, such as by region or by ownership type, in future food-buying arrangements, until the organization(s) responsible for co-ordinating group purchasing is identified;*

Status: Little or no progress.

Details

In our 2019 audit, we noted that Local Health Integration Networks (LHINs) were purchasing nursing services, personal support services and medical equipment and supplies for the home and community care sector but did not play a role in group purchasing for long-term-care homes. Under the *Connecting Care Act, 2019*, LHINs and other provincial health agencies were to be transitioned into Ontario Health. At the time of our audit, Ontario Health's mandate regarding long-term-care homes was not yet established.

At the time of our follow-up, the Ministry has not moved forward to address this recommendation and will wait for Supply Ontario to begin its work, if any, with the long-term-care sector.

- *assist in the establishment of group-buying contracts where needed, until the organization(s) responsible for co-ordinating group purchasing is identified.*

Status: Little or no progress.

Details

In our 2019 audit, we noted that Local Health Integration Networks (LHINs) were purchasing nursing services, personal support services and medical equipment and supplies for the home and community care sector but did not play a role in group purchasing for long-term-care homes. Under the *Connecting Care Act, 2019*, LHINs and other provincial health agencies were to be transitioned into Ontario Health. At the time of our audit, Ontario Health's mandate regarding long-term-care homes was not yet established, and long-term-care homes were arranging their own purchases of food products.

At the time of our follow-up, the Ministry has not moved forward to address this recommendation and will wait for Supply Ontario to begin its work, if any, with the long-term-care sector.

Measurement and Reporting of Food and Nutrition Services

Recommendation 16

To demonstrate that residents receive the best possible nutritional care, we recommend that the Ministry of Long-Term Care, in conjunction with long-term-care homes:

- *identify appropriate meaningful performance indicators that measure how effective a long-term-care home is at meeting residents' food and nutrition needs;*

Status: In the process of being implemented by December 2021.

Details

In our 2019 audit, we noted that the Ministry did not have performance indicators that measure how homes manage residents who are of high nutritional risk, and are under or over their goal weight range. Dietitians of Canada released a report in February 2019 for best practices in long-term-care homes. The report included indicators, such as satisfaction of residents and families with respect to food and dining, average number of days to complete nutrition referrals received monthly, and percent completion of residents with significant weight change assessed, that can help measure whether homes are providing high-quality nutrition and food services.

At the time of our follow-up, the Ministry had indicated that it was in the process of developing a new quality framework and performance measures to guide oversight and quality improvement in long-term-care homes. In developing this quality framework, the Ministry engaged with residents and families in late summer 2021 to understand what quality of life and quality of care mean to them, which included residents' nutritional and food needs. The Ministry also expects to engage internal and external experts, including collaborating with the Ministry of Agriculture, Food and Rural Affairs on its work with the *Local Food Act, 2013*. The Ministry expects to complete this quality framework by December 2021.

- *set performance targets and regularly assess actual results against these targets;*

Status: Little or no progress.

Details

In our 2019 audit, we noted that the Ministry did not have performance indicators that measure how homes manage residents who are of high nutritional risk, and are under or over their goal weight range.

At the time of our follow-up, the Ministry was still developing the quality framework. Following

the completion of that framework, the Ministry will initiate the work on setting performance targets and assessing actual results against these targets.

- *report publicly on the results.*

Status: Little or no progress.

Details

In our 2019 audit, we noted that the Ministry did not have performance indicators that measure how homes manage residents who are of high nutritional risk, and are under or over their goal weight range.

At the time of our follow-up, the Ministry was still developing the quality framework. Following the completion of that framework, the Ministry will initiate the work on reporting the results publicly.

Recommendation 17

To improve the well-being and safety of long-term-care home residents, we recommend that long-term-care homes formally share best practices related to food and nutrition with each other.

Status: Little or no progress.

Details

In our 2019 audit, we noted that long-term-care homes had various nutrition and feeding-related practices worth sharing but they were not widespread. For example, one home had a “food first” mentality and used fortified milk, milkshakes, pudding and hot cereal to provide additional calories; this home had fewer of its residents on supplements than the average used in other long-term-care homes where we conducted detailed audit work. As well, one home displayed important food-related information, such as food texture and allergies, directly on the resident’s table to decrease the risk of not following a resident’s plan of care.

At the time of our follow-up, both AdvantAge Ontario and Ontario Long Term Care Association, associations that represent the province’s long-term-care homes, indicated that they will conduct a member survey by March 2023 to measure how their respective members have implemented this audit recommendation. The COVID-19 pandemic started

shortly after the completion of the 2019 audit.

The long-term-care sector experienced significant impacts to both long-term-care home operations and human lives. While the sector associations prioritized managing and responding to the pandemic, they have, nevertheless, still provided education and other resources to their members to support implementation of the audit recommendations.

For example, AdvantAge Ontario delivered four webinars related to food and nutrition in August 2020. The presenters, who are leaders in the long-term-care sector, shared best practices related to food and nutrition with attendees. AdvantAge Ontario also maintains an online policy exchange portal, where its members can share policies and best practices on a variety of topics. In April 2021, it requested that its members send best practices or policy templates related to food and nutrition to the association so that they can be disseminated broadly on the portal.

The Ontario Long Term Care Association indicated that it included a program on dietary services in its conference held in April 2021. This program covered the challenges food service faced in responding to COVID-19, better infection prevention and improving the culinary experience. In another conference held in October 2020, one of the sessions covered a technology solution to support various aspects of mealtime including food procurement, menu planning to meet nutritional goals and nutritional analysis; another session covered a program that consists of checklists to help improve the mealtime experience for residents.

Recommendation 18

To improve the well-being and safety of long-term-care home residents, we recommend that the Ministry of Long-Term Care identify commonly occurring issues related to food and nutrition from data collected through critical incidents and inspections, and provide information and recommend best practices to long-term-care homes.

Status: Little or no progress.

Details

In our 2019 audit, we noted that the Ministry did not analyze food-related compliance data from inspection reports to support quality improvements in long-term-care homes and improve decision-making such as training and guidance provided to homes. The *Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System* by Justice Eileen E. Gillese in July 2019 also recommended that the Ministry establish a dedicated unit to support homes in achieving regulatory compliance and identify, recognize and share best practices leading to excellence in the provision of care in homes.

At the time of our follow-up, the Ministry indicated that it had been focusing on mitigating risk and adapting to the challenges posed by the COVID-19 pandemic. As the tasks associated with the pandemic subsided and the human resource issues are addressed, the Ministry will, by December 2023, share best practices and learnings from commonly occurring issues with long-term-care homes. In the meantime, in July 2021, the Ministry issued a memo to the long-term-care sector to inform it of the best practices developed by Dietitians of Canada on nutrition, food service and dining in long-term-care homes.

Ministry Not Always Inspecting Food-Related Critical Incidents in a Timely Manner

Recommendation 19

To decrease long-term-care home residents' harm or the risk of harm, we recommend that the Ministry of Long-Term Care respond to all critical incidents reported by long-term-care homes within prescribed timelines.

Status: Little or no progress.

Details

In our 2019 audit, we noted that the Ministry did not respond to 47 or 64% of the food-related critical incidents reported by long-term-care homes between January 2018 and May 2019 within the

timeline required in its internal policy, which varied between 30 and 90 days for incidents that were “level 2”, “level 3” and “level 3+”, representing minimal, actual and significant actual harm or risk.

At the time of our follow-up, the Ministry indicated that it was not meeting all timelines for completing critical incident inspections. It further indicated that it had been focusing on mitigating risk and adapting to the challenges posed by the COVID-19 pandemic. As the tasks associated with the pandemic subsided and the human resource issues are addressed, the Ministry aims to, by December 2022, respond to all critical incidents reported by long-term-care homes within prescribed timelines.