



Dietitians in Home Care: A Pan-Canadian Environmental Scan

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Executive Summary

Canada's aging population has resulted in the increased interest and attention in the health status of older adults, and required services to support, as reflected in provincial and territorial government agendas for the past several years and more recently, the Federal Government as a health funding partner.

An environmental scan of publicly funded home care services was performed on behalf of Dietitians of Canada (DC) by interviewing key informants in each Canadian province and territory and by reviewing selected policy documents and program reviews. The objective of the scan was to provide a snapshot of home care services, and specifically the role of dietitians within home care, and to synthesize and compare key aspects of nutrition-related home care services across Canada's 13 provinces and territories. The scan focused on home care for adults although pediatric clients are also served by home care dietitians in many regions.

Access to dietitian services for home care clients varies widely between different provinces and territories, and between different regions of the same jurisdiction. There do not appear to be systems to collect dietitian workforce data or related outcomes in home care. The lack of data available limits the scope of this report and highlights the need for comprehensive data collection systems.

Table 1, below, captures the dietitian services data collected during the key informant interview process. Only one jurisdiction (Alberta) reported a goal for dietitian staffing per home care client; other provinces and territories participating in the scan did not share similar information. The basis for dietitian staffing is therefore, generally unknown. The provincial and within-province variation across home care programs and services along with lack of provincial data collection systems limits the ability to present dietitian workforce information in a meaningful way that could allow comparisons within and across jurisdictions (for example total number of FTEs, ratio to home care clients receiving active nutrition support, ratio to total number of home care).

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Table 1: Dietitians in Home Care

PROVINCE/ TERRITORY	HOME CARE DIETITIAN FTE	PROGRAM EMPLOYER OF DIETITIAN FTE
BC	1.2 FTE Fraser Health Region 4.72 FTE Vancouver Coastal Health Region	Home care
AB	21.64 FTE	Alberta Nutrition Services, Alberta Health Services
SK	0.2 FTE former Regina Qu'Appelle Health Region 1.0 FTE former Saskatoon Health Region 0 FTE remaining 10 former health regions	Home care
MB	1.0 FTE Winnipeg Regional Health Authority 1.6 FTE Manitoba Home Nutrition Program 0 FTE remaining 4 regional health authorities	Home care
ON	Number of FTE unknown	Dietitians employed by agencies contracted by Local Health Integration Networks to deliver home care services
QC	2.0 FTE cover 3 CLSC areas (total CLSC's = 147 organized by 16 territories)	
NB	26 Dietitians (number of FTE unknown)	Home care (NB Extramural Program)
NS	0 FTE	
PEI	0.4 FTE Queen's County 0 FTE for 2 remaining counties	Home care
NL	1.0 FTE Eastern Regional Health Authority 0 FTE in Western and Central Health Authorities	Home care
YT	0 FTE	Dietitian employed by YT continuing care program provides services to home care clients as able
NWT	1.0 FTE	Home care
NU	0 FTE	0 FTE

Recommendations

For government:

1. Support innovative delivery of home care nutrition services (e.g. teledietetics) to facilitate increased access to dietitian services in all jurisdictions.
2. Support collection of dietitian workforce data through regulatory bodies, regional health authorities and the Canadian Institute of Health Information (CIHI), to enable workforce planning.
3. Support use of standardized electronic medical records to facilitate interprofessional and inter-sectoral collaboration and outcome measurement.
4. Collect accurate and timely information on homecare clients throughout Canada through use of RAI-HC tools.

For researchers:

1. Collect evidence on effectiveness, and cost-effectiveness, of interventions by dietitians delivering care in home care teams.
2. Engage in research to identify correlations between dietitian staffing and outcomes of interest such as markers of nutritional status and chronic disease management, cost of care, interprofessional team function.

For dietitians:

1. Advocate for sufficient dietitian staffing on homecare teams to support effective interventions.
2. Collect data on dietitian staffing, activities, and outcomes to assist in establishing benchmarks.
3. Engage in practice-based research to support development of the evidence base for nutrition approaches in home care.
4. Advocate for the implementation of research-based malnutrition screening tools in home care intake assessment processes.
5. Demonstrate the cost-effectiveness of nutrition intervention and dietitian support in home care teams.

Limitations of this Report

It is important to note that the content of this report reflects the knowledge and experience of the key informants who participated in the inquiry process and a limited number of government documents. The variation in home care delivery that exists within and among provinces and territories, makes the presentation of information that is representative for all health regions in Canada challenging, and perhaps impossible. The information is current at the time of writing.

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