



GUIDE TO
SUSTAINABLE
MENUS



A guide to sustainable menus

A step by step approach
to sustainability



NOURISH
The future of food
in health care.

November 2019



Chapter 2

The steps involved in creating a sustainable menu¹²

¹² ETMISSS-PL. Élaboration d'un menu harmonisé pour les clientèles hébergées et hospitalisées dans les établissements du réseau de la santé et des services sociaux de la Capitale-Nationale—Note informative. CIUSSS de la Capitale-Nationale. August 2015. 65 pages.



Steps 1 to 6 are preliminary to actual menu creation. Follow them carefully, working as a team. You may want to record them in a document to serve as a reference for future menu and menu change choices.



Define your objectives and basic principles

Depending on the type of facility, its location and the services provided, it is essential that the food service department adopt principles and objectives that will guide all operating decisions. Here are some sample objectives and principles that can be adapted to suit your clientele.

Objectives

- Provide comprehensive principles to guarantee a food service offering and operations (production, distribution, procurement) that are sustainable, safe and user-centred.
- Enable the planning and evaluation of a standardized menu that satisfies the nutritional needs of users through its format and through choices appropriate to their profile (restrictions, diets, likes, dislikes).
- Provide nutritional criteria and procurement standards to ensure that targets defined by provincial policies and national nutrition guides are met and that variations to suit every type of clientele are incorporated.
- Take multidisciplinary work (by department heads, nutritionists, user committees, other professionals, cooks and attendants) into consideration to improve service to users (nutrition and support).

Basic principles

- Menu planning must consider the nutritional needs of the target population and factors affecting food consumption.
- Control of costs must be balanced against quality and variety.
- Sustainable development must be taken into account from the outset of menu planning.
- The following people should be consulted before introducing a new menu (in order):
 - Food service managers
 - Diet technicians
 - Nutritionists and dietitians
 - Cooks and attendants
 - Residents' and users' committees
 - Nursing staff (focus group).
- Established standards must be reviewed regularly for the purpose of continuously improving food service.
- Nutrition must be managed as an integral part of patients' medical treatment.
- Treatment plans prescribed must be based on conclusive data.

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Determine types of clientele and evaluate their particular needs

Here are some examples of clienteles and specifications that can be adapted to your setting (depending on age, culture, ethnic origin, religion, physical needs, nutritional preferences, length of stay, nutritional risk, allergies, intolerances, dysphagia, etc.). It is important to consult nutritionists, residents and families in order to identify users' needs clearly and to define a number of meals and snacks and the menu format accordingly.

All users

- The average duration of hospitalization should guide the length of the meal cycle.
- Serve a wide variety of popular dishes and vegetarian options.
- Offer hot or cold meals for greater flexibility.
- Comply with nutritional treatment plans.
- Offer enriched foods (added proteins, carbohydrates, fats) as needed.
- Use standardized recipes for dishes with a choice of serving sizes to suit needs.
- Offer personalized snacks to satisfy needs (energy and nutrients).
- Provide flexible meal times that can be adapted to suit the clientele (offer lunch bags or early/late meals).
- Keep food reserves on units, with a certain number of items to treat hypoglycemia.
- Control allergens.

“Children and teenage” users

- Types of food and serving sizes will vary with the age group.
- À la carte (on demand) service with flexible serving powers is often a better fit with needs, which tend to vary depending on general day-to-day condition.

“Adult and senior resident” users (long term)

- Prioritize tasty, familiar foods (traditional choices).
- Maintain interest by using a variety of strategies (longer cycle, greater choice, theme days).
- Post a menu every day with a photograph or diagram.

“Mental health” users

- Serve foods with high-fibre, low-energy, nutrient-dense, low saturated fat content.
- Provide access to snacks and finger food.
- Maintain interest by using a variety of strategies (longer cycle, greater choice, theme days).
- Food may be given on demand, but only if advice and supervision is provided in order to ensure that the user’s needs (established by a nutritionist) are met.



Define the menu format

Constraints imposed by costs and available resources need to be taken into account before the menu format is defined. The ability to produce and distribute the chosen menu format will depend on the available budget, kitchen equipment, and storage spaces, and on the qualifications of the workers available. Chapter 3 sets out some ideas for rethinking these constraints with a view to a more sustainable offering.

Cycle menu or à la carte menu?

Depending on the analysis of clientele types and their capacities, an à la carte menu could be the best way to meet needs, ensure clientele satisfaction and reduce food waste. An à la carte menu can be combined with a cycle menu of main dishes. But regardless of the type of menu chosen, you will need to define its characteristics.

Menu characteristics

- Menu: number of days in the cycle for personalized snacks, variety, bulk if available (observe health and hygiene standards, control of consumption)
- Breakfast menu: number of days in the cycle, foods offered (number of choices and number of servings), available variety
- Lunch and dinner menu:
 - Number of weeks in the cycle (determine the number of weeks in a menu cycle that suits the average clientele profile and average duration of stay)
 - Typical meal. Example: comprises a soup, a main dish with vegetables and starch, a dessert and a beverage
 - Number of main meal choices on the regular menu and texture of main meal choices per meal when a majority of the clientele require a modified texture
 - Menu review rules. Example:
 - The menu is modifiable: it is changed at least twice a year and as needed in response to feedback from customers and employees.
 - The menu is changed in accordance with fresh seasonal produce

Typical day menu

- Develop a typical day menu for meals and snacks.
- Formulate a plan for the frequency with which dishes appear based on main recipe families (soup, main dish, starch and side vegetable, dessert, beverage, condiments, snacks, supplements) and on needs in terms of textures and therapeutic diets.
- Determine the frequency of daily appearance necessary to comply with established nutritional criteria and sustainability criteria.

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Planning nutritional and financial guidelines

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Canada's Food Guide and provincial guides

Canada's Food Guide¹³ is the basic tool used in most healthcare facilities to define the content of a complete meal and to guide certain product choices. There are also provincial documents that provide guidelines.

Relevant policy documents available are listed, by province, in the following reference document: *Nourishing the Future of Food in Healthcare: a pan-Canadian policy scan by Jennifer Reynolds (Food Secure Canada / Nourish), 2019*

Specific and sustainable nutritional guidelines

A table of nutritional guidelines for the major food groups by type of clientele, based on statistics on nutritional treatments (diet) used, will provide a useful framework for choosing foods and recipes that reflect the needs of the majority of the clientele. When using a sustainable nutrition approach, it is important to set guidelines for potential problem nutrients such as refined sugar, sodium, saturated fats, and trans fats, as well as types of unauthorized additives.

13 Government of Canada (2019). Canada's food guide. <https://food-guide.canada.ca/en/>. Retrieved June 2019.

Chapters 4 to 11 set out a host of food characteristics that can be partly or entirely incorporated into nutritional guidelines, thereby setting a standard for your sustainable menu.

Size of servings and serving utensils

Serving sizes can be based on required nutrient content (dietary reference intakes), users' needs for nutrients depending on their condition (age, therapeutic diet), and their actual consumption. Finding out users' actual consumption requires conducting quality and satisfaction audits and studies of leftovers. For example, for children, a good strategy to limit waste and serve adequate portions is to ask each child how hungry they are and how much they would like (with an *on demand* service). Consulting personnel directly involved with nutritional clientele (patient attendants, food service attendants) will also prove informative. In order to respect serving sizes and avoid waste or surpluses, the food service department requires a tool to indicate the serving utensils to be used for every item on the menu. Adequate quantities of each tool must be available for staff to use.

A table setting out serving sizes per type of item on the menu based on clientele types provides a means of standardizing practices and ensuring that serving sizes closely match analyzed needs.

Cost guidelines

To enable food choices to be guided by a budget, it is useful to build a table to set financial guidelines for the major food groups on the menu. A maximum cost per serving of soup, desserts, etc. can thus be set. For main meals, it is a good idea to set a per-serving cost for each type of protein, since prices can vary greatly.



Creating the menu

For a cycle menu, an empty menu template drawn up to match the previously defined standards and characteristics will prove handy.

1. Choose the protein (Chapter 4) for the meal, avoiding repetition in two consecutive meals (lunch and dinner). Use the colours suggested in the chapter to easily visualize repetitions of protein types.

2. Choose the recipe to suit the protein type. Provide a variety of recipes to reflect the clientele (culturally sensitive, modified texture, pediatrics, etc.). When changing a recipe in a cycle menu, it is wise to replace the recipe with one that uses the same type of protein: this will avoid the necessity for a cascade of successive changes.
3. Where there is a choice of several recipes for a single meal, the recipes must be complementary so as to satisfy the majority of the clientele (including special diets: there can be several versions of a recipe to comply with restrictive diets).
4. Choose the accompanying vegetable (Chapter 5) and starch (Chapter 6), which:
 - must not be present in the main recipe
 - must suit the type of recipe (tradition/culture/taste)
 - must be of a colour that will make the plate look appetizing.
5. Choose a soup (Chapter 7) that will complement the meal effectively and will ideally contain the two previous days' side vegetables in order to prevent wastage of leftovers. A meal-soup with a good amount of protein can complement a main dish with a lower protein content.
6. Choose condiments (Chapter 8), beverages (Chapter 10) and desserts (Chapter 9).
7. Choices of beverages and snacks (Chapter 10) can be made using another menu template, which can be cyclic or not.
8. If supplements (Chapter 11) are required, look into using in-house recipes.

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Evaluate the menu

Engaging eaters

Satisfaction of the clientele is crucial to a menu's durability. Users can validate whether a menu is satisfactory as regards both form (principles, specifications and characteristics) and content (quality and quantity). They must be an integral part of all stages in the menu-creation process.

Stakeholders must be consulted before a new menu is created in order to consider needs expressed by the clientele. Active communication with users, their families, the users' committee, attendants, nursing staff, therapists, nutritionists, and so on will help consolidate the vision and share information necessary for changing the menu, and possibly changing habits.

When introducing sustainable principles into a menu, it is essential to explain to stakeholders the sustainable orientation that the menu will gradually take on so that all interveners give positive support to the change in habits. Meetings should be held before the menu is introduced in order to validate choices, respond to misgivings, and provide arguments that can be used to answer questions from users of the menu.

Then, a policy must be introduced for evaluating the menu once it is in place. Post-implementation evaluation is essential for sustainable production and distribution—that is, production of food that users will enjoy eating. Evaluation can be conducted on an ongoing basis by all interveners who interact with users at meal times. Effective means of communication must be in place so that all comments can be used to adjust a recipe or quantity, or to create a more personalized menu.

Evaluation procedure

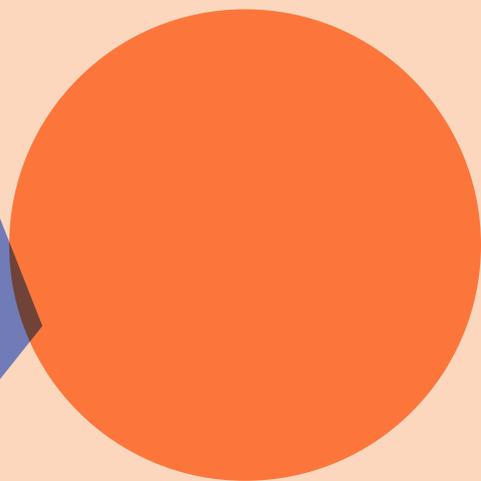
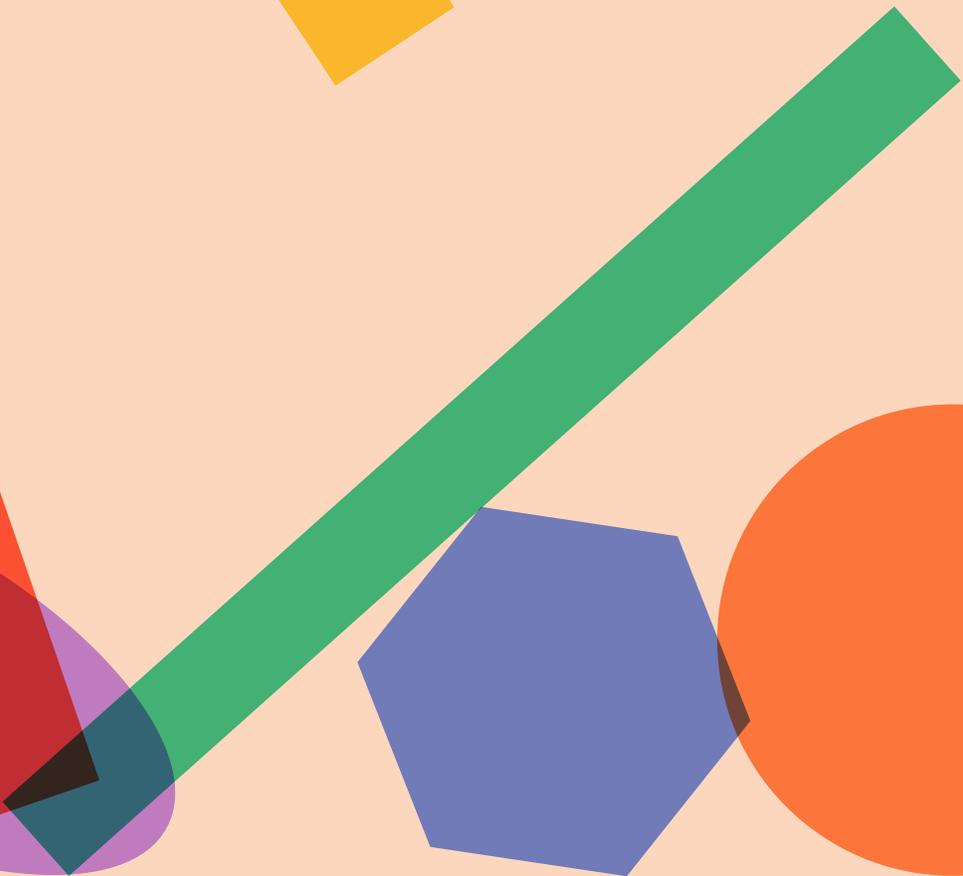
Facilities should adopt an evaluation procedure designed to assess a menu's acceptability at the time it is created and subsequently when users are eating from it. Here is a sample procedure.

- Annually, gather and compile information from: satisfaction questionnaires completed by residents, comments from users' committee, audits (studies of leftovers, analyses of cafeteria sales), feedback from nursing and care staff regarding:

- Nutritional content, variety, colour, texture, flavour, aroma, appearance
- Serving sizes
- Food waste.
- Regularly revise the menu in light of data gathered (at least twice a year).
- Nutritionists assess and approve the menu regarding the various textures and consistencies.
- Studies of plate waste in the dishwashing area are conducted annually in a directed manner, but every day a round is made to gather comments from employees in the washing area who notice waste and meals that are less well liked.

Method for gathering comments

- Visits to users by the food service department and “live” changes to their menus
- Direct communication by interveners with the food service department / dietary technicians for changes to a personalized menu
- Email address to allow all interveners and families to contact the food service department directly
- Communication book / software to gather comments on the floor: to be completed by meal helpers (nursing staff, families)
- Questionnaire on the back of the menu in the tray to gather daily comments (if the user’s name is on the menu, these are not confidential, which could result in fewer comments)
- Short questionnaire in the tray / on tables to gather comments on a small change or opinions regarding a choice to be made
- Long questionnaire that could require assistance for users: may contain a bias if assistance is provided by a food service employee/intern, making users give more positive responses. A minimum number of responses must be gathered for them to be meaningful (typically 20% of users).



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