



## Menu planning in long term care: Towards resident-centred menus.

Summary of: Ducak, K. (2009). How Ontario Long-Term Care Homes Address Residents' Preferences in Menu Planning (undergraduate thesis). McMaster University.

### Why is this relevant?

Resident preferences are important to consider when developing menus. High quality, palatable food that is culturally appropriate is necessary for providing person-centred care in long term care homes. Very little information is available on the menu planning process and any barriers or challenges to planning high quality menus. This exploratory study was completed in 2009 to describe the menu planning process in these homes in Ontario, as well as to understand what factors could be changed to improve the process, moving Ontario towards more resident-centred menus for its diverse population.

### What was done:

Thirty-five Nutrition Managers (NMs) from randomly selected long-term care (LTC) homes across Ontario and five Registered Dietitians (RDs) with extensive and diverse LTC experience provided insight into menu planning in Ontario LTC homes through telephone interviews. Homes were selected based on their size (small < 150 residents vs. large) and for profit or not for profit status.

### What was found:

#### *The Menu Planning Process:*

Menus are prepared within the home, typically by the NM (20%), or they are produced off-site by either a corporate RD if the home is part of a chain (31.4%) or by the food supplier's RD (48.6%). Menus tend to be adjusted using a computerized program bi-annually in the spring/summer and fall/winter or as needed. When menus are prepared in-house, the NM usually consults with both an RD and residents during the planning process. As required by law in Ontario, an RD is consulted to ensure that the menu is nutritionally balanced, whereas input from the residents is sought to ensure that the menu suits their preferences. Sometimes the cook reviews the menu after the residents for production feasibility prior to the RD's review. The menu is planned based on residents' preferences using previous menus as a guide or starting point as participants indicated that creating a new menu from scratch is very time-consuming. After the menu is created, the in-house consultation process normally involves presenting the menu to residents at their Resident Council or Food Committee meeting and gathering feedback. The NM adjusts the menu using this feedback, and then has the RD review and approve the menu. Menus prepared off-site are adapted to the LTC home's residents in various ways depending on the source of the menu. The NMs indicated that they either adjust the food supplier's or corporate menu prior to presenting it to the residents at their Resident Council or Food Committee meeting or adjust the menu only after meeting with the residents.

#### *What Impacts Menu Planning in LTC Homes?*

Aside from residents' preferences, food acquisition, preparation and the method of production are the factors that influence menu planning in Ontario LTC homes. The majority of NMs indicated that they can always or usually obtain the food products that residents want since they have a reliable food supplier, have a contract with their supplier, or can get needed items from the local grocery store. The few NMs

who could not always obtain the products residents want attributed this to their food supplier's contract, order accuracy and delivery, or item availability.

Regarding food preparation, all of the NMs mentioned that most meals are prepared at the home and some labour-intensive premade items, such as lasagna, pizza, soups, or desserts, are purchased. Input from the RDs was sought to provide insight into this issue. One of the RDs explained: "LTC food standards are very high and government funding is not as high which leads to outsourcing foods that are time consuming". Another indicated: "There are too many specialized needs to be outsourced, therefore the home must make its meals for this reason and for healthy, quality meals".

The majority of NMs remarked that the amount of production time needed to prepare meals and the amount of Ministry funded food labour hours influences what is put on the menu. Basically, participants explained that the gap between the production time required and the production time available greatly affects menu planning by limiting what goes on the menu or how meals are prepared. The production equipment and space available similarly influence menu planning.

#### *How are Residents' Preferences Determined and Incorporated into the Menu?*

Residents' food and drink preferences are determined using a combination of legally required processes and the policies of individual LTC homes. All NMs indicated that they abide by the mandated process of determining a resident's preferences upon admission to the home. NMs stated that a resident's food profile is communicated to food service staff based on the information gathered during dietary assessments using a combination of a card ex, communication book, and/or dietary list. Each resident's preferences, type of diet, food texture, and any special needs are listed on the card ex or dietary roster so that this information can be readily accessed by food service staff. Similarly, a communication book is located in a binder containing each resident's eating and dietary needs.

One Ministry of Health and Long-Term Care legal standard requires that LTC residents' food preferences are reviewed and updated on a quarterly basis. The majority of NMs indicated that they review preferences quarterly, as needed or at the annual care conference with multi-disciplinary staff, the resident, and the resident's family. Additionally, nearly all NMs reported that residents' food preferences are updated as needed based upon feedback and their food and fluid intake during meals. All NMs explained that the consultation process to determine and accommodate residents' food preferences consists of the NM and/or RD regularly partaking in the home's Resident Council or Food Committee, initial assessment, quarterly review, care conferences, and by speaking with residents. Some NMs indicated that they consult with residents, family, and/or staff, whereas others conduct audits or surveys. The majority reported using a combination of methods.

After determining residents' preferences, LTC homes create menus with the aim of accommodating all residents by providing sufficient choice. The Ministry funds and mandates LTC homes to offer two menu choices to residents at each meal based upon their preferences. The majority of NMs indicated that they offer a third unfunded choice to residents which is usually not on the menu but available upon request. This third option is provided to accommodate what residents feel like eating and tends to be a selection of healthy items that are easy to prepare such as sandwiches, soup, cheese and crackers, toast, cereal, yogurt, and/or salad. Furthermore, most NMs explained that they keep unpopular items on the menu as the alternate or second choice item because some residents like them. Just over half of NMs indicated that their home has a secondary menu to accommodate special preferences or therapeutic diets.

### *Barriers to Person-Centred Menus*

There were three barriers or challenges that NMs described in relation to the menu planning process which were substantiated by the RDs. The overarching themes that emerged from the data were resources, Ministry standards, and accommodating personal and cultural preferences.

#### Resources

Overall, lack of sufficient resources to accommodate residents' preferences and meet Ministry standards was the most common theme. The majority of participants stated that the Ministry's food labour funding is inadequate to meet residents' needs. Many participants indicated that a high workload is needed to accommodate residents' preferences but limited labour is available. Similarly, most of the RDs stated that limited food labour hours are the main challenge for homes. Many NMs who work in large LTC homes in urban areas mentioned that staffing hours are a barrier to accommodating cultural or religious requirements as these homes are expected to meet the needs of a large number of culturally diverse residents with limited labour.

In addition to insufficient food labour funding, many NMs remarked that the Ministry's raw food funding for LTC homes is still inadequate to meet residents' needs. Prior to the interviews, the Ministry had recently increased its raw food funding to \$7.15 per resident per day. Several NMs reported that their barrier to accommodating cultural or religious preferences was obtaining these special items and their high cost. Although a universal problem, those NMs working in small LTC homes in rural areas or in northern Ontario were especially affected; they did not have access to the broad range of foods available in densely populated urban areas.

Numerous NMs also stated that limited production equipment and space are barriers to accommodating cultural or religious needs. This concern was most relevant for NMs who worked in large LTC homes in urban areas where many culturally diverse residents needed adaptations. Altering the menu was another resource-related challenge reported by the majority of NMs because of the workload it entails.

#### Ministry Standards

Complying with the Ministry's meal rotation and portion standards were other barriers commonly mentioned by NMs. The Ministry's meal rotation requirements interfere with meeting residents' needs as residents from the same culture or community did not want a lot of meal variation. According to one of the RDs interviewed, the Ministry has many unwritten standards that are not listed in the Ministry's LTC Homes Program Manual – which homes are informed of during compliance inspections. The Ministry's meal rotation standard is an unwritten requirement where "there can't be meal repetition for five days which goes against the residents' likes and preferences in an ethnic home. Repetition is only ok when it is based on residents' requests and thoroughly documented".

The NMs also described challenges regarding the Ministry's portion standards which are derived from Canada's Food Guide. Several NMs mentioned that the mandated portions were too large for the majority of residents to consume. One of the RDs explained that portion standards are another unwritten regulation based on the most recent version of Canada's Food Guide: "The new Food Guide is different than the old version. It is not for people over 70 it is for adults over 50 which results in more food waste since larger portions are made for the two menu choices offered. Residents can't eat that portion size".

Many NMs mentioned that altering the menu is complicated by the Ministry's unwritten meal rotation and portion standards. The Ministry's meal rotation standard requires that meals cannot be repeated for five days but as aforementioned this restriction can be circumvented by thoroughly documenting proof that residents want less repetition. Similarly, compliance with Canada's Food Guide portion standards may be altered if it is in the residents' best interests. One of the RDs stated: "It is a balance of the

residents' rights and nutritional balance. For example ... if residents want eggs each morning and the home starts giving them more variety for nutritional balance, then residents may not eat much at breakfast which negatively affects their health more than eating eggs each morning".

### Accommodating Personal and Cultural Preferences

The majority of NMs reported accommodating the preferences of all residents as a challenge when planning menus. Several NMs remarked that accommodating and being responsive to resident preferences is challenging and requires compromises. Additionally, many participants mentioned that the constantly changing nature of residents' preferences complicates the planning process. Numerous NMs, the majority of whom work in large LTC homes in urban areas, stated that accommodating cultural preferences is difficult. This could be because larger homes are mainly found in densely populated urban areas and are therefore more likely to have residents from diverse cultural backgrounds.

Many NMs indicated that accommodating special or therapeutic diets is challenging: "It is hard to accommodate all of the special needs and diets. There seems to be more complex needs and illness of residents now than in the past". One RD mentioned: "It is unwritten that homes must provide all combinations of diets which makes it hard for production, managing diets, and getting the right food to the right dining room". For instance, the home this RD works in has 22 different diets. Some NMs indicated that there were significant barriers involved in obtaining special items and preparing them so that they can be eaten by residents on therapeutic diets with puréed or minced food textures.

The RDs interviewed offered several solutions for accommodating the food and drink preferences of residents at culturally diverse LTC homes. Most indicated that they would have to offer a third meal option in order to provide enough variety to meet the needs of all residents. This necessity validates the NMs' concern that the Ministry's raw food and food labour funding is insufficient for the homes to meet the requirements of all residents. Additionally, nearly all of the RDs suggested that the homes "look for things in common" among the cultures: "There are some standardized products that cut across cultures. For example, offer rice, pasta, and a staple of the common culture. The third item would allow two choices plus a standardized item. Staple products could be common or comfort foods for variety".

Some of the RDs recommended other options which involve combining the efforts of food service and activity staff to accommodate the cultural needs and preferences of residents. Their recommendations include: "Homes can celebrate all holidays with meals and cultural activities. For example, Friday night dinner is special for Jewish residents", "[A] monthly Resident's Choice night for different cultural groups", and "The home's activity department can support diversity with residents and their foods as well. For example, with cooking activities and assisting with special meals". Another RD suggested that the home "could have a Fine Dining activity where there is a fancy meal with a menu. There is a psychological part of menu planning. If residents are happy with one meal then it makes them happy for the next meal."

### **Importance of the research and its application:**

This study highlights the importance of, difficulties with, and possible solutions to accommodating residents' preferences in Ontario LTC homes. Resources are the main barrier to LTC homes accommodating the food preferences and needs of residents as the majority of participants indicated that the funding they receive from the Ministry for food and food labour is inadequate for the amount of work and costs involved. Both the NMs and RDs reported that the disparity between the production time required and production time funded greatly affects menu planning by limiting what goes on the menu, and how and where foods are prepared. Sufficient funding would enable LTC homes to purchase and prepare foods on-site to meet the personal, cultural, and special dietary needs of all residents which is what the Ministry requires homes to do as per the "Goals of Dietary Services" in its LTC Homes Program Manual.

Although adequate resources could remedy most problems LTC homes encounter, it appears that smaller LTC homes in rural areas face different challenges in planning menus and accommodating residents than larger LTC homes. Since residents in rural LTC homes tend to be from the same culture they prefer certain foods but the Ministry's requirement for meal rotation interferes with the home accommodating their preferences. The Ministry's meal rotation standard is likely based on research findings similar to Carrier et al. (2007) and Bernstein et al. (2002) which suggest that a highly varied diet can improve residents' nutritional status by ensuring that they consume a balanced amount of nutrients. Information provided by the RDs suggests that the Ministry's meal rotation standard can be circumvented when it is in the best interests of the home's residents and is thoroughly documented that residents want less variety. The Ministry's meal rotation standard also presents challenges for homes with a diverse population of residents, particularly larger LTC homes. A LTC home with culturally diverse residents that offers two menu options with frequent variety, contradicts the research of Carrier et al. (2006) who found that unfamiliar foods and cultural preferences can affect residents' food intake and nutritional status. Because the Ministry does not fund a third menu option, homes are forced to either provide an insufficient amount of culturally-appropriate foods or to further deplete their scarce resources by offering a third menu choice at the home's cost. Even if a third menu option was funded by the Ministry, it seems that homes with culturally diverse residents may require more than three menu options and therefore likely need to provide more than one menu in order to accommodate all residents.

Regarding the Ministry's portion standards, most NMs and RDs reported that the majority of residents are unable to consume the high volume of food and fluids recommended by Canada's Food Guide. This coincides with the results of a study by Wendland et al. (2003) who found that the Ministry's dietary standards were not designed to meet the nutritional needs of older institutionalized adults with low levels of activity and food intake. Both Wendland et al. and the participants in this study indicated that planning menus based on Canada's Food Guide for healthy adults over age 50 as mandated by the Ministry is inappropriate and that this standard needs to be changed to reflect the reality of LTC residents' dietary needs and activity levels.

## References:

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