POLICY & PROCEDURE NUMBER: ***2.1***
DEPARTMENT: *Dietary*

SUBJECT: ***Menu Planning, Review and Approval***

APPROVAL DATE: April 2011

REVISION DATE: January 2015
REVIEW DATE: May 2018

POLICY:

Menus are planned and prepared according to the needs of the residents for regular, therapeutic and texture modified diets, including snacks, in a systematic manner that ensures quality, variety, attractiveness and seasonal variations and is reflective of the cultural, ethnic, religious and social needs and customs of residents.

Menus are planned, reviewed and approved in accordance with the relevant Criteria set out in the LTC Act 2007.

OBJECTIVES:

Menus are planned to meet dietetic practice guidelines and are approved, in writing, by the Home's Registered Dietitian (RD), at a minimum yearly or whenever the menu cycle is changed (e.g. for seasonal menus).

The Manager of Support Services and RD work together to customize menu review timelines to ensure that the menus are approved in conjunction with the start of the menu cycle.

Menus are planned in consultation with residents.

Menus are planned to meet the cultural, ethnic, religious and social needs and customs of residents.

Menus follow an established menu cycle.

PROCEDURE:

1. Canada's Food Guide for Healthy Eating serves as the basis for menu preparation.
   - Grain Products: **seven** servings of whole grain or enriched bread and cereals
   - Vegetables and Fruits: **seven** servings of vegetables, fruits and/or fruit juices
   - Milk and Alternatives: **three** servings
   - Meat and Alternatives: **three** servings

2. Input for menus is sought from the Resident Council and or Residents' Council Food/Dining Committee.

3. Menus take into consideration residents' food preferences and nutrition needs, preparation requirements and equipment availability.

4. Menu items reflect variety in form and texture, temperature, flavour, colour, size and shape, and method of preparation.

5. If a "purchased" menu is used as the basis of the residents' menu, it is modified to reflect:
   - the noted preferences of the general resident population;
   - the idiosyncrasies of the main production area (safety, production, equipment issues);
   - seasonal variations.

   The modified menu must be reviewed and approved by the RD as stipulated below (*see numbers 14 – 18 below*).

6. The menu consists of a minimum 3 week cycle

7. Planned alternatives for entrees, vegetables and desserts are included on the menu for regular, therapeutic and texture modified diets; alternatives are of equivalent nutritional value.

8. The therapeutic menu lists the standard portions sizes and standard serving utensils for all diets (including regular).

9. The therapeutic menu lists all therapeutic diets and texture modifications offered in the Facility/Home.

10. The therapeutic menu choices follow the regular menu as closely as possible.

11. The following diets, food texture modifications and fluid consistencies *may* be available, based on current dietetic practice and as required and approved by the PAC/MAC.

Diets:
- Regular
- Modified Diabetic
- Reducing/Low Fat
- Low Potassium (modified)
- Gluten Free
- Small Portions

May be included, as required:
- Renal (modified)

Texture Modifications:
- Regular
- Regular with cut/diced meat
- Regular with minced meat
- Minced
- Pureed

Fluid Consistencies:
- Regular
- Nectar
- Honey
- Pudding

** This diet meets the needs of those residents who do not tolerate the amount of fat in the Regular diet, such as gall bladder disease*

*** The regular diet may meet the needs of the NAS (No Added Salt) restriction, if verified by nutrient analysis*

12. Additional therapeutic diets are available as required and planned by the RD to meet specific resident requirements (e.g. gluten free, modified fibre).

13. A snack "menu" or rotation is also planned for each day of the menu cycle, including texture modified and therapeutic diets choices, to ensure that the snacks offered to

residents do not repeat the menu choices for the day but rather contribute to the overall variety and nutritious choices offered to residents.
(*See Guidelines for Development of a Snack Rotation*)

14. The Manager of Support Services and the Home's Registered Dietitian RD work together to customize the menu review and approval process to ensure timely completion of the approval and implementation for each seasonal cycle. (*See "BB&A Time Guidelines for Menu Approval")*

15. The regular and therapeutic menu is submitted to the RD for review and approval prior to the start of the menu cycle.

16. The Registered Dietitian uses the Dietitians of Canada *"Sample Tool for Menu Approval & Review"* when reviewing and approving the menu.

17. If changes are needed before approval can be given, the RD documents any recommendations and submits these in writing to the Administrator and the Manager of Support Services.

18. As soon as all recommendations are addressed and, the revised menus are considered approved, a letter is written by the Registered Dietitian and the menu can be implemented.

19. The time required to review the menu is considered administrative time and is not to be included in the clinical time allocated to the RD for resident care.

20. Weekly and daily menus are posted in the kitchen and in each dining room. Daily items may be posted before breakfast for all three meals of the day, or for each meal prior to service, depending on the type of menu board used in the Facility/Home, to inform residents, visitors and staff of the menu choices for the day.

21. All menu changes/substitutions are recorded on all copies of the menu, including the posted menu in each dining room, and on the production sheets in order to inform residents and production staff of required changes.

22. Menu substitutions are kept to a minimum, other than those made to accommodate the special situations noted in #26.

23. Menu substitutions must be nutritionally similar to the original menu item.

24. Menu substitutions are recorded on the daily Production Sheets, with the reason for the change(s), and reviewed by the FSS/NM at the end of each week The FSS/NM may maintain a log of menu substitutions for her records, per Facility/Home procedure. (*see sample Menu Substitution Record)*

25. Menus are kept on file for a minimum of 3 months. Menu substitution information from production sheets or on menu substitution record forms is kept for one year. Reasons for menu substitution are monitored and evaluated as part of Continuous Quality Improvement Program and are considered in the development of new menu cycles.

26. Menus allow for theme days, seasonal specials, resident choice days and residents' requests.

* *Nursing Homes Act, R.R.O. 1990, Regulation 832, 75 (3)*

References:

Canada's Food Guide for Healthy Eating, Health Canada, 2007

Menu Planning in Long Term Care – A Comprehensive Guide, Dale Mayerson, RD and Karen Thompson, RD, 2005

GUIDELINES FOR DEVELOPMENT OF A SNACK ROTATION

When developing a snack rotation to accompany the residents' cycle menu, ensure that:

- It is the same length as the current menu cycle;
- It provides regular and all the same therapeutic choices AND TEXTURE MODIFICATIONS as the menu cycle;
- The therapeutic choices follow the normal snack rotation as closely as possible within the therapeutic restrictions;
- Snacks for texture modifications follow the regular snack rotation as closely as possible i.e. muffin on regular menu, pureed muffin as pureed texture choices; and that
- Portion sizes are included along with all snack choices

BARKER, BLAGRAVE & ASSOCIATES TIME GUIDELINES FOR MENU APPROVAL

The following are expected timelines for the menu review and approval process to ensure timely completion and approval of the menu rotation as expected by the Ministry Dietary Advisor and as per the Ministry of Health and Long Term Care Standard 1, Criteria P1.1, 1.2, 1.3, 1.4 and P1.5 as well as the Ministry Menu Planning Regulation, 2005.

1. The Nutrition Manager (NM) will provide the completed full cycle menu, including the week-at-a-glance, therapeutics, nourishment rotation and portion sizes, to the Registered Dietitian ***at least 6 weeks*** prior to the expected start of the menu rotation (see # 2). This

can be provided to the RD in hard copy or electronic copy or both, depending on what is agreed upon by the NM and RD.

2. For Spring/Summer, the rotation should be planned to start no later than mid-May; for Fall/Winter no later than mid-November. (July 1st and January 1st for homes with Summer/Fall and Winter/Spring cycles)

3. The RD will review the menu, complete the DC "Tool for Menu Approval and Review" and provide a written list of suggestions, concerns or required adjustments to the NM ***within 3 to 4 weeks*** of receiving the menu. The NM and RD may choose to review these together initially to discuss concerns and possible suggestions either party may have.

4. The NM will review the input from the RD and provide the revised menu with adjustments or changes to the RD ***no later than 3 weeks*** prior to the expected start of the menu rotation.

5. The NM will also present the proposed menu at a Food Committee meeting to gather suggestions and, as much as possible, will include these on the proposed menu for the RD to review.

6. The RD will review and provide any further suggestions to the NM, prior to the expected start of the menu rotation.

7. Once all changes/suggestions have been incorporated, the RD will review the final menu and nourishment rotation and provide a menu approval letter, PRIOR TO implementation of the menu rotation. The original signed letter will be provided to the Home Administrator with a copy to the NM and a copy to Christine Barker, BB&A. An electronic copy will also be provided to Christine Barker.

8. After one full menu cycle has run, the NM *may* make the further changes, as desired by the residents or suggested by production staff. These changes will be provided to the RD for further review. If the changes are substantive enough to require significant review, the RD will document this and will provide an updated approval letter, if required.

9. It is acknowledged that, for a completely new menu, or any menu that requires major revisions, the above timelines may not be realistic and may have to be adjusted, as agreed by the RD and NM.

NOTE: These Guidelines have been reviewed by the MOHLTC Dietary Advisors; RD approval prior to implementation of the menu is the intent of the Menu Planning Regulation.