Q&A: FLTCA Menu Planning Regulation Changes – July 2022

1. **What was the residents' feedback/reaction on the development of the menu planning work that you have done?**

   - Many residents are happy at the potential for less food waste, possible flexibility around mealtimes and having some favorite foods available more often
   - As we proceed, we hope to get more residents' feedback to determine what changes worked well

2. **I think this will be more difficult for the RD to assess nutritional intake since you never know what the resident is taking at a meal.**

   - The current 74 (d) regulation states: *a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration*
   - We feel the intent of this regulation is that those who have been identified at 'RISK" need to be monitored and evaluated
   - Currently, in the majority of homes, all residents are being monitored for food and fluid intake. This needs to be evaluated at the home level as monitoring of all residents may not be necessary as they are residing in a home not a hospital
   - The accuracy of the current monitoring depends on the documentation provided by the health care staff. Current monitoring really only identifies trends or changes in the residents eating. Therefore, any changes to menu will not affect monitoring. Our goal is that if the resident is offered more foods that they like, then they will consume more. In most homes health care staff will continue to track how much of the residents' chosen meals were consumed
   - Intake monitoring currently and will continue to flag those residents that do not eat well or where there is a change in intake. This will not change with the new menu planning regulations
   - RDs and Nutrition Managers regularly complete meal rounds and audits where risks are observed or identified by care staff as part of the quality management and risk schedule
   - The Dietitian already tracks residents at highest nutrition risk in more detail and also talks with staff to obtain any verbal input on intake patterns and specific items consumed as required
   - Some LTC homes have electronic point of care intake monitoring systems that food and fluid consumption. LTC homes can look into these options for more efficient recording

3. **What will this look like in practice, will residents be asked for choice at point of service?**

   - How each home offers choice to the resident will be a decision they will have the autonomy to make
   - Some homes will decide to continue to offer choice at point-of-service
   - Some homes may set up a system of advanced ordering
   - Show Plates will not longer be needed but can still be used if the Home wishes to do so. Photos of the main choice can be posted electronically as per past practice
   - With a streamlined menu system, this will allow for the residents' favourites to be offered on the menu on a more regular basis
   - The home may decide to offer a small selection of a la carte items according to the wishes of the resident population which can be prepared and delivered in a short time

- The primary entrée will be offered to all
- Alternate choices will be available as set out in the homes policy
- Residents' food preference will be factored into the choices offered at meals eg. if the resident has identified that they don't like fish, then there will be an alternate available for that resident

4. **May be hard for home to estimate a la carte choices that day, as choice/preference change daily...e.g., If kitchen estimated 10 svg mac n cheese, then we may get complaints if 15 mac n cheese and ran out that day.**

- This already happens in LTC with offering two choices, e.g., if you produce 75% of choice A and 25% of choice B, but 85% of residents want choice A, you're going to run out
- Forecasting the correct amount of food based on the past regulations has always been an issue with either overproducing or underproducing
- This leads to tremendous amounts of waste and decreased resident satisfaction
- Will the new regulations there is one main choice that has to be available to all residents?
- How alternate choices are being offered is up to the home to decide eg. a la carte, a second entrée available eg. a vegetarian choice, sandwich or salad plates etc.
- These changes need to be reflected in a culture change in the dietary department as well. The key to the success implementing these changes is to focus on one meal done very well that residents will love and eat and having something else available that they can eat if they don't like what is being offered. This is what happens at "home" and our goal is to make this a "home" like atmosphere for the residents. If at home, one person doesn't like roast beef, then usually you have something else available for them. This is the same concept
- Basically, this is already done in the homes because there are times when the resident does not like either choice. We always find them something else to eat

5. **If we are encouraging a la carte, do we need more dietary aides? For example, one staff would be serving, and the other would be a 'short order cook' in the servery, if encouraging a la carte?**

- As outlined above, every LTC home may enact the regulations in a different way, some may choose to keep the 2 choices as per historical regulations. Others may choose an a la carte. There is more flexibility with the new regulations which will create efficiencies in the LTC home kitchen and dining rooms according to their physical environment, staffing levels and equipment
- This would be an ideal scenario if staffing hours were increased to have more a la carte food production happening at the point of service
- A la carte is not in the regulations and therefore it may not be implemented everywhere, there may be another way that an LTC home provides alternative choices

6. **I appreciate that the new legislation is leaning towards the residents' preferences... but for those residents who are unable to speak for themselves or provide their choice options, how are staff being educated or guided to ensure that what is being provided at each meal service is nutritionally adequate (if not provided the main option). I understand that this may have been the case with the previous legislation as well - but just curious if there had been discussions related to this with the homes.**

   - We will continue to depend on the likes and dislikes lists of the residents based on assessment and communication with family
   - Staff continue to observe what the residents are consuming well and tailor towards those residents' preferences
   - Residents' preferences also change over time and therefore intake records and waste audits will also determine what a resident likes and dislikes

7. **How much of the Residents' Council suggestions have to be incorporated in the menu?**

   - There isn't a prescribed quantity that must be incorporated
   - Resident's Council is made of a sampling of the resident population and should speak on behalf of the resident population. At times, these residents may express their own needs and wants, therefore it is imperative that a LTC home has other ways of generating resident meal suggestions which could be based on cultural needs, religious requirements or group preferences
   - As per past practice, the Nutrition Manager will continue to meet with the residents and ensure that their preferences are included in the menu planning and that special events and holiday meal also reflect the requests of the residents
   - The Nutrition Manager is able to look at the requests and make sure they are achievable with the budget and staffing available. The Nutrition Manager will work with the residents to come up with menu choices that meet the majority of the residents

8. **Let's say a home of 260 residents, 25 residents on a day, at lunch wants a completely different choice that is out of the menu that day, and the 25 residents wants a different choice...how will the staff manage that? having to create 25 different meals?**

   - As expressed above, menu planning and forecasting numbers based on the current regulations is a complex process
   - Often, we do have scenarios that leave us short the alternative and having to do a lot of running around to get people fed at the last minute
   - If the home has an a la carte menu, there will be a short list of nutrient dense, easy to prepare options eg. sandwiches, salad plates, vegetarian options etc.
   - The home can continue with a two-choice menu if that is what works best for the home
   - The home can go with a one main choice menu and have an alternate available if needed in the kitchen. Food that stays refrigerated in the kitchen and not put in the steam table can be reused and not wasted

- The scenario might be that the main menu is Roast Beef with Gravy and Horseradish, Whipped Potatoes, Carrots, Side Salad, Dinner Roll and Apple Pie for dessert. If a resident did not like Roast Beef, we would know that in advance and have something else ready for them. If at point of service, the resident decided they didn't want a full meal then the staff would have something else that is easily available for them to eat eg. sandwich, salad plate, omelette, bowl of cereal! This is what we do at present already
- The change in thinking is that it is better to get the resident to eat something instead of nothing at all. We currently do whatever we can to get them something to eat when they refuse choices they are offered and will continue to do so
- The new legislation allows us the ability to set up systems within each home that will allow the residents true autonomy of choice
- Some homes may continue with their current menus based on 2 choices of entree
- Nutrition managers will continue to review food production and adjust/revise the production each day as necessary

9. How much does a home have to "accommodate" a choice from Residents' Council? For example, if the resident wants a T- bone meal, where is the compromise?

- It may be helpful to inform Resident Council about nutrition support amount per diem, resources, etc.
- Open communication is key with education and understanding of food production, available equipment, skill level of cooks, costing, storage space etc.
- Other options include suggesting an alternative or creating a special event menu to accommodate a unique request. Eg. A steak BBQ as a special event

10. With the 2019 changes in Canada's Food Guide and the removal of this requirements in the new Regs - what impact do you anticipate this having on LTCH menus related to milk and dairy products? Is this still being included as a beverage choice at each meal and part of the analysis of DRIs for the menus? Has there been an increase in requests from residents in homes for alternative types/choices of milk?

- In the past, to achieve the recommendations set out in CFG, milk was given to all residents along with water
- This resulted in ++ waste as not all residents consume milk
- So, the choice of milk is readily available to residents if the want it
- Milk is still included as an important food item on the menu, since it is a nutrient dense option with protein, calories and other nutrients
- The menu is planned to include many dairy products including milk, cheese, cottage cheese, yogurt, ice cream, pudding, cream soups, lactose free milk etc.
- If alternate plant-based beverages are requested, they can be available as well
- The original intent of CFG was to be just that, a "guide" for all Canadians, all genders, ages and cultures
- It was not written specifically for special populations like children or seniors
- Menu planning in LTC has become very difficult in trying to ensure all the portions suggested in the guide are incorporated into the menu. Our attempts to meet CFG in menu planning in LTC resulted in us serving residents overwhelming portions of food that turned them off eating completely.
- With the new regulations being based on the DRI for seniors, we are able to offer more nutrient dense foods in smaller quantities that the residents are capable of eating and therefore begin receiving better nutrient intake
- Policies around menu development should ensure that larger portions are available for those who request them

11. Are we concerned that residents may be coerced into making choices that works best for the home rather than they having a choice?

- These new regulations should give the homes better flexibility in offering menu items that the residents want to have
- It will also allow homes to create menus that are geared towards the demographic they serve.
- Creating 1 primary quality choice in the kitchen will reduce stress on the cooks to have to overproduce 2 choices. The LTC homes can then concentrate on mastering 1 really good quality option while having options for resident favourites should they not like or want the primary
- Residents are autonomous adults and can make their own choices according to the Consent to Treatment Act and Healthcare Consent Act. For example, if they want a tomato and mayo sandwich every night for dinner, which is their choice and we need to respect that
- The RD will provide education and services to that resident to note any potential risks, but in the end, the resident has the right to choose

12. Wondering, is the aim/vision for Dining Service in LTC to become more like resort/restaurant-style, rather than home-like

- Food service trends are constantly changing and the LTC industry needs to stay current
- The “new” senior wants flexibility and the ability to choose. The “meat and potatoes” type menu of the past will not work
- Our goal is to provide a meal service that is casual and comfortable and less institutional
- The new regulations give the home more flexibility, with less overproduction, while meeting residents’ preferred meal requests
- The culture of the food service in each home will be unique. Some homes will keep the “home” like atmosphere, some may want to offer a different type of meal service. The new regulations allow each home the ability to determine what works that home and the residents of that home
- Resident have been asking for more “hospitality style” dining options if they came from a senior’s or retirement residence prior to LTC
- It is difficult to make congregate dining” home-like” and LTC homes try their best to make the dining rooms as comfortable as possible
- The new system helps manages the nutrition support cost per diem at a time when raw food is expensive

13. With more food choices and prepared food at every meal, can't imagine the waste it will create .... Hoping the homes are in contact with their community to donate the food to families in need especially these days with the inflation

- With this new system, we expect there will be less waste since resident favourites will be on the menu and if an a la carte options are available everyday, so it does not need to be wasted.
- Food waste is manageable if the production schedule, forecasted numbers based on the current resident census and standard recipes are followed. Nutrition Managers are trained to manage food waste and should do so on a daily basis
- If the prepared foods are kept refrigerated until served, and not held in the steam table, it can be used again. Planning to only thaw and heat food that is needed at the time will cut down cost and labour
- Unfortunately, according to Public Health, once food has left the kitchen, it is not available to donate anywhere

14. With the emphasis on more options, fresh produce and local foods with the increasing cost of foods and delivery (gas costs, etc) are the homes receiving increased funding for these changes? also second question is the home to provide options for all multi cultural preferences?

- Homes are receiving more nutrition support funding as of April 1, 2022; however, this is already not keeping pace with the current inflation
- Homes will continue to make every possible effort to meet the cultural preferences of a resident, including individualized menus

15. Could the documents/best practice documents that will be needed for inspecting meal service and dining be added to our Inspector handbook?

- They are available to you

16. Only 12 nutrients are currently mandatory to report?

- The regulations state that each menu cycle is approved for nutritional adequacy by a registered dietitian… who must take into consideration current Dietary Reference Intakes (DRIs) relevant to the resident population? O. Reg. 246/22, s. 390 (1)
- The nutrients to be considered will depend on RD decision and availability of nutrient analysis from food manufacturers

17. To our guest Dietitians, have the home complained of procurement issues or cost of food?

- Yes. This is an unfortunate reality we've been experiencing since the beginning of the pandemic, along with retail food service operations, e.g., restaurants, supermarkets

18. With the increase in workload for RDs in LTC -- given referrals, menu concerns-- has there been a consideration in increasing the minimum RD hours in the home?

- There is ongoing advocacy work to add more RD hours in the regulations
- RD hours can also be increased through the Other Accommodations or the newly added Allied Health Professionals funding at the discretion of the LTC Home

19. It does sound like a lot of collaboration is needed and will depend on PSWs/RPNs to be alert and refer to the RDs.

- Yes, this has always been the case in LTC
- In the current legislation, the RD is only onsite 30 minutes per resident per month
- The health care staff need to continue to use the referral system in place at the home to ensure that the nutritional needs of the resident are being communicated to the Nutrition Manager and RD in a timely manner
- The NM and RD cannot be in every dining room at every meal to observe the residents eat and therefore we rely heavily on the Health Care staff to communicate any issues they observe
- Be reminded, that the NM is the constant in the home and needs to be part of the Management team of the home and have an open relationship with the Nursing leaders to make this system work well
- Open communication and a reliable referral system between Nursing Management, Health Care Staff and the Nutrition Manager and RD is crucial in all situations

20. Because they may love the sandwich and we see 100% B/L/D, so RD may not see concern and chart 100% meals consumed. But yes, RDs will need to dig a lot harder to determine what is actually being eaten, then determine nutritional adequacy.

- A good quality management and risk management schedule still needs to be in place – audits, meal observations, referrals, education
- There could be a difference between a la carte items and full meals, depending on the items chosen
- As stated above, RDs may track residents at highest nutrition risk in more detail
- If the philosophy of the LTC is that this is the resident's "home" then if the resident choices sandwich everyday and they remain "well" (stable weight, labs, no wounds etc) then the RD will not need to know everything that the resident consumes
- The goal of the NM and RD is to get the resident to eat
- We don't know exactly what each resident eats everyday and could not track that unless we were in a clinical hospital situation where every meal could be tracked, weighed before consumption and after and then analysed – there are units in hospitals that can do that, but they are set up for research purposes
- Our goal is to get the resident to eat and drink enough to maintain their health as best as possible and to be happy and content with the food that is being offered – it is important that we keep it that simple

21. Will the home be required to offer whatever is in stock in the kitchen based on a resident's specific food preference? e.g., requesting fried egg when scrambled egg is on the menu.

- The intention is not to run a short-order restaurant, nor are LTC kitchens set up this way. There would have to be considerable capital renovations to create this situation as well as a different level of Food Service Worker skill level that is currently not in place
- Some LTC homes will have a defined list of alternate meal items to the food item on the menu, or they may keep to the 2 choices as per historical regulations. New regs provide flexibility which is key
- As always, residents who have specific therapeutic requirements will be accommodated, e.g., allergies, special diets
- Individualized pre-selected menu could be considered

22. What does 'choice of snack' mean? Does this mean a literal choice such as Tuesday's PM snack is: cookies or brownies OR can it mean providing personalized snacks if a repeated dislike is observed? I feel like this language is new regarding snacks

- The individualized snacks are for therapeutic needs of the resident, and not a choice of snack.
- Currently, most homes are offering choice of snack already. Most put out the item that is on the menu eg. a Brownie and have fruit available as well in all textures
- Some Residents' Council have requested that there always be cookies so that is accommodated
- The choice of snack from the menu would also be offered to the resident, depending on the resident's individual diagnosis, e.g., a person with diabetes may be provided with a ½ sandwich at HS snack so they have a protein and carbohydrates source before going to bed
- For residents that don't have any dietary restrictions there may be a few items to choose from
- In planning the menu, it is important to ensure that all texture modified options are available as well

23. Which nutrients need to be included in the nutritional analysis? The Regulations just say DRI's but the OSNAC menu approval sample includes Energy / Calories, Protein, Carbohydrates, Fat, Fibre, Sodium, Calcium, Iron. Were these suggested by the MLTC, and would this meet the standard and/or could more be included/analyzed based on the availability in the nutrient analysis and/or the RD's professional judgement?"

- The regulations state that each menu cycle is approved for nutritional adequacy by a registered dietitian… who must take into consideration current Dietary Reference Intakes (DRIs) relevant to the resident population? O. Reg. 246/22, s. 390 (1)
- The regulations do not specify which nutrients should be included
- The RD is welcome to include any nutrients deemed necessary to the population
- The basic nutrients identified in the OSNAC best practice document are readily available and were chosen because they are adequate to monitor to ensure that the residents basic nutritional needs are being met if they eat what is offered on the menu

- This is the issue in the LTC setting, regardless of what nutrients you monitor, it really comes down to getting the resident to eat
- As noted above, unless you were in a clinical investigation unit setting in a hospital, it would be impossible to truly know what nutrients an individual consumes
- This also is based on the nutritional analysis capability, eg. does the home have a menu analysis program or will the NM and RD have to do the nutrient analysis manually, and the food manufacturer's labelling?

24. What is the sequence of menu approval for a new menu?

- At the launch of a new menu cycle, the menu development and approval process could include (in this order):
  - During menu development - Feedback from cooks/dietary aides, care staff based on resident population
  - After menu is completed – Review by Residents' Council
  - After changes made to menu – Approval by Nutrition Manager and RD, including nutritional analysis
  - Review by the Executive Director/Administrator
  - For menu changes throughout the year, if permanent changes are made throughout the menu cycle, the RD should be involved, and permanent changes be presented to the Residents Council.

25. With the new act and new regulations (specific to minimum one entrée) I wonder about those with allergies, special diets etc. We will maintain our regular structured menus as in past and offer a main meal and alternate meal choice including sides and dessert. (This will not change). However, for those with allergies, gluten free, lactose free etc. Would the new act support us in only offering them the one choice?

- **If continuing with current 2 choices of entrée, veg and dessert:**
  - For those with allergies or other special dietary needs, an individualized menu could be created with input from the resident/SDM or offer a second choice that meets the dietary needs of the residents

- **If following primary choice with a la carte options:**
  - A therapeutic need can be accommodated by offering one resident approved daily a la carte option that meets those resident needs or developing an individualized menu with input from the resident or SDM with a consistent alternate that is always available
  - Because the resident's input is included in the creation of an individualized menu, a choice of entrees is not needed