



# BEST PRACTICES FOR NUTRITION, FOOD SERVICE & DINING IN LTC

## BEST PRACTICES: MENU PLANNING IN LTC

The Best Practices within this document are recommendations to support regulatory compliance to Ontario LTC legislation, promote optimal nutrition and hydration care and support person centered care. It is important to note however, that Residents' rights and preferences are paramount and should be respected regardless of legislation or best practice. The Best Practice Document is based on resources and expertise from industry professionals and where applicable, are evidence-based. This is a living document that will transition with the evolution of the industry over time.

<b>SUBJECT: Menu Planning</b>	<b>Revised: 2022-07-11</b>
<b>ONTARIO REGULATION 246/22 made under the FIXING LONG-TERM CARE ACT, 2021 Made: March 31, 2022, Section 77 (into force July 11, 2022)</b>	
<b>Nutritional Care and Hydration Programs - Menu Planning</b>	
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## 1. Purpose & Scope

The master menu is planned to provide the residents of the home with appetizing foods and fluids appropriate for their health and individual requirements, cultural and religious needs/practices, and quality of life.

## 2. Key Concepts for Menu Planning

1. Serve complete meals for breakfast, lunch, and dinner. A complete meal contains protein, carbohydrate source and fruit or vegetables
2. Meet Dietary Reference Intakes (DRI) nutritional standards, hydration needs and consider residents' preferences
3. Menu planning encompasses all foods and beverages to be provided daily to residents, including a minimum of three meals, three additional beverage opportunity passes and two snacks daily
4. A 'Food first' approach is recommended, where the menu items provided meet the nutritional needs of the majority of the residents, and nutrient-dense foods and beverages are used to meet individualized needs. 'Nutrient-dense' refers to menu items that are high in nutritional quality relative to the portion size.

## 3. Practice Recommendations

### a. Types of Menus

**Meals consist of a minimum of one entrée and side dish at all three meals and dessert at lunch and dinner; includes a choice of other available entrées and side dishes at all three meals and a choice of other desserts at lunch and dinner, to meet residents' specific needs or food preferences.**

- Cycle menus are planned and revised on a regular basis. Each menu is a minimum 21 days per cycle for optimal variety, unless otherwise requested by residents
- Side dishes for breakfast may include juice or fruit, hot or cold cereal, bread or toast or a baked item
- Lunch and dinner side dishes may include soup or appetizer, a carbohydrate source such as bread, potato, rice, pasta, baked goods, grains etc., a hot or cold vegetable/ fruit or salad and appropriate condiments to complete the meal
- Menus may include options such as two full meal options, two protein options and single side dishes and dessert or one main choice with alternate/a la carte dishes available
- Alternatives to the main meal are available to meet residents' individual needs, cultural, religious, or ethnic requirements, dietary restrictions, or food preferences
- Choice of hot and cold beverages are available at all meals



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- There is a menu for mid-morning drink, mid-afternoon snack, and drink, and evening snack and drink included in the menu cycle
- A choice of snack is available. That could be the planned menu item with the addition of a fruit basket or tray of cookies, etc.
- A snack choice needs to be available for all residents taking into consideration their diet, texture, and fluid consistency
- A 3-day minimum home specific emergency policy and procedure is in place

## **b. Menu Planning Standards, Guidelines and Considerations**

- i. [Sample Menu Planning Template for LTC](#)
- ii. [Choosing a Menu Style for LTC](#)
- iii. Foodland Ontario <https://www.ontario.ca/foodland/foodland-ontario>

- Food and beverages are available for residents on a 24-hour basis for all diets and textures
- Revised at minimum annually, with adjustments made for seasonal preferences
- Designed to provide adequate nutrition, variety, and choice for all residents
- Planned to meet DRIs for the frail senior population. Menus include adequate dietary fibre, fluid, lower fat, sodium, and sugar options
- Carbohydrate, protein, and caloric content should be consistent from day-to-day
- Planned to ensure that standardized portion sizes, texture modifications and fluid consistencies are used and that standardized recipes are available for all food and fluid products produced
- Planned to include fresh seasonal foods and local foods, in keeping with budget limitations, food safety guidelines and availability
- Local and seasonal foods can include fresh produce such as fruits, vegetables, milk and eggs but also local fish, meats and even bakery items. Foodland Ontario offers a variety of resources including availability guides, posters, use of logo and marketing material and more. Refer to Resources for the link to learn more.
- Available labour and complexity of production should be considered when menu planning with the goal of being equitable throughout the menu cycle

## **c. Mealtimes**

- The timing of meals and snacks is decided upon by agreement of the Residents' Council and the Administrator or the Administrator's designate



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- Timing of meals that suits the residents and the culture of the home should be outlined in a home-specific policy. This allows for flexibility, e.g., the introduction of a continental breakfast to allow the resident the option of sleeping in, etc.

## **d. Therapeutic and Texture Modified Menus**

- It is widely accepted that the quality of life of older residents in LTC homes may be enhanced by a liberalized dietary approach.
- The Nutrition Manager (NM) and Dietitian (RD) in collaboration with the dietary team develop the core menu
- Therapeutic menus are created using the regular menu as a base, and then modifying the menu to ensure that there is a menu for all therapeutic diet types, texture-modified foods, modified fluid consistencies, specific snacks and supplements required in the home.
- Therapeutic diets are sufficiently flexible to allow for liberalization where appropriate; residents also can follow a more tightly controlled therapeutic diet if they prefer to.
- Persons living with dementia and other similar conditions may benefit from finger foods. These options can facilitate increased oral intake, independence, and self-feeding. Finger foods may be considered a type of texture modification.
- The menu is developed so that people with diabetes receive similar levels of carbohydrates, protein, and calories over meals and from day to day to help stabilize blood glucose levels
- The NM and RD in each home collaborate to ensure modifications made to the menu are feasible each day from a labour, budget, and production perspective.

## **e. Nutrient Analysis**

- A well-developed menu provides foods that are nutrient dense, adequate in calories, protein, dietary fibre, healthy fats, sodium, vitamins, and minerals.
- Often residents are unable to consume large quantities of food, the nutrient density of menu choices is especially important.
- A nutrient analysis is:
  - Completed each time a new or updated menu is created
  - Completed using appropriate software. Manual analysis of the menu difficult to do due to the extensive time required and likelihood for inaccuracy



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- An analysis is only accurate if product specifications, standardized recipes, and standard portion sizes are followed
- Includes all items available to the residents. Most residents will not consume all the foods and beverages offered on the menu, and that an individual resident's intake will differ from the analysis of the total menu
- Extra time may be required for the RD to complete the analysis and adjustment of the menu. This would have to be preapproved by the Administrator or their delegate

## f. Menu Approval

- i. [Recommended DRI's for Nutrient Analysis in LTC](#)
- ii. [Incorporating Nutrient Dense Foods into a Menu](#)
- iii. [Nutrition in Disguise Recipes](#)

The menu is planned to meet the home's residents' needs and is based on the current Dietary Reference Intakes (DRI).

- The Dietitian ensures that the menu meets the DRIs for this population are met with the current menu based on the availability of the nutrient database from the manufacturer.
- As part of the evaluation, the NM and RD evaluates and approves all menus, including therapeutic, texture modified variations and individualized menus and ensures that there is evidence of menu consultation with residents
- The Nutrition Manager and the Dietitian complete a menu approval tool (see sample in forms section), sign off on the menu and ensures and the Administrator of the home is provided with a copy of the completed menu assessment report
- Menu should meet >75% DRI daily for micronutrients with average of 100% over full menu cycle
- The Canada's Food Guide can also be a valuable evidenced-based resource outlining the current healthy food trends in Canada

## g. Menu and Meal Evaluation

- i. [Menu Evaluation & Approval Tool for LTC](#)
- ii. [Menu Evaluation & Approval Tool for LTC Guide](#)
- iii. [Menu Evaluation & Approval Cover Letter for LTC](#)
- iv. [Permanent Menu Change Form Template for LTC](#)

- Residents, family members, Substitute Decision Maker (SDM)/ Power of Attorney (POA), other designated parties and appropriate team members are consulted and involved in the menu planning and approval process to ensure menus reflect current residents' social, ethnic, cultural, and religious practices, and needs



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- A Residents' Food Committee can be established for planning and approving cycle menus and special occasion menus
- Residents' preferences and appetites are routinely assessed. This assessment could include information from the residents at meal rounds, residents' satisfaction questionnaires, Residents' Council and/or Food Committee comments, results of dining audits, feedback from front line Dietary and Health Care staff
- Minutes of Residents' Council and/or Food Committee meetings are kept for at least one year as evidence of process.
- Regular observations by the NM, RD, Dietary and Health Care Staff important components of the evaluation process

## 4. Home Specific Policies - Roles & Responsibilities

### i. [Sample Menu Planning Policy](#)

- Standardized recipes and portion sizes are developed and used consistently for each menu item. This includes all foods and fluids that are modified in texture or consistency
- There is a home specific policy and procedure to address when and how individualized menus are developed
- Individualized menus should be developed in consultation with the residents, so their preferences and choices are clearly outlined at point-of-service
- There is a home specific policy and procedure that addresses the needs of residents who request cultural or religious-specific food choices. This may include parameters for choice and variety, resident and family input, cost responsibilities, etc.
- There is a home specific policy and procedure that defines alternate portion sizes such as smaller or larger portions This provides clear directions to staff at point-of-service and ensures accuracy in assessment by the Dietitian and documentation in the nutrition and hydration care plan
- Weekly and daily menus are posted in a communal area in or near the dining room for residents and families to see. Font size is as large as is possible and practical.
- Menus should be posted in French if the home has a francophone population or for any other specific language used in the home
- Financial analysis should be completed to ensure that the cost per resident per day at least meets the Ministry of Long-Term Care funding envelope for food
- Upon hiring and as needed education about basic therapeutic diets, food texture and fluid consistency modification is provided to all Dietary and Health Care Staff members



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- Menu planning is a complex process and requires the development of a plan with specific steps. See sample menu implementation policy in the Resources section.

## 5. Resources/Tools

1. [Sample Menu Planning Template for LTC](#)
2. [Choosing a Menu Style for LTC](#)
3. [Recommended DRI's for Nutrient Analysis in LTC](#)
4. [Incorporating Nutrient Dense Foods to a Menu](#)
5. [Menu Evaluation & Approval Tool for LTC](#)
6. [Menu Evaluation & Approval Tool for LTC Guide](#)
7. [Menu Evaluation & Approval Cover Letter for LTC](#)
8. [Permanent Menu Change Form Template for LTC](#)
9. [Sample Menu Planning Policy](#)
10. Foodland Ontario <https://www.ontario.ca/foodland/foodland-ontario>
11. [Nutrition in Disguise Recipes](#)

## 6. Evidence & References

- ONTARIO REGULATION 246/22 made under the FIXING LONG-TERM CARE ACT, 2021 Made: March 31, 2022, Section 77 (into force July 11, 2022)
- Menu Planning in Long Term Care and Canada's Food Guide. July 2020, <https://www.dietitians.ca/DietitiansOfCanada/media/Documents/Resources/Menu-Planning-in-Long-Term-Care-with-Canada-s-Food-Guide-2020.pdf?ext=.pdf>
- Institute of Medicine. *Dietary Reference Intakes: Applications in Dietary Assessment*. Washington, DC: The National Academies Press, 2000, <https://doi.org/10.17226/9956>.
- Health Canada. *Canada's Food Guide*, 2020, <https://food-guide.canada.ca/en/>
- BC Cancer Oncology Nutrition. *High Protein High Energy Food Choices*, 2019, [http://www.bccancer.bc.ca/nutrition-site/Documents/Patient%20Education/high\\_protein\\_high\\_energy\\_food\\_choices.pdf](http://www.bccancer.bc.ca/nutrition-site/Documents/Patient%20Education/high_protein_high_energy_food_choices.pdf)



## BEST PRACTICES FOR NUTRITION, FOOD SERVICE & DINING IN LTC

- Nutrient Dense Recipes (Heather Keller - RIA) can be obtained at <https://the-ria.ca/resources/making-the-most-of-mealtimes/>
- Keller, Heather, et al. "Reimagining Nutrition Care and Mealtimes in Long-Term Care." *Journal of the American Medical Directors Association*, Elsevier, 2021, <https://www.sciencedirect.com/science/article/abs/pii/S1525861021010744>