

ARE THERE ANY MENU QUESTIONS?

A new menu system requires changes in the way things have been done in the past, a difficult process for most people. The introduction of new menus may be met with gratitude or regrets. The success of a new system depends on good menus and positive acceptance by everyone involved, from food preparers, administrative and nursing personnel, to the residents themselves. The HM Composite is dedicated to overcoming the difficulties and challenges of following a new system.

The following questions are most frequently asked by facilities new to our system. Answers provided are intended to share menu writing philosophy and assist the staff implement the system.

1. Why do the Weekly Seasonal Menus contain so many funny names?

The week-at-a-glance menu, titled "Weekly Seasonal Menu," is designed to be very attractive and colorful, and to stimulate the resident's appetite. It is posted in the consumer area for all to read. We have found that adjectives describe and enhance the sound of a meal. A simple meal of Meat Loaf, Sliced Potatoes and Chopped Broccoli is made to sound better when it reads: Farmhouse Meat Loaf, Cottage Fried Potatoes, and Broccoli with Pimiento. The goal is for the person reading the menu to visualize, anticipate, and eat a meal that is just as attractive and tasty as it sounds.

2. How can so many therapeutic diets, especially the 2 gram sodium, come from the same menu?

Because HM Composite writes their own recipes, the sodium, sugar, and fat are specified and controlled at the recipe level. Standards have been developed, for example, $\frac{1}{4}$ tsp or less of sugar is allowed per meal for diabetic residents. The regular diet, as written, averages less than 3 grams of sodium. By eliminating highly salted foods, ham, corned beef, lunch meat, etc., the low salt diet includes most everything else in the regular diet. By serving only low sodium soup and bread, and eliminating salty meats, almost all other foods may be served to the 2 gram sodium diet. This approach allows for 80% or more of the residents to be served the same food; a practice well received by residents and food preparers alike.

3. Can we prepare this menu with our current number of labor hours?

Yes, assuming labor hours provide approximately 28 to 30 minutes per resident per day. The first seven days on a new menu system are the learning days. After this introductory period, cooks find the recipes easy to locate and use, the diets logical and consistent, and the elimination of separate pots/pans of special foods a real time saver.

**4. Why all the menu and recipe notes about garnishes and presentation tips?
We don't have time for all that extra work.**

Just as a menu should sound appetizing, it must also look appetizing. The color green is most often lacking in a meal. There are fourteen dinners and suppers per week, and only six or seven popular green vegetables to use. Consequently, when a meal includes a non-green vegetable, a garnish is typically added. The most common is parsley – both fresh or dried. Many recipes have included "sprinkle with parsley if green color is needed" as a last step in the method. Each meal should be colorful as served – when in doubt, garnish! Also, the purchase of small colorful oval dishes that fit on the dinner plate will enhance a meal. Items such as lasagna, beef stew, and chicken pot pie look far more attractive when served in an oval dish. This extra dish adds depth to the plate and attractively contains soft, juicy food popular with many residents. An inexpensive fluted, plastic small bowl enhances desserts, vegetables, and even pureed food. These fluted bowls can be purchased in clear or colored plastic to match your dishes. The old saying is true, "We eat with our eyes." Residents who eat well will need less between meal nourishments. Less nourishments is a real labor and cost saver for the facility.

5. We never heard of a Main Dish Soup. Why are they on the menu?

Over the past twenty years we have observed that soup is usually very popular, especially with the elderly. In fact we hear, "They eat their soup for supper, and not much else." For this reason most of our menu systems specify 4 oz. as a standard portion size. Our first menu system in 1976 introduced main dish soups, for the cooler months of the year. Soups that are combined with a sandwich or casserole are designed to be served in small bowls, or bouillon cups. Soup in this case is a hot appetizer which goes very well with sandwiches, entree size salads, and many light supper meals. This small bowl/cup of soup is placed in the upper left hand side of the tray. Main dish soups are:

- a. Thick entree soups providing 2 oz. protein per serving.
- b. 6 oz. or 3/4 cup in portion size.
- c. Served in the bowl used for hot cereal, approximately an 8 to 10 oz. bowl.
- d. Placed on the dinner plate with the hot bread served next to the soup bowl, and then covered with the plate lid.
- e. Always combined with a salad and hot bread, or sometimes one half sandwich, plus dessert.
- f. Very similar in calories and protein to a 4 oz. soup and sandwich or casserole meal.
- g. Hot, tasty, easy to chew, and very popular with residents over 70.

6. We always buy beef patties, many frozen entrees, dehydrated potatoes, and canned soups. Why are most recipes from scratch?

Facilities purchase our menus to increase meal acceptance, to reduce raw food costs, and to ensure that residents on therapeutic diets are served correctly. For the most part this is accomplished through serving foods made from basic ingredients, following nutritionally analyzed and costed quantity recipes. Prepared frozen or canned entrees are usually too high in sodium, and require too large a portion to provide needed protein for the meal. Frozen beef patties turn out hard to chew, and canned soups are usually too salty. Fresh potatoes, needing to be peeled, are on the menu an average of three times per week. A person, and **not** necessarily the cook, can peel 10 pounds of potatoes in approximately 15 minutes with a good peeler. This task can be done in advance, or even the night before. Fresh potatoes are delicious and one of the best accepted vegetables. Food prepared from scratch are cost effective and fit into the guidelines of regular and sodium controlled diets.

7. Our former menus specified 1/2 cup vegetables. Why do yours call for 1/3 cup portions?

Have you ever had a resident request more green beans? Or coleslaw? It has been our experience that vegetables and salads are the least popular menu items. With this in mind, the required number of vegetables are spread over dinner and supper in a variety of smaller portions. This enables petite 1/4 cup or even 1/6 cup salads to be served as an edible, tasty garnish. A larger variety of smaller portions of food are more widely accepted by most residents. The petite salads really add to eye appeal of a meal.

8. Our residents want more (or our residents want less) soup and sandwiches at supper. Why don't you have more (or less)?

The number of times sandwiches are on the supper (or lunch) menu has been the greatest source of controversy with large and small facilities. A survey of 100 facilities, all using the same one of our menu systems, resulted in 25% wanting more sandwiches, 25% wanting less and 50% wanting to keep the 2 1/2 average number of sandwiches per week. Consequently, we have generally planned 2 to 3 sandwiches per week. Facilities wanting more or less will need to change one or more of these supper/lunch meals to meet the particular preferences of their residents.

9. Why are there special pureed recipes indicated on the Daily Cook's Menu?

The Pureed Diet has come a long, long way in the last five years. No longer are most facilities serving runny pureed food **contained in** deep sided tan divided plates. The standard for pureed food is now mashed potato consistency. With this in mind, many pureed recipes using commercial thickeners have been included. When sandwiches are on the menu, we have indicated a special pureed hot or cold sandwich recipe. These sandwiches are easy to prepare, are made with the same ingredients; bread, meat, and fat as the regular sandwich. It is very important to consistently use the same ingredients the regular diet is receiving for the pureed diet. When rice or pasta is served, a flavored, thick cream of rice or wheat cereal recipe is indicated for the pureed diet. Mashed potatoes are not an appropriate substitute for rice, noodles, corn, lima beans, etc., as potatoes contain different nutrients than these items. The pureed diet, just like the regular diet, should be garnished. Shaker cans of paprika and powdered parsley flakes should be on the tray line and used to add eye appeal to pureed food. A sample tray of pureed food needs to be checked for color, with the appropriate garnishes added, before all the pureed food is served.

HM Composite writes and tests their own recipes, designs each menu system for a particular institutionalized group, and employs computer technology to nutritionally analyze, cost and specify foods needed for each menu system. We have been in business since 1976, and over twenty thousand residents consume meals from one of our five different systems. Our success is based on addressing the individual needs of each of our facilities.

Do you still have questions? We encourage you to call our office regarding any questions **you may have.** We can put you in contact with a facility who has successfully worked with our system, or you may speak to the menu writer herself. Our corporate telephone number is (916)364-5300 – call anytime!