

# FOODSERVICE MANAGEMENT— BY DESIGN

THIRD EDITION




Association of  
Nutrition & Foodservice  
Professionals



# FOODSERVICE MANAGEMENT— BY DESIGN

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# Dedication

We dedicate this book to all those dietary managers who strive to better themselves through increased education. We have met many Certified Dietary Managers®, Certified Food Protection Professionals® (CDM®, CFPP®) throughout our careers who have inspired us to learn and improve our own skills.

This book is written as a textbook for students and as a future reference for working managers. We are proud of how it turned out and look forward to seeing more CDM, CFPPs meet the evolving needs of our senior living, hospitals, schools and other creative foodservice careers.

We thank the authors of the past editions who laid the groundwork for us. It was our goal to build upon the foundation they established and to provide operators with a hands-on working resource.

Finally, we thank our families who have supported our time over the last year of writing, discussing the best options, talking about the book and finally completing the book. We appreciate the opportunity provided by the Association of Nutrition & Foodservice Professionals to share our experiences as operators and management

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# Preface

Non-commercial food service is changing rapidly. The lines between commercial and non-commercial food service are blurring as hospitals, schools, and long-term care facilities provide more choice for their clientele. In hospitals, retail sales are becoming an increasingly important part of the overall foodservice budget. In schools, more options are available to students. Long-term care facilities are preparing for the next generation resident that is demanding more choices than ever before.

Today, Certified Dietary Managers®, Certified Food Protection Professionals® (CDM®, CFPP®) are responsible for the daily operations of their department while helping the facility fulfill its mission and goals. They coordinate the service of food and nourishments among various departments, such as dining services and nursing. CDM, CFPPs ensure that clients are satisfied with their dining experience and that the meals meet their nutritional and emotional needs. In addition, they oversee food safety, the inventory and ordering of food, equipment, and supplies, and arrange for the routine maintenance and upkeep of the foodservice equipment and facilities. CDM, CFPPs are generally responsible for all administrative and human resource functions of the foodservice department, including recruiting new employees and monitoring employee performance and training.

The authors' design in writing this textbook is based on tasks that a team of CDM, CFPPs has identified as common to most foodservice operations. These tasks represent current practice in the United States. As the driving force of any foodservice department, "The Menu" is the starting point of the *Foodservice Management—By Design* textbook. The authors have structured the content and flow of material to build from that central concept. This book is intended to be both a student's textbook and a reference for working managers in operating a foodservice department. The textbook is based upon and integrates the 2021 Detailed Content Outline.

In addition, *Supplemental Materials—Foodservice* is included as an online resource for the student. The supplement offers supporting documents, articles, and forms to assist in learning to become a CDM, CFPP.

Foodservice is referenced in the Preface, however within the body of the book, foodservice may be interchanged with Dining Services. Foodservice is used primarily as a generic term including all types of meal and food preparation, from fast food and food trucks to white linen fine dining and room service. The term Dining Services generally refers more to quantity food production and meal service in care centers, schools, correctional facilities, hospitals and employee feeding venues. All terms are correct. Dining Services, however, is more specific to the segments of the foodservice departments that many Certified Dietary Managers are employed.

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As a student enrolled in the Nutrition & Foodservice Professional Training Program, we invite you to join the Association of Nutrition & Foodservice Professionals (ANFP) as a Pre-Professional member.

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# The Foodservice Operation

## Overview and Objectives

How do you provide meals to your clients? The decision depends upon the dining venues, equipment available, and needs of the clientele. This chapter will take you through the steps of assessing your options and recognizing that no one style is always best for the clientele. After completing this chapter, you should be able to:

- Identify types of food service
- Discuss some trends in food service and their impact on the foodservice industry
- Describe the different styles of meal service and menus
- Understand the role of the Certified Dietary Manager®, Certified Food Protection Professional® (CDM®, CFPP®) in foodservice operations

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## GLOSSARY

### CCRC

Continuing Care Retirement Communities offer a continuum of care as a person ages

## Types of Food Service

Food services is an ever growing, ever changing industry and operations are commonly categorized as either **commercial** or **onsite** (noncommercial) food services. A commercial food service can be a full-service restaurant, a fast food outlet, a caterer, or simply kiosks at recreational facilities and convenience stores. Any place that prepares, serves, and sells food to the general public for a profit would fall under commercial food service. These for-profit restaurants may also be found at hotels, country clubs, airports, cruise ships, zoos, museums, and sports venues. The onsite foodservice industry, on the other hand, includes long-term care facilities, hospitals, and healthcare centers; schools, colleges, and universities; correctional facilities; congregate feeding programs; and military operations.

It is important to recognize foodservice trends for both commercial and onsite services as they influence the way food is purchased, prepared, and served. For example, the elderly are choosing to live in continuing care retirement communities (CCRCs). CCRCs are a combination of independent living, assisted living, and nursing home. Health care now includes CCRCs with country club-style dining rooms and steakhouse concepts. Dining services in senior living communities range from the traditional large dining room to the smaller “neighborhood” concept, with room service meals offered to patients in the transitional care unit. In hospitals, meal services can range from the typical tray-line and cart delivery, to high-end room service and specialty dining options.



The choices for healthcare communities for older Americans are expanding and the type of food and nutrition care will need to expand as well. With 2017 CMS regulations, F561, “the facility honors the resident’s right to make choices about aspects of his/her life in the facility that are significant to the resident.” At the same time, it is important to tailor a menu to the dietary requirements of the client. How do we accomplish this? This section will describe the culture change movement around the dining experience and the menu options to support the change.

The culture change movement in dining is driven, in part, by the large numbers of Americans who are aging and who will be entering the various healthcare communities as they age. It is also being driven by the change in regulations to implement more person-centered, resident-driven dining programs. This is indeed an opportune time to showcase dining services and your ability to enhance the quality of life through food and dining choices. One service option change is to offer restaurant or in-dining room tableside service instead of the traditional trayline.

As with any change, there is resistance based on concerns about cost, staffing, and coordinating the changes with regulations. As you begin to adopt a new culture, there are many questions that need to be answered. Start with questioning clients to help decide what they want for dining services. You might ask questions such as:

- What time of day do you like to eat your meals?
- Do you snack regularly?
- How frequently during the day do you want coffee, tea, or water?
- Where do you prefer to eat your meals?
- What foods do you usually eat at breakfast, lunch, and dinner?
- Where should you begin with the culture change? (expanded snack program, restaurant services, selective menu)



Next, you will want to choose appropriate resources for changing your dining and/or menu options. You could survey other facilities in your area to determine how/if they have begun to implement a culture change in their dining services. Also, in August 2011, Pioneer Network announced the New Dining Practice Standards. The Pioneer Network promotes culture change in long-term care to meet the needs of clients. The New Dairy Practice Standards were established by convening a group of stakeholders/organizations with a vested interest in this topic.

Once you have data for what you want to do and why, the next step is to work with all departments in your facility. This will be a change for them as well, and you want them to support your efforts. Other departments that are likely to be affected are maintenance and nursing. You will want to develop a policy and procedure that outlines every department’s responsibility for each type of change you initiate. Communication and training will be key steps. It is important to note that a culture change is a process that takes some time to implement.

While the changes outlined in Person-Directed Dining are directed at the healthcare field, they apply to any dining service. Dignity in dining is a concern in all marketplaces. Providing customer choice, quality products, and trained staff are hallmarks of good management.

Your **menu** and the **style of the service** are major components in developing a new dining culture. The equipment available defines many of the meal delivery options available to you. Decisions to transition away from a set trayline/no choice meal system, to a more accommodating meal service, and options, take planning and forethought. Let’s discuss style of service and service options and then talk about menus.

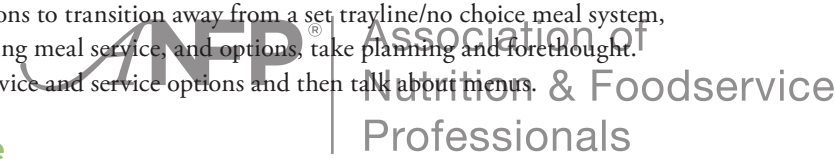
### Style of Service

How you provide food in your facility is considered your style of service. There are many different methods for delivering meals to your clientele. A CDM, CFPP needs to use judgment to design and/or revise systems. In addition to the needs of clients, the manager must consider:

- The physical design of the kitchen
- Locations of dining rooms or service areas
- Requirements for off-site service (if any)
- Mission and goals of the organization
- Staffing resources
- Budget and operating costs
- Timing requirements for service



Updates to revised Pioneer Network Dining Standards can be found in the Supplemental Material when available.



Putting It Into Practice 

1. List at least three steps you would take to implement a culture change in your facility.

## GLOSSARY

### POD System

A small serving station with all items within reach of the server

### Centralized Meal Service

Foods are prepared and portioned onto trays or plates at a central location or adjacent to the main kitchen

### Decentralized (Delivery) Meal Service

Bulk quantities of prepared foods are sent hot or cold to other locations for finishing and service

## Service Options—The Traditional Trayline and Beyond

### Trayline Service

A trayline, or the modified version **POD system**, is still the most common meal assembly process in acute care and many senior living communities. Trayline systems are also common in correctional facilities.

A trayline system moves trays through an assembly line where employees place items on trays. During this process, trays may move along a straight line or a circular platform, often with the help of a conveyor belt. Some conveyor belt systems are powered by electric motors with speeds that can be regulated. Other facilities operate skate wheel systems where trays are manually slid along the wheels. In a POD system, all of the serving stations are compressed into a small wrap-around space so everything is within easy reach of the server.

### Centralized Versus Decentralized Meal Service

**Centralized meal service** means that food is portioned onto trays in a central location, such as the dining services department. An alternative is **decentralized meal service**, in which food is distributed to other locations for plating at the point of service, such as tableside service in senior living. In both centralized and decentralized systems, the equipment used must support the service and delivery model. Temperature control from the time of assembly to actual delivery is of paramount concern. To help ensure food safety, as well as quality, food must be kept out of the danger zone (41°-135°F).

Let's look at the flow of food through a typical trayline service and the equipment used for transport.

The individual trays are typically transported by carts and delivered to clients. Serving meals through a trayline system involves a number of steps that are tightly integrated with the diet order system and a menu management process. How these steps are implemented varies from one operation to another. Figure 1.1 provides a sample flow for a traditional trayline service.

**Figure 1.1**

### Sample Flow for a Traditional Trayline Service

1. Prior to the meal service time, either an individual meal ticket or tray identification card is prepared for each client.
2. The meal tickets are grouped by unit or dining room location.
3. Staff send the Meal tickets or Tray identification cards down the trayline for assembly.
4. Food items and supplies are organized by stations on the trayline.
5. Items selected or appropriate for the diet are added to the tray.
6. Staff place the tray on a cart or trayveyor (an elevator belt with platforms for transporting trays to higher floors).
7. Nursing or dining services staff deliver trays to the client.

## Tray Delivery Options

Typically meal trays are transported throughout the facility in enclosed “food only” carts. Tray transport carts are designed to securely hold the trays while going up ramps, over bumps in the flooring, etc. Some carts are designed to provide thermostatically maintained heat, while others include a refrigeration section.

- **Insulated trays:** Each compartment is separated and insulated, keeps hot foods hot and cold foods cold. The tray on the left in Figure 1.2 illustrates a typical insulated tray.
- **Heated based systems:** Wax filled bases are pre-heated prior to meal plating. The tray on the right in Figure 1.2 illustrates a heated base tray.
- An instant heating system is available from some manufacturers. It transfers heat into a base plate while keeping the edges cool. Figure 1.3 illustrates a Heat-On-Demand base heater.
- **Insulated transportation carts:** In this type of system, the cart is insulated and may even be heated to help maintain hot food temperatures. Figure 1.4 shows an insulated cart for transportation of completed trays.

Not all meals are served from pre-plated meal trays. In today’s marketplace, tableside meal selection is fairly common in senior dining where the client is served a meal from a hot-cart located within the dining room. Typically heated bases, transport carts, and insulated trays are not viewed by CMS (Centers for Medicare & Medicaid Services) as part of the home-like dining experience.

See Figure 1.5 for a temperature-controlled cart system. During assembly, employees place hot foods on the hot side of the tray and cold foods on the cold side. A dividing seal helps maintain temperature control. Some units can plug into a controller unit to rethermalize hot foods on trays immediately prior to service. Although this system can be very successful in maintaining temperatures, the “high tech” appearance of the tray becomes visually institutional looking

**Figure 1.2**  
Insulated Tray and Dinnerware



Source: Aladdin-Temp-Rite®. Reprinted with permission.

**Figure 1.3**  
Heat-On-Demand



Source: Carter-Hoffmann. Reprinted with permission.

Figure 1.4

## Insulated Cart for Transporting Completed Trays



Figure 1.5

## Temperature-Controlled Cart System



Source: Aladdin-Temp-Rite®. Reprinted with permission.

If an operation is using a cook-chill pre-plated tray system, in which foods are delivered cold and rethermalized just before service, trays are pre-assembled and delivered in carts. The carts and related technologies are designed to heat the food quickly using induction or convection heat. Figure 1.6 illustrates some rethermalization systems. Note that tray rethermalization can occur in a centralized location (in the dining services department just before tray distribution), or in a decentralized location (on the nursing units).

Also, specialized rethermalization systems generally require specialized dinnerware to integrate with the systems. In selecting equipment, it is important to review related needs and costs for dinnerware. Many are available in a range of colors and designs.

With today's service equipment, a manager can use software support for meal delivery systems to track temperature data, program rethermalization features, control and monitor remote delivery systems and generate reports through a desktop computer. Each style of service has its benefits and its compromises.

### Pantry Service—Made to Order

In an effort to better meet client expectations, some facilities have implemented a **pantry** mini service on the unit. Typically food is prepared in a central kitchen and supplied to kitchenettes or pantries on the unit for plating and service to the clients. The pantry service can support any menu format, from non-select to room service meal on demand, with what is expected to be hotter and fresher meal service.

### Room Service

Many definitions of **room service** have been brought forward over the past 10-15 years. Originally conceived as a hotel style of room service, the process has evolved to reflect the needs of the healthcare setting and delivery of meals in a business account. Menus are often altered to provide options that are known to function better on a room service format.

## GLOSSARY

### Pantry

A small serving station or kitchenette where items can be plated and served to clients

### Room Service

Meals selected and served upon request

**Figure 1.6**  
Rethermalization Systems



**Bulk Rethermalization System**



**Tray Rethermalization System**

Source: Dinex. Reprinted with permission.

In hotels and commercial dining locations, a service or delivery charge is typically added to the bill to cover the cost of labor related to special delivery of the meal. In health care, although the added cost of labor is a factor, implementing a service charge is not an option.

Room service, or some variation of the concept, is now a common element in healthcare from the large metropolitan acute care hospital to the transitional care unit services in a community health center. Typically the room service concept is one of several styles of service within a given facility from:

- A non-select meal served at a defined time for clients unable or unwilling to select their meal; to
- Menus selected by the client served from a traditional trayline at defined meal times in some units; to
- A “meals-on-demand” room service concept

**Tableside In-Dining Room Service**

In an effort to provide a more “homelike” atmosphere in the senior living and congregate dining setting, many communities have turned to a **Tableside Service** using a hot well service station in the dining room. Plating and delivery of the meal to the client is completed in front of the clients. The meal served is often a select menu with two or more choices for the entrées and side-dishes.

**GLOSSARY**

**Tableside Service**  
Serving clients from a hot well cart present in the dining venue

Putting  
It Into  
Practice



2. Your facility uses tray service where trays are plated in the kitchen and transported to the clients. What steps would you take to ensure that the trays are plated correctly, and the temperature is maintained?



## GLOSSARY

### Buffet Style

Meals selected by the client from buffet style serving line

### Restaurant Style

A set menu of multiple options that does not change from day to day

### Cafeteria Model

Straight-line or scramble system offers cafeteria style options

A number of communities have established the “neighborhood” concept for the senior living environment. Typically, in this setting, the clients live within a small group and share their meals around a family style dining table. Meals supplied from dining services are plated and served to the clients from a home or residential looking kitchen. Often special services, such as eggs made to order or sandwiches prepared upon request, are offered in the neighborhood dining room.

### Buffet Style Service

**Buffet style** service is offered in some long-term care facilities as a way to create an atmosphere of choice. Facilities offer the same number of choices as with restaurant style service (further discussed below), only clients can serve themselves. Be prepared to offer extra help for those clients who may not be able to manage walking a buffet line, handle their tray/plate, serve themselves, and carry the meal to the table. The buffet style of service is commonly used at a catered function whether in health care or the business setting. Catered events can be anything from coffee and donuts for a staff meeting of six to a full holiday meal for the board of directors.

### Restaurant Style Service

**Restaurant style** is another way of implementing a new culture in residential dining. Your regular menu cycle entrée can be the daily special with an option of sandwiches, grilled items, vegetables, and salads. Restaurant style dining might include the following:

- Dining service staff waiting on tables
- Food ordered and delivered in courses
- Food plated in the dining room
- Specials such as sandwiches, salads, or desserts offered tableside from a cart

In many CCRC and corporate dining rooms, a high-end or white linen dining service is the norm. Meal options are more extensive and also upscaled with an emphasis on presentation. Training of staff on the correct service techniques in formal dining is essential to completing the fine dining experience.

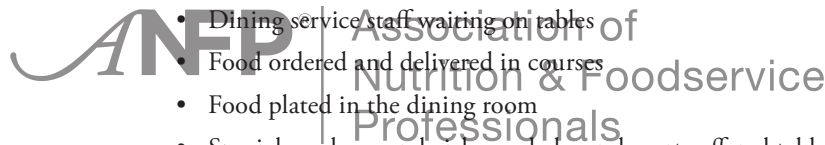
### Cafeteria Service

School or dormitory food service, employee dining rooms, commercial feeding, and correctional facilities all use a variation of the **cafeteria model**. Whether the straight-line tray slides or the more popular scramble concept, the cafeteria is designed to move a large number of customers through the meal selection process quickly.

Typically the actual plating of the food is provided by a cafeteria server with some self-serve or “grab-and-go” items available. Often the cafeteria includes a grill and some made-to-order items like sandwiches and specialty salads. Other than the correctional or dormitory setting, cafeterias are a cash-based operation.

### C-Store—Sandwich Counters and Kiosks

Many of the CCRCs and independent senior living communities offer a c-store (convenience store) with frequently needed staples and supplies. Often a sandwich counter is an added service for a simple lunch meal when the main dining room is not available. A coffee kiosk or sandwich counter may be available in the lobby of an office complex, hospital out-patient surgery unit, or campus walkway.



## Multiple Venues

Dining services are being offered in more locations and with different “personalities” all within a single facility. Senior living communities may have a traditional dining room seating 50-100 residents, plus a wellness smoothie bar, a coffee kiosk with fresh bakery items and sandwiches, a white linen steakhouse, and a lounge with a full-service bar and appetizers—all on the same campus.

## Satelliting Foodservice

Equipping and staffing a food production kitchen is expensive and requires a lot of space and utilities support. Sometimes organizations decide to obtain their food items from a production center. Whether the food is delivered in bulk for reheating and service in a dining room, such as congregate dining, or pre-plated meals for individual clients in a school or care center, satelliting of meals is becoming more common.

One type of satellited meal that has been employed across the country is home-delivered meals for the homebound and the elderly.

## Service Concerns and Issues

Even with well-designed equipment and well-planned systems, foodservice departments sometimes face challenges with delivery of trays. For example, in a healthcare facility, if trays reach their destinations through a cart service, staff then need to distribute trays to clients. This task may be the responsibility of either nursing or dining services staff.

Staff who deliver trays need to accomplish several things:

- Be available as trays arrive and distribute trays promptly.
- Verify that each tray is reaching the right client.
  - > Two “patient identifiers” is a guideline by The Joint Commission and recommended by World Health Organization (WHO) and Centers for Medicare & Medicaid Services (CMS).
  - > Verify a client name and medical record number or date of birth against the name on the menu or ticket on the tray. Some tray tickets include client photos for easier verification.
- Be alert to any diet changes that have just occurred.
- Help the client set up the tray and open any packaging.
- Obtain substitutes or make adjustments if a client has any difficulties with the meal.
- Make sure food is arriving to the client at the appropriate temperature and accurate to the menu ticket.

These tasks require training. In addition, they can take a lot of time. When nursing staff members are required to assist, there can be time conflicts. A nurse may be involved in another clinical task at the time that trays arrive and this can cause delays. Furthermore, the CDM, CFPP needs to review schedules carefully to assure that they are reasonable and feasible with respect to client schedules. An effective staffing plan takes into account the skills and time requirements of the job. In addition, it involves coordination between nursing, rehab, and dining services departments.

Delays in the distribution process are a common reason for complaints about food temperature and/or quality. In addition, there is a food safety concern with trays that sit at room temperature too long. How can a CDM, CFPP tackle this challenge?



There is no single best answer. Some healthcare organizations have begun using additional auxiliary staff to assist with tray distribution and client feeding. Some have begun switching tray distribution from nursing to dining services staff to avoid timing conflicts. In addition, some of the rethermalization systems described earlier allow staff to control temperature much closer to the time of service. A temperature control cart that holds food temps may help provide a longer window of time in which to accomplish the job without sacrificing safety and quality. Also, to facilitate delivery, sequence the menus or tray tickets to ensure that trays are assembled and grouped in a meaningful order.

Meal delivery schedules must also comply with additional regulations to assure that frequency and timing fit prescribed needs. For example, in health care, the time frame between supper and breakfast cannot be more than 14 hours (i.e., 5:30 supper and 7:30 breakfast).

If delivery problems arise, it is up to the CDM, CFPP to review them with a nursing supervisor or administrator to help ensure that the entire meal delivery system functions effectively.

### The Menu

The menu, a list of food items, is a key component of the food service and can impact all aspects of the operation. It dictates production, equipment purchased, staffing needs, as well as reflects the culture of the foodservice operation. Two of the most common options are selective and nonselective. Whether you have a select or non-select format, you need to have a defined number of days over which the menu is used. This is referred to as the **menu cycle**—how fast you return to day one of the cycle. You do not want to write a new menu every week and end up with a cycle 365 days long.

In the acute care setting, the average length of stay is now around four days. Many hospitals have gone to a cycle of five to eight days so that the same items do not always fall on a Tuesday.

In the residential segment of business (senior living, rehab, and group homes) the cycle is more likely going to be three–six weeks. Often using an odd number of weeks works better for these communities and employee cafeterias. Typically staff work every other weekend and when the menu is set to a two or four week cycle the staff see the same thing every weekend. By using a five week cycle a nurse will work 10 weeks before they see the Oven Roasted Turkey and Dressing on Sunday again.

Business and industry dining rooms and school food service also benefit from a longer menu cycle of three to five weeks just to avoid the repetition of items on the serving line. The presence of the daily standard items in the grill, sandwich service, and salad bars allow for an ever-present and popular set of alternatives.

### Selective Menus

A **selective menu** is the way to implement current federal regulations, and, more importantly, enhance the quality of life and quality of care for your clients. A selective menu is one in which clients have the opportunity to make choices or selections in advance of meal service. For example, it usually offers at least two choices for an entrée and multiple choices for most items.

## GLOSSARY

### Menu Cycle

The number of days over which a menu is used

### Selective Menu

A menu designed with multiple choices

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Computer-based selective menu systems may use handheld computers and/or telephone systems for entry of choices into an automated system. Typically, a selective menu is distributed to clients in advance of the meal.

Select menus generally fit one of the following types:

### **Preselect**

- Typically a printed menu with choices for breakfast, lunch, and dinner.
- Often distributed to the client the morning of or the day before service for selection and return to the meal preparation area.
- The selection may be limited to two entrées with the same side dishes or, more commonly, offer two to three entrées, two to three starches, and vegetables.
- Family members may preselect the meals for a week in advance knowing the client's preferences.
- No matter how many options are offered, a defined menu is set for each day as the non-select meal for those who choose not to make their selections.
  - > The defined menu ensures nutritional adequacy of the default meal being provided.

### **Tableside Select**

- This may be the same base menu designed for the Preselect with a selection made in the dining room at the time of service.
- The menu is typically posted in and around the dining room so clients can see in advance what the choices will be for the meal.
- There is also a non-select menu for those who choose not to make their selections.

### **Spoken**

- This may be the same base menu designed for the Preselect.
- The menu is presented to the client by a dining services staff member by speaking. For example: "Good morning Mrs. Jones, today for lunch we have a garden salad, spaghetti with meat sauce, green beans, and lemon sorbet for dessert. How does that sound to you?"... "I did not realize that you don't like green beans, would you prefer broccoli or chopped spinach?"
- By placing the first or non-select default item as "today for lunch we have..." leads the client to the preferred choice, but leaves them with the option to request an alternative.
- The printed version of the menu may be available to clients to see in advance what the choices will be for the meal.
- There is also a non-select option for those who choose not to select their menu.

### **Restaurant Variation**

- Typically this menu format is set up with a list of items that are always available as standard choices.
- Additionally a daily feature or chef's choice is presented as the preferred or default option for the meal.
- Standard items tend to be a short order type that can be finished quickly, such as baked fish or chicken stir-fry.
- The featured selection is often one that takes more time to prepare and would not be available every day, such as pot roast or pork chops.

- The printed version of the restaurant menu is available to clients to see in advance what the choices will be for the meal and the daily features may be printed for the day or the week for client review.
- There is also a non-select meal (typically the daily feature item) for those who choose not to make their selection.

### Cafeteria

- Typically this menu format is set up with a list of items that are always available as a set or standard choices.
- Additionally, a daily feature or chef's choice is presented.
- Standard items tend to be a short order type that can be finished quickly, such as baked fish or chicken stir-fry.
- Featured menu selections are often ones that take more time to prepare and would not be available every day, such as pot roast or pork chops.

### Buffet

- Generally a buffet menu is planned for a self-serve line.
- This style is often centered around single-serve or portion-controlled items like baked chicken breast or lower-cost products where over-portioning does not negatively impact financial performance.



View the Supplemental Material for this chapter for typical WAG layouts for a healthcare facility and a sample select menu for the day. See Figures 1.7 and 1.8.

Menus can be printed in a number of formats but typically start out as a Week-At-A-Glance (WAG) layout with breakfast, lunch, and dinner (or supper) planned for the week. This allows the manager and coordinator of the meal services to see in one place all of the meals planned for several days. Problems with repeating food items are easier to spot when looking at the WAG version. The WAG meets the needs of the “back of the house” production team but does not market well to your customers. For the “front of the house” or customer-facing menu, most organizations prefer to jazz up the appearance and highlight the specials. Examples that demonstrate the typical WAG for a healthcare facility and a sample select menu for the day may be found in the Supplemental Material for this chapter.

In healthcare facilities, or in any environment where the dining services department is responsible for honoring therapeutic diets, it is standard practice to review meal choices before they are served. If clients make choices on a selective menu, a member of the dining services team then reviews these choices against the medical diet of record and the nutrition guidelines for the diet. Common adjustments that may need to be made are:

- Portion sizes of products that count as fluid, for a fluid-restricted diet.
- Portion sizes of high-carbohydrate foods, for a carbohydrate counting diet.
- Consistency of foods and liquids, for specific dysphagia diets.
- Special adjustments for diets with multiple restrictions.
- Adjustments to incorporate a standing order, such as the addition of a liquid nutritional supplement to meals.

Putting  
It Into  
Practice



3. Using Figure 1.8 as an example, develop a Select Menu for a Wednesday for a hospital patient meal service. Explain your choices for each meal in ensuring its nutritional adequacy.

What happens if the client does not request enough food on a selective menu? What if the client selects food that is not on his/her diet? Dining Services staff should be trained to address a client’s diet when they drop off the menu, for example:

- “Good morning Mrs. Smith. I know that you are on a sodium restricted diet and here are your menu selections for today.” This helps remind the client of their diet and sets the stage for their choices.
- If they see that the client has not selected very much food, the dining services staff might say, “Oh, Mrs. Smith, our roast chicken is very tender and moist today. May I add that to your selection?”
- If the client insists on selecting something that is not on their menu, such as bacon on a salt-restricted diet, gently remind the client that bacon does not support their salt-restricted diet.

Always treat clients with respect and respond in such a way that they don’t become defensive. Keep in mind that you need to educate clients on the limits of their medically-ordered diet, however, their resident/patient rights may overrule the dietary restrictions. Refer diet conflicts like these to the clinical nutrition staff for intervention and documentation in the medical record.

On a selective menu, there may also be items a client writes in as a special request. How this is handled depends on the facility policy. In general, health facilities attempt to honor write-in requests when practical. Many facilities develop a standardized list of write-in options to provide greater choice for clients.

### Non-Selective Menus



A **non-selective menu** is one in which clients do not have the opportunity to make choices. Instead, they receive a standard, predefined menu. This is more common in a group dining experience such as a nursing home or assisted living facility. Even with a non-select format, you can focus on the clients by following their individualized food preferences with appropriate substitutions.

In a non-selective menu system, it is also important to review and modify standard choices to accommodate specific diet orders. You still want to follow individual food preferences, which may mean changing a food item. Substitutions must be of equal nutritional value. For instance, if someone doesn’t like cabbage, the replacement should be a food that has similar Vitamin C, such as tomatoes. Since menus are planned to incorporate color, try to replace a food with a similar or a complementary color. Your facility should have a list of approved substitutes for your menu cycle. When making adjustments, always document the change and keep a record. This helps to prove during surveys that you are meeting client needs and preferences. A table with suitable vegetable substitutions is provided in Figure 1.9.

### Late Trays

In a healthcare setting, it is essential to have a system for providing meals to clients who have just been admitted, whose diet orders have changed, or who have missed a meal due to testing or special procedures. Trays delivered between meal times are called **late trays**. Particularly in an acute care environment, diet-related information can change quickly.

In many situations, late trays are cumbersome and expensive to produce and deliver. Obtaining required adjustments just before tray assembly can sometimes reduce the

## GLOSSARY

### Non-Selective Menu

A menu with no defined alternatives—a predefined menu plan

### Late Trays

Trays delivered between meal times

## GLOSSARY

### CDM, CFPP

Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP) has achieved defined competencies in 5 key areas:

- Nutrition
- Foodservice
- Personnel & Communication
- Sanitation & Safety
- Business Operations

volume of added trays. Many healthcare operations strive to reduce out of sequence requests through their meal system design. Room service is an example of a service model that can virtually eliminate late trays, because all meals are provided on demand.

### The Role of the Certified Dietary Manager, Certified Food Protection Professional in Food Services

A **Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP)\*** works in a variety of service venues today. Both onsite and commercial food services recognize the value of trained CDM, CFPPs as part of their supervisory and management team. The CDM, CFPP has the education, training, and experience to competently manage a foodservice operation and ensure its food safety. They are responsible for implementation of menus, foodservice purchasing, and food preparation. They apply nutrition principles, document nutrition information, manage work teams, and much more.




Most CDM, CFPPs work in long-term care facilities, healthcare centers, schools, universities, correctional facilities, congregate feeding programs, restaurants, and other work settings. The population or audience served by a CDM, CFPP may include patients, seniors, students, toddlers, prisoners, restaurant patrons, and attendees at catered events (all known as clients in this book).

The CBDM (Certifying Board for Dietary Managers) has a formal policy, the Code of Ethics for CDM, CFPPs, and procedures which incorporate due process for discipline. Code of Ethics reflect the ethical principles guiding the CDM, CFPP in their professional practice and conduct. This will be discussed in detail in Chapter 16.

### Summary

There are many different foodservice operations. As new trends emerge, the style of meal delivery service and menu you provide to your clients may be modified to implement a culture change. Whatever menu or service style you use in your foodservice process, make sure there are adequate policies, staff training, and oversight to be able to provide the quality of service expected. You also need to establish policies for working with clients who choose foods that are contrary to the therapeutic diet that was ordered for them. In addition, a facility needs to implement procedures and provide adequate staffing to assist with person-centered dining. The CDM, CFPP is equipped with information and skills in 10 areas of food services and is instrumental in ensuring the success of the foodservice facility.

**Figure 1.9**  
Examples of Food Substitutions\*

FOOD ITEM	FOOD CHOICES	VITAMIN A CONTENT (per 1/2 cup serving)	VITAMIN C CONTENT (per 1/2 cup serving)
<b>Dark Green Vegetables</b> 	Asparagus, boiled	905 IU	7 mg
	Broccoli, frozen, boiled	1,208 IU	50 mg
	Brussels sprouts, frozen, boiled	1435 IU	70 mg
	Green beans, canned	54 IU	8 mg
	Green peppers, boiled	194 IU	28 mg
	Kale (use in soups)	8853 IU	265 mg
	Mixed vegetables, frozen	1944 IU	1.5 mg
	Pea pods, boiled	532 IU	17 mg
	Peas, frozen and boiled	824 IU	38 mg
	Romaine lettuce, 1 cup	2098 IU	1 mg
<b>Bright Orange Vegetables</b> 	Carrots, frozen	9094 IU	1.6 mg
	Sweet potatoes, boiled and mashed	1444 IU	8 mg
	Winter squash, baked	793 IU	7 mg
<b>White Vegetables</b> 	Cabbage, boiled	60 IU	28 mg
	Cauliflower	7 IU	27 mg
	Celery	226 IU	1.5 mg
	Rutabaga	1.5 IU	16 mg
	Turnips	0 IU	10 mg

Source: U.S. Department of Agriculture—National Nutrient Database for Standard Reference

\* Vegetables are often the foods that clients will have an aversion to. Remember that substitutions have to be equivalent in nutritional value, so choose another vegetable(s) that is roughly equivalent to the content of the leader nutrients, vitamin A and vitamin C.



## Chapter References

### RESOURCES

**Aladdin Temp-Rite®**

aladdintemprite.com

Bowman, Carmen (2010). The Food and Dining Side of the Culture Change Movement: Identifying Barriers and Potential Solutions to furthering Innovation in Nursing Homes: <https://www.pioneernetwork.net/wp-content/uploads/2016/10/The-Food-and-Dining-Side-of-the-Culture-Change-Movement-Symposium-Background-Paper.pdf>

**Carter-Hoffmann®**

carter-hoffmann.com

**Centers for Medicare & Medicaid Services (CMS)**

cms.gov

**Dinex®**

<https://www.carlislefsp.com/healthcare>

**The Joint Commission**

jointcommission.org

**World Health Organization (WHO)**

who.int



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# Menus—The Foundation of the Department

## Overview and Objectives

The menu is the starting point for many decisions involving purchasing, production, and service of food. You will examine the basics of menu planning and utilize techniques to provide satisfying meals for your clients. You will identify standard food weights and measures related to the meal service and portioning. You will also review both your legal and ethical responsibilities for providing nutritious food to your clients. After completing this chapter, you should be able to:

- Identify factors affecting menu planning
- List resources available for menu planning and development
- Identify how cultures can impact the menu
- Describe how management decisions affect the menu
- Evaluate the quality and accuracy of each meal service

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# 2

By now, it is clear that a menu is a strong force in achieving client satisfaction. It has been said that the menu drives everything in the kitchen. It is also a means of communicating with clients—and even marketing your fare to future clientele. However, it's more than that; a menu governs the series of events that define the department's overall workflow. Figure 2.1 identifies this process in a simplified format.

As you can see, recipe specifications, the products you need to carry in inventory, production information for the prep staff, and the final food presentation all hinge on the menu plan. In addition, the menu may define the requirements for staffing, equipment, physical layout, and design of the department. Figure 2.1 displays the basic steps in the workflow, starting with menu planning through to meal delivery.

Ultimately, the financial performance of your operation rests heavily on your menu. What it costs to produce and serve meals impacts your expenses. What you sell in cafeterias and retail venues impacts your revenues. In short, the menu is a critical and dominant force in your operation. As such, it merits special attention and careful planning.

As you learned in Chapter 1 there are several styles and types of menus used in Dining Services. Each one is designed to meet the needs of the individual facility. In this chapter, we will focus on the various factors that impact menu planning. We will also learn how menu substitutions and revisions are made after careful monitoring and evaluation.

**Figure 2.1**

Simple Flow of Work in a Foodservice Operation



## Menu Planning Considerations

Whether a menu is written in the facility or purchased from a third party, several points need to be considered to ensure a quality menu is offered to the clients.

### Key Points

#### Customer/Client Satisfaction

The most important consideration in menu planning is satisfying your customers/clients. Chapter 7 will address the many ways to monitor and track customer satisfaction. Audits to evaluate “plate waste,” client surveys or “menu scorecards” help identify opportunities for menu edits.

In an effort to improve client satisfaction and meal consumption, many senior living facilities have moved to a more liberalized menu, allowing more options for all modified diets. However, it is still important to include special needs such as cultural factors, food habits, and especially food preferences and diets when planning your menus.



Facilities often use a menu developed by their corporate office or a third party. It is essential to adapt this menu to the needs, wants, and regional preferences of your clients.

### Nutritional Considerations

Nutrition considerations should also be a primary goal of menu planning. It is important to maintain adequate nutritional status, to the highest extent possible. There are a number of resources to help; some of those include the **Dietary Guidelines for Americans** (refer to the most current at [www.DietaryGuidelines.gov](http://www.DietaryGuidelines.gov) as these guidelines are updated every five years), the USDA DRI (Daily Reference Intakes), MyPlate ([www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov)), facility diet manual, and Recommended Dietary Allowances (RDAs). Note that these resources are updated on a regular basis and the Certified Dietary Manager®, Certified Food Protection Professional® (CDM®, CFPP®) should look periodically for the most current version. Figure 2.2 lists a number of standards that might be used to evaluate the nutritional content of your menus.

### Modified or Restricted Diet Menus

Often in healthcare settings, menus need to be adjusted to meet the dietary restrictions ordered by medical staff. While many menu items will not need to be altered to meet the dietary restrictions, some items may require ingredient changes or elimination from the menu as planned.

Some managers have gone to a “one pot cooking” method for dealing with dietary restrictions. In essence, whatever the identified ingredient is that requires restriction is eliminated from all or most recipes making the recipe work across all diets. Many dining services have adopted a salt-free, fat-free, and even sugar-free menu to allow for a single gravy, vegetable, and entrée to be served to all clients. While this is a quick and simple answer to the problem, it effectively penalizes all clients to the most restrictive of diets.

Most clients do not need to follow all of these restrictions and find the limited palate of meal options unsatisfactory. Keep in mind that client satisfaction may be related to reimbursements and client retention. Often the access to liberalized diets in senior living facilitates allows for the use of a more acceptable variety of foods on the menu.

When the nutrient analysis of a menu dictates an alternate is required for some clients, the use of a modified recipe or totally different item is in order. Planning a menu with alternate items that mix well with the primary base menu (sides or entrées as appropriate) helps control the number of different items that need to be prepared.

Specific information on nutrition therapy and food restrictions are covered in the *Nutrition Fundamentals and Medical Nutrition Therapy* textbook which accompanies this textbook in many nutrition and foodservice professional training programs.

## GLOSSARY

### Dietary Guidelines for Americans

Dietary guidelines that encourage Americans to focus on eating a healthful diet that focuses on foods and beverages that contribute to achieving and maintaining a healthy weight, promote health, and prevent disease

## Cultural, Regional, and Religious Considerations

Cultural heritage should be a consideration when planning menus as the U.S. encompasses enormous cultural diversity. People’s food preferences stem from their own cultural experiences. It is important to look at the population we serve to determine what menu items should be added to meet cultural diversity. While turkey with mashed potatoes and gravy may be widely accepted as a menu choice, other groups may prefer a rice-based dish with chicken due to cultural preference. Holidays, festivals, and important events each have foods associated with them. On Easter Sunday, lamb is served throughout Italy while a roasted pig is a cultural symbol at a Chinese wedding. The significance of these foods is much deeper than their sheer nutritional values.

Traditional Japanese cuisine, for example, is likely to include sushi, tempura and white rice. Indian food would include curries, which are gravy-like sauce or stew-like dishes with meat, vegetables, or cheese. Swedish cuisine may include the traditional meatballs and brown cream sauce while Mexican meals include staples such as tortillas, rice, and refried beans. Creole cooking, popular in Louisiana, blends French, Spanish, and Caribbean influences. Some examples of classic Creole dishes are jambalaya and gumbo. Our menu choices are as rich and complex as our population itself. The following are commonly seen ethnic groups that have migrated into the United States. Please note that this list is not extensive but a sampling.

Figure 2.2

### Nutritional Guides or Standards for Menu Planning

NAME OF GUIDE	SOURCE
Centers for Medicare & Medicaid Services	CMS
Corrections Food Guidelines	Association of Correctional Food Service Affiliates
Dietary Guidelines for Americans	Department of Health and Human Services and U.S. Department of Agriculture:
Exchange Lists for Diabetes or Renal Disease	Diabetes Association. National Kidney Foundation
Facility Diet Manual	Check with facility dietitian or state regulations for a current diet manual or complete an online search for “healthcare diet manual” for additional resources
International Dysphagia Diet Standardisation Initiative	
MyPlate	U.S. Department of Agriculture
National Dysphagia Diet	American Speech-Language-Hearing Association. Nutrition411.com
National School Lunch	USDA Food and Nutrition Service. School Nutrition Association
Recommended Dietary Allowances	Nutrition.gov

View the Supplemental Materials for links.

**Hispanics/Latinos.** Latinos trace their ancestry to Cuba, Mexico, Puerto Rico, or Central and South America. The largest of these is the Mexican-American population, which represents at least two-thirds of all Hispanics/Latinos. Beans and corn in combination are common sources of protein and are frequent ingredients in Hispanic ethnic meals. Some items typical of Latin American cuisine include tortillas, tamales, tacos, pupusas, and arepas. Various salsas and condiments are used with the food such as guacamole, pico de gallo, mole, chimichurri, chilli, and aji. These spices are generally what give the foods their distinct flavor. Desserts in Latin American cuisine are generally very sweet in taste and include dulce de leche, tres leche cake, and flan.

**East Indians.** Staples of the Indian cuisine include rice, vegetables, lentils, and bread. Diets are varied depending on regions within India. The basic menu in North India is comprised of Indian breads (roti, a round flatbread made of whole wheat flour; and naan, a bread that uses yeast), a chicken or lamb main dish, vegetables and yogurt. South Indian cuisine is more rice and coconut-based. Dosas are savory stuffed pancakes eaten regularly in South India. India's religious beliefs have also influenced the diet of Indians (e.g., Hindus believe that cows are sacred so they do not eat beef). Curry powder, a mixture of spices, is often used to flavor Indian foods. The heart of Indian cooking is the combination of spices that gives each dish its unique flavor.

**Chinese.** Noodles are a basic staple in China. Chinese noodles are generally made from wheat flour, rice flour, or mung bean starch. Noodles are often served in soup, or stir-fried with meat, eggs, or vegetables. Plain rice is served at all meals. Sometimes fried rice is served. Pork, poultry, and fish are popular and used in small amounts to flavor the rice. Sticky rice is used in specialty Chinese dishes. Foods are often seasoned with soy sauce. Corn oil, sesame oil, and peanut oil are used for cooking. Within Chinese cuisine, different regions have a varied taste such as sweet Cantonese food, spicy Sichuan cuisine, or hot and sour Hunan cuisine. Cow's milk and dairy products are not used often as lactose intolerance is comparatively common in the Asian population.

**Japanese.** Japanese food is very different from Chinese food. Although the traditional cuisine of Japan is based on rice, it's served with miso soup and other seasonal dishes. While Chinese food is often stir-fried, Japanese food is often simmered, boiled, steamed, or broiled. Seafood is common, often grilled, but also served raw as sashimi or sushi (assorted seafood wrapped in seaweed and rice). Tempura is food deep-fried in vegetable oil after being coated with a batter. Soba, made from buckwheat flour and udon, from wheat flour are two kinds of Japanese noodles. They are served either in a broth or dipped in sauce and are made in many delicious variations.

**Mediterranean and Middle Eastern.** Whole grains (including barley, bulgur, faro, rice, polenta, couscous, and pastas), fruits, vegetables, legumes, nuts, and seeds make the foundation of the meal. Vegetables are normally cooked or drizzled with olive oil. Cheeses and yogurt are regular selections in a meal. A Greek specialty is baklava, a baked dessert made with nuts, honey, and filo dough. Common cooking styles are grilling, frying, and stewing.

See Figure 2.3 for cultural food influences. Here are more examples of cultural and ethnic food influences.



## KEY POINTS

### Factors Affecting Menu Planning

- Customer Satisfaction
- Cultural, Regional, and Religious Considerations
- Government Regulations
- Aesthetic Appeal
- Management Considerations
- Sustainability Practices

**Figure 2.3**  
**Cultural Influences on Food Intake in the U.S.**

FOOD GROUP	HISPANIC/LATINO	ASIAN (China, Japan, Korea, Southwest Asia)	MIDDLE EASTERN	EAST INDIAN
<b>Grains</b>	Tortillas (some made with lard) and rice	Rice noodles	Couscous, tahini, pita bread, and filo dough	Rice and whole wheat flatbread (naan)
<b>Vegetables</b>	Cactus, cassava, chayote, jicama, peppers, pinto beans, and tomatoes (salsa)	Garlic, ginger, mung beans, sprouts, bamboo shoots, bok choy, cabbage, and carrots	Tomatoes, olives, lentils, hummus, grape leaves, and eggplant	Red lentils, pigeon peas, legumes, and curries
<b>Fruits</b>	Avocado, bananas, guava, mango, papaya, plantain, and citrus fruits	Mango, banana, citrus fruit, coconut, and pineapple	Dates, figs, and citrus fruits	Coconut, watermelon, and mango
<b>Meats</b>	Chorizo (sausage and other processed meat), goat meat, tongue, and pork	Small amounts of meat, especially fish, eggs, and tofu	Small amounts of lamb, fish, and chicken	Mostly vegetarian—some mutton, chicken, and fish
<b>Dairy</b>	Goat cheese, goat milk, and whole milk	Soy milk	Yogurt and feta cheese	Milk, butter, and yogurt

*Note: This is not a complete list of foods. All of these cultures have diets that vary from one region/country to another.*

### Regional Trends

Part of the cultural heritage unique to the U.S. is the development of regional culinary trends. Often, these trends reflect a mix of native cultures, foods that are grown and harvested in the area, and ethnic traditions contributed by settlers and immigrants over time. For example, New England is known for maple syrup, Boston beans, brown bread, and cranberry muffins. Maine is recognized for lobster. Blueberries are important in New Jersey and in the Midwest, where many are grown. In Pennsylvania and parts of Ohio, the Pennsylvania Dutch heritage gives rise to scrapple (a loaf made from meat scraps, broth, and flour), homemade noodles, and shoofly (molasses) pie.

Vidalia onions are a hallmark of Georgia’s cuisine and are the official state vegetable. Peanuts and peaches are also key crops in Georgia. Florida is known for key limes and key lime pie, coquina soup, and other specialties. Kuchen is the official state dessert in South Dakota. Most people associate Idaho with potatoes and New Orleans with Creole cuisine, such as jambalaya, dirty rice, and gumbo. Barbecued meats and pickled okra have special significance in Texas. In the Southwest (Arizona, New Mexico, Oklahoma, Texas), Mexican-style foods such as burritos and tacos are popular. Garlic is so important in California that the town of Gilroy celebrates an annual garlic festival. In fact, food celebrations, such as strawberry harvest festivals, maple syrup festivals, and many others, are key events in all parts of the country.



## Religious Practices

Religious beliefs, along with religious customs and rituals, can exert a strong influence on menu planning. Fasting is one practice that many religions observe. The length of time one fasts varies with his/her religion and can range from one day to a month. Some Muslims observe Ramadan, which lasts for one month and fasting occurs from sun up to sun down.

Religious laws will also affect menu planning. For example, the Jewish faith has their own religious beliefs including building kosher kitchens which separate the meat from dairy when cooking. The Islamic faith has guidelines for the sourcing and cooking of halal foods.

Some religious beliefs are specific to the time of child birth and the 6-8 weeks following birth. Many religions and cultures have specific food requirements for their dying loved ones.

Developing a menu has now become more complicated for the Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP) as they must think about how to include these practices into the process for the facility. Identification of the presence and cultures of various ethnic and religious groups in your local population may require additional research into the food preferences and dietary restrictions of those groups. Ethnic populations may influence large areas of the country, state, or local community.

For example, one-third of all Somalis living in the United States live in Minneapolis, Minnesota. Just 10 miles away in St Paul, you will find the largest single community of Hmong residents in the United States. Both of these cities also share a unique blend of Norwegian, Swedish and Danish heritage along with the significant presence of Native American tribal history. The CDM, CFPP is well-advised to verify the multiple cultures and religions present in their local community and to incorporate the dietary restrictions and food preferences into their menu planning.

## Government Regulations

Government regulation is another type of resource that plays a major part in menu planning. These regulations govern the type and quantity of food served at a meal. The Centers for Medicare & Medicaid Services (CMS) is a branch of the U.S. Department of Health and Human Services. CMS is the federal agency that administers the Medicare system and monitors the Medicaid programs offered by each state.

All healthcare facilities have mandatory state licensing requirements. The facility is held to the strictest regulatory requirements, either state or federal. It is important to know and follow local and state regulations. These guidelines are dynamic, meaning they change constantly. Work with your facility administrator to make sure you have the most recent CMS guidelines that impact menu planning.

Putting  
It Into  
Practice



1. As a new CDM, CFPP, you want your menu to address the cultural differences of your customers. What is the first step to implementing cultural changes in your facility?

If you work in a federal or state-funded school system, you will be expected to follow the USDA National School Lunch Program. Critical upgrades were made through the Healthy, Hunger-Free Kids Act of 2010, which provides additional guidelines for school meals. More details on the Nutrition Standards for the National School Lunch Program can be found on the USDA website.

Also work with your school administrator to make sure you have the latest guidelines.

### Aesthetic Considerations

Think about this menu: unbreaded baked cod, cauliflower, scalloped potatoes, and vanilla pudding. Everything is white, round, and the meal has strong competing flavors in the fish and cauliflower. This meal is often seen on menus and not widely accepted by clients. While there are times when the flavors and traditions, such as Thanksgiving dinner, warrant a meal of competing flavors, it should not be seen on a regular basis.

Well-written menus not only look at the nutritional balance but also look at the color, texture, mix of strong and mild flavors, and the shape of food on the plate. When the meal looks and tastes good, clients will be more apt to enjoy their food.

One tip would be to prepare the planned menu and take a photo of the plate. This will tell the story around the appearance of the plate and what adjustments may need to be made. Look for all of these characteristics:

- **Color**—Is there a variety and balance?
- **Shape**—Is everything round, linear, wedged?
- **Texture**—Is it diced, chopped, formed, or mushy?
- **Plate Coverage**—Is there a good balance across the plate (too crowded or empty)?
- **Seasoning**—Is there a mix of mild and spicy?
- **Flavor**—Is there bland or mild foods to complement the stronger meats or vegetables?
- **Food Group Balance**—Is there a mix of protein, vegetables, and starches?
- **Consistency**—Is everything in a sauce or gravy?
- **Overall**—Look at the whole meal as served, not just the main plate.
  - > The grilled chicken breast with herbed rice and mixed vegetables may look fine until you see the rest of the meal with coleslaw and fruited (fruit cocktail) lemon gelatin, and sugar cookie.
  - > Suddenly the whole meal is one color of mostly chopped-up food items.



Photos of the plates and meals assist you in identifying some simple menu standards. It also helps the staff to maintain a consistent plate presentation for the client.

Putting  
It Into  
Practice



2. The original menu has baked cod, cauliflower, mashed potatoes, and vanilla pudding. How would you evaluate this aesthetically, and what changes would you make to the menu?



appropriate storage time of cooked and raw foods, and reheating guidelines all affect the safety and often the serving quality of foods.

More will be discussed related to sanitation in Chapter 19. More details on the regulations can be obtained from federal, state, and local agencies.

## Management Considerations

Since the menu drives what you do in food production, it also drives your labor and food costs. A number of management-related factors must be considered when menu planning such as the budget, production methods, time and labor available, and finally the equipment and food availability.

- **Budget and Cost:** Next to labor, food cost is the second largest expense for your department and maybe even for the facility. This means managing food cost is a very important part of your job. Many facilities determine their food cost per client, per day and your budget is allocated accordingly. Whether your menu uses foods from raw ingredients or pre-prepared food items, both will impact your budget and your menu planning process. Further discussion of this and other budget controls is in Chapter 26.
- **Production, Service, and Delivery Methods:** Your menu needs to coordinate with your type of service. For instance, if you are doing display cooking, a stir-fry would be a great menu item. However, for cafeteria service where food may be held on a steam table, stir-fried items may lose quality and prove a poor choice. If trays are being plated in the kitchen and delivered to individual patients, menus should include items that sit well during the delivery.
- **Timing and Labor:** How long it takes to prepare each menu item is an important consideration. Some menu items are more time-intensive than others. If you include a product that requires intensive preparation, you may need to pair it with a convenience or low-prep item to balance resources. The production schedule dictated by the menu must be realistic.

In addition, you must match your menu to the skills of employees responsible for producing the menu items. Culinary challenges presented to minimally-trained employees can lead to increased costs through the loss of food or time. On the other hand, a facility that has a trained chef can use this resource to incorporate sophisticated techniques and preparation while holding food costs down. Through focused training, a CDM, CFPP can broaden the skills of food production employees so as to incorporate specific menu items that require specialized techniques.

Your foodservice department management team can help with menu planning by using their respective skills. For instance, the CDM, CFPP may provide input into the menu from the perspective of managing production. An Executive Chef can provide expertise on food items and preparation techniques. The Registered Dietitian Nutritionist can provide specific nutrition and therapeutic diet guidelines. The Diet Office Clerk or Serving Line Checker can identify the items that have frequent call backs for a second choice. The Dishroom Attendant can tell you what is returning on the plates uneaten. Each area of the department can contribute to the development of a better menu for the clients.

- **Equipment:** Menu items may require a broad variety of equipment. Consider each proposed menu item in terms of physical layout and equipment. You also have to consider what equipment will be in use at each time throughout the day. You may not have enough oven space if every menu item for a given meal requires the use of the oven. Storage equipment and transport/delivery requirements can be related concerns.

- **Availability of Food:** What ingredients are available for your menu may be impacted by where your facility is located. Consider a rural facility that is 100 miles from a metropolitan center. You won't be able to get an immediate delivery of a special menu item. With the current emphasis on purchasing locally, your menu may reflect the ingredients that are available in your geographic region, such as Idaho potatoes, Washington apples, or Wisconsin cranberries. Weather may also impact what menu items are available. If there is a freeze in Florida, oranges or orange juice might be available but at a price too high for your department budget. The availability of many of your produce items may be affected by weather and you may have to adjust your menu accordingly.

## Sustainability

Sustainability concepts are having an increased influence on menu planning considerations. Customers are interested in the food production process and the story behind what they're eating. There are many lenses through which one can look at food options including: local, organic, seasonal, and water-wise. Often these lenses overlap, but sometimes choices need to be made between various options. Sustainable menu planning typically focuses on one or more of the following:

- Use of locally-grown items
- Limited use of processed food
- Use of "in season" foods
- Replacement of meat entrees with vegetarian entrees

The increased use of local produce often means planning menus based on when local produce is "in season." The term "farm to table" broadly refers to food made from locally-sourced ingredients, often natural or organic. The limited use of processed food would mean an increase in preparing products from "scratch." For example, perhaps you pickle your own vegetables, or make your own salad dressings from fresh ingredients. Finally, a focus on vegetarian rather than meat-based entrees also is deemed sustainable because growing vegetables is less harmful to the environment than livestock production. "Meatless Monday" and increased vegetarian options are factored into menus at restaurants and onsite foodservice operations.

## GLOSSARY

### Cycle Menu

Different menu items each day of the cycle and then repeats the entire menu

### Static Menu

Offers the same items daily

### Single-Use Menu

Used only for one event

## Types of Menus

Now that we have looked at all the factors affecting menu planning, let us discuss a few more types of menus. Beyond the regular **cycle menu** that was discussed in Chapter 1, food service operations may also use a **static menu** or a **single-use menu**.

A static menu is one in which the same menu items are offered daily. The static menu has been a characteristic of many restaurants, but onsite foodservices may use them as well. The single-use menu is a, separate menus are often prepared to use for special events, theme meals or holidays. Many times, these meals are designed to help break the monotony of a cycle menu. These menus may evolve out of a client food committee designed to incorporate their input into the meal planning process.

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3. The menu for the dinner at a group home is Baked Lasagna, Garlic Bread, Oven Roasted Brussels Sprouts, and Apple Pie. How would you adjust this menu so it doesn't overload the same equipment? How would you make this menu more sustainable?



Figure 2.4

Sample Special Menu 1 (St. Patrick’s Day) for a Hospital Cafe



**Appetizers**

- Baked Spinach Artichoke Dip with Pita Chips
- Bruschetta with Edamame Pesto

**Entrées**

- Corned Beef
- Irish Stew

**Accompaniments**

- Baked Cabbage with Bacon
- Boiled Potatoes and Carrots

**Bread**

- Irish Soda Bread with Raisins

**Desserts**

- Crème de Menthe Pie
- Chocolate Zucchini Cake



**A la Carte and Table d’Hote Pricing of Menus**

An **a la carte menu** allows clients to select each item they desire for a meal. In a retail setting, each menu item is priced individually. This may be used in campus dining or in schools. It is also common in many employee and visitor dining cafeterias. With the **Table d’hote** menu, a complete meal is provided at a fixed price. A complete meal may include an appetizer, a salad, an entrée, a starch, a vegetable or fruit, a beverage and possibly a dessert.

**Standard Weights and Measures**

An essential part of menu planning is using standard food weights, measures, and recipes correctly. Within the menu planning process, consideration has to be given to the food being served in terms of quantity on the plate, nutritional value of the foods, and cost controls. Serving sizes are specified in the menu design itself. If a cup of soup is planned as an appetizer, the quantity is significantly less than a bowl of the same soup served as the entrée of the meal.

The Purchasing Supervisor needs to know the serving sizes and number of servings so they order the appropriate amount of raw ingredients. The production team needs to know the serving sizes of items so they prepare the correct amount of food. The serving staff need to know the serving size of each menu item so they can plate the meal correctly. Registered Dietitian Nutritionist, Dietetic Technician, The Registered/ Nutrition and Dietetic Technician, Registered, and/or Certified Dietary Manager, Certified Food Protection Professional need to know the serving sizes to evaluate the client meal intake for dietary intake tracking.

To plan a menu, you and your staff need to know how many servings in a full-size steam table pan, how many servings from a quart when using a disher/portion scoop,

**GLOSSARY**

- À la Carte**  
Pricing each menu item separately
- Table d’hôte**  
One price for the entire meal

how many tablespoons in a cup, how many servings you can expect from a case of fresh broccoli, etc. One very helpful book that provides these charts for standard weights and measures is *Food for Fifty* by Mary Molt. This reference also contains many quantity recipes that may help you in revising menus to meet your facility/client needs. The need for accurate weights and measures in the recipe and production process are addressed in Chapters 3 and 4 of this textbook.

### Menu Substitutions and Alternates/Standard Write-in Menu

Even with liberalization, another issue often arises—the need for substitutions on the menu. A substitution is a product that replaces a planned menu item when requested by a client or family member because he/she does not like or refuses to eat the food being served. Centers for Medicare & Medicaid Services (CMS) regulations specify that requests for substitutions should be permitted and honored, as long as they are reasonable and achievable. A substitution must be of similar nutritive value. On a selective menu, some CDM, CFPPs use the term menu write-in to describe the same idea. A client may write an item on the menu that was not part of the planned cycle.

Providing substitutions upon request is part of the concept of giving clients control over their care; meal choice is considered a client right. Adjusting offerings to a client's requests helps to ensure optimal nutritional intake. In all, honoring substitution requests contributes to quality of life, especially for nursing facility clients.

What should a CDM, CFPP do with a substitution request? The answer is, honor it or provide an alternate choice. While some choices are not feasible, many options may exist. For a long-term client, a CDM, CFPP may be able to accommodate a special request. Sound management and practical realities dictate that the substitution process be planned and organized as part of the menu.

One way to provide substitutions is simply to offer alternate choices on a menu or in the service setting itself. This eliminates many of the challenges of providing substitutions at the last minute. It is one reason that some long-term care facilities have changed to selective menus. On a selective menu, clients can choose their substitutions or alternates in advance of service, and dining services staff can tally requirements in time for production.

With the goal of honoring client requests, a CDM, CFPP may also develop a list of “Always Available” write-in requests that can be accommodated in the kitchen. The manager can plan production of these items in conjunction with routine meal service or is at least prepared to honor these requests efficiently. Some write-in list offerings may cross over with items prepared daily for another service area, such as a cafeteria. Essentially, this write-in list becomes its own supplementary menu. Designated staff may refer to this menu to guide clients towards practical substitutions.

## GLOSSARY

### IDDSI


The International Dysphagia Diet Standardisation Initiative is a standardized framework for labeling texture-modified foods and thickened liquids.

### Special Diets in Long-Term Care

Nursing homes are beginning to use the **International Dysphagia Diet Standardisation Initiative (IDDSI)** as the foundation for texture modified foods and thickened drinks provided to residents. The use of global, standardized terminology and definitions for texture modified foods and thickened drinks help improve the safety and care of residents with dysphagia by helping staff communicate individual resident needs to interdisciplinary teams. Figure 2.5 shows the IDDSI Framework which consists of a continuum of 8 levels (0-7), where drinks are measured from Levels

**Figure 2.5**  
IDDSI Framework



  
View the Supplemental Material for this chapter for more information and resources on IDDSI.

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@ <https://iddsi.org/framework/> Association of Nutrition & Foodservice Professionals

0 – 4, while foods are measured from Levels 3 – 7. The IDDSI Framework provides a common terminology to describe food textures and drink thickness. See Supplemental Material for more IDDSI resources.

### Monitoring the Menu and Meal Service

The best meal service starts with a well-planned menu and finishes with a well-trained staff. No matter how well-designed the menu is, staff competencies and performance determine the final presentation of the meal to the client. During the meal service there are several steps that require monitoring.

- Testing of the recipes for product performance and palatability is only the beginning.
- Training of the production team on the techniques required to make the menu items and the use of standardized recipes (discussed in detail in Chapter 3) starts the meal service.
- In addition to the standardized recipes, the use of ingredient pull lists and production sheets with appropriate panning charts ensures the right items come to the serving line in the correct serving pans.
- Specification of portion sizes and serving utensils helps standardize the portion control.
- Pre-line meetings to taste the food and sample plate demonstrated the correct plating of the meal for consistency and presentation, and allows for any corrections to be made prior to the time of service.

- Documented pre-line temperature logs ensure that food is reaching the serving line at the appropriate temperature. It allows for any corrections to be made prior to the time of service; this is for both HOT and COLD food (milk sitting at room temperature during a one hour serving line will be close to room temp by the end of the line).
- Monitor the start and stop times of the meal service, and the time needed to deliver the meals (longer delays cause greater temperature loss).
  - > If the serving line is stopping for re-supply of items, either:
    - your production numbers were not correct—or they didn't make the amount specified;
    - the serving size on the line is over-portioned and they are running out;
    - the production team is not keeping up with the batch cooking; or
    - the production team is not focused on their primary task—serving the clients.
- Check random trays for accuracy to the items specified on the menu and compliance with all diet restrictions and allergies.
- Assess the trays for plate presentation, attractiveness, and placement of the items on the tray or table setting.
- Check the mid-line temperature of the food being served—are appropriate temperatures being maintained?
- Monitor the number and frequency of call-backs for a second meal selection.
- Record the over production and run-out/shorts for the line.
  - > Why were the production numbers wrong (over or short)?
  - > What did you substitute for the products you were short?
- Observe the dishroom after the meal for what is coming back on the plate.
- Conduct meal rounds in the dining rooms talking with the clients or in the patient/resident rooms during the meal service times.
- Conduct test trays/meals.
  - > Sample the food as a complete meal at the point of service in the dining room or in a patient/resident room.
    - Take temperatures.
    - Taste the food.
    - Ask nursing and support staff to participate in the test trays.

Information is your friend. Know what you expect and verify the level of service you are providing.

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4. You are monitoring the trayline service of your hospital food service. What are some steps you would take to ensure accuracy of the meal service?

## Menu Revision

In the foodservice industry, most experts agree that a menu should not become static. For both ongoing and occasional clients, periodic revisions are a necessity. Here are some events that might signal a need for menu revision:

- **Client Feedback.** Client suggestions, along with information gathered through surveys, often begin to show patterns. A suggestion that arises repeatedly—or a complaint about a particular menu—can be triggers for revision.
- **Seasonal Change.** People choose different foods at different times of the year. Summer foods may include salads, chilled entrées, and produce in peak season. Winter foods (where winters are cold) may include more soups, stews, and seasonally available produce.
- **Trends and Fashions.** Ever-changing, the world of food experiences culinary innovations as well as trends. Keeping pace with these helps a facility compete in the industry. For instance: edamame was not well known 20 years ago; today it is a common restaurant menu option.
- **Special Requests.** A CDM, CFPP may monitor items that clients request or add to their own menus. If a request appears repeatedly, it may be time to add the item to the menu or increase its frequency.
- **Sales Records.** If you are monitoring sales records or selection data for the menu, you may discover that certain items are proving unpopular. One of the jobs of a CDM, CFPP is to identify menu “duds” and replace them with products clients prefer.
- **Quality Issues.** Similarly, a CDM, CFPP conducting routine quality checks may determine that a certain item is not holding up well on the menu. There may be a solution. Changing the procedure or the recipe, using different techniques or equipment, or training staff may make a difference. If not, the item may need to be replaced.
- **Changes in the Physical Facility.** Remodeling, renovations, or reallocation of space in a facility may impose changes on the foodservice department. Perhaps the opportunity exists to build an expanded cafeteria. A CDM, CFPP may explore a food court concept and its related menu implications. Or a facility may have an opportunity to build a group dining area, where buffet service is an option. The menu needs to change accordingly.
- **Service Revisions.** Sometimes a CDM, CFPP faces the need to develop new services or serve new clients. In addition, mergers and acquisitions may present new requirements to serve remote facilities. Integrating service changes with existing schemes may provide cause for re-evaluation of the menu as a whole and all related coordination issues.

A proposed menu revision should undergo evaluation for any nutrient standards that apply, as well as for costs. In addition, any menu revision creates ripple effects through the operational flow. To implement a change, systematically examine and plan related revisions required in staffing, service, delivery, inventory, purchasing, and food production.

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5. As a Certified Dietary Manager, Certified Food Protection Professional you have been asked to evaluate and make necessary changes to the existing menu. What tools would you use for evaluation and revision?

In all, you can see that a menu has great impact on every aspect of the foodservice operation. Designing a menu that meets your clients' needs and expectations and uses your resources effectively is an enormous amount of work. However, the rewards are well worth the effort.

### Tailoring Individual Menus—Honoring Legal and Ethical Responsibilities

Every healthcare menu system must have a method for ensuring that every client receives a meal, even if selections have not been made. Clients who do not complete a selective menu receive a house diet or default selection. For a client whose preferences are known, a member of the clinical staff may complete a menu based on care plan or client preference record. This information may be tracked in a diet office software system.

Furthermore, every menu communications system must include control steps to ensure that foods planned for the individual menu meet the current diet order prescribed by the physician. Whether menus are selective or non-selective, spoken or paper-based, or implemented through trayline or buffet service, trained foodservice staff must assist with individual menu review before a client consumes the meal. Figure 2.6 lists some of the criteria for menu review.

Reviewing menus can be time consuming. CDM, CFPPs can structure menu systems to minimize this. For example, there are computer programs to review menu choices in order to check for compliance, calculate totals for restricted nutrients (such as sodium, protein, or fluid), eliminate allergenic foods, or automate routine food additions. This process requires that staff maintain a computerized set of care plans or client preference records.

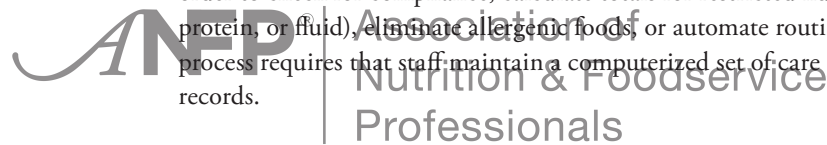


Figure 2.6

#### Criteria for Individual Menu Review (Health Care)

Before a client receives a tray and consumes a meal, trained foodservice staff must review individual menus and answer the following questions:

1. Do the selections provide a well-balanced meal, or has the client selected choices from nearly all categories (e.g., entrée, vegetable, starch, beverage, etc.)?
2. If the client's diet order specifies combined modifications, such as sodium-restricted and carbohydrate-controlled, are selections compliant with these restrictions?
3. If the client has a meal pattern or a carbohydrate count, how do the totals compare to the plan?
4. If the client has a fluid restriction, how do the figures add up?
5. If the diet order or kardex lists specific foods to avoid (e.g., allergies or food intolerances), have these items been removed from the menu?
6. Are appropriate condiments included (e.g., margarine for bread, dressing for salad, etc.)?
7. If texture modifications (e.g., mechanical soft diet or National Dysphagia Diet levels) are part of the diet order, does each menu selection comply with the order?
8. Are portion sizes indicated on the menu appropriate for this particular diet order?
9. If the client has requested a substitution, is the request honored?
10. If the diet order or kardex lists specific additions for meals (e.g., nutrition supplements), are these items included?

When a foodservice staff member makes adjustments to a menu, communicating this with the client is important:

- If the client does not know the menu has been adjusted intentionally, the revisions may be perceived as an error.
- Menu review provides an opportunity for a dining services staff member to explain a meal pattern or other adjustment.
- Discussing adjustments opens a dialogue with the client about diet-related needs and preferences.

It is the responsibility of the department director, dining services staff, and CDM, CFPP to provide nutritionally adequate meals to clients. Sometimes there are specific requirements for patients, residents, and school food service or one of customer choice. Planning a menu that meets the needs of both groups in a cost-effective and efficient manner is the goal of every manager.

### Chapter References

RESOURCES	
<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>	<a href="https://www.cms.gov">cms.gov</a>
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<b>Food for Fifty</b>	Molt, Mary, Pearson Education, Inc.
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Kotschevar, L..H (2008). <i>Management by menu</i> , 4th ed. Hoboken, NJ: John Wiley & Sons	
<b>MyPlate</b>	<a href="https://www.choosemyplate.gov">Choosemyplate.gov</a>
<b>Nutrition Standards for School Meals</b>	<a href="https://www.fns.usda.gov/school-meals/nutrition-standards-school-meals">https://www.fns.usda.gov/school-meals/nutrition-standards-school-meals</a>
<b>USDA Food and Nutrition Information</b>	<a href="https://www.nal.usda.gov/fnic">https://www.nal.usda.gov/fnic</a>

