

The Pleasure of Eating

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Learning Outcome: To recognize eating, not only as an essential physiological activity, but also as a source of pleasure.

Eating is an essential physiological activity which is a source of pleasure throughout life and a meal, as a social event, is something important. The foodservice department staff of the University of São Paulo, Brazil, serves 6,000 meals/day to the local community (students, teachers and employees). This department staff searched for new innovative ways of providing enjoyment to the current university cafeteria customers. The staff developed the project "The pleasure of eating", with the objective of providing satisfaction through the enjoyment from the food served. The focus of this project was to make the meals served by the university foodservice as similar as possible to the way the consumers used to eat in their own homes. The staff wanted to do everything they could to ensure consumers would eat more enjoyable meals. Along the time, no considerable changes had been made concerning eating utensils; for example, the six compartment institutional service tray, made from stainless steel, had been used for 20 years.

Methods: The pilot project lasted 15 week days. The institutional service trays were replaced by colorful plastic rectangular serving trays, with plates and bowls. Food service consumers were given a questionnaire about the changes; dietitians talked to the community during the meal distribution. The survey comprised 1,360 questionnaires, distributed in the entrance of the cafeteria, to collect information; only 956 were returned.

Results/Conclusions: The results showed 61% of consumers' innovation approval. Therefore, the definitive project was implanted.

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Effect of Select Vs. Non-Select Menu on Patient Satisfaction and Meal Consumption

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Learning Outcome: To describe how select vs. non-select menus can affect patient satisfaction and meal consumption.

Healthcare foodservice operations are continuously striving to improve the quality of care provided. A select menu can enhance a patient's stay due to superior food quality and personalized service. To determine the effectiveness of replacing a non-select menu with a select menu, this study examined patient satisfaction and meal consumption. Meal consumption was measured using a visual plate waste study. The following results were obtained for patients using the non-select menu (n=10) vs. patients using the select menu (n=12): averaged consumption increased from 65.0% to 81.3% for entrees, 57.5% to 62.5% for starches, 45.0% to 62.5% for vegetables, and 45.0% to 66.7% for fruit/dessert. Averaged consumption decreased from 70.0% to 32.5% for milk and 37.5% to 30.5% for bread. The questionnaire was adapted from the patient satisfaction questionnaire already in use by the facility. Responses from patients who received the non-select menu compared to the select menu yielded the following results on a 4.0 point scale: taste/texture went from 2.9 to 3.0, appearance went from 2.7 to 3.2, cold foods cold went from 2.9 to 3.7, hot foods hot went from 3.9 to 4.0, and the variety of foods went from 2.0 to 3.2. Improvements were seen in all areas to include perception of portion size. Results suggest that implementing a select menu improves patient satisfaction and meal consumption. Less waste will result in decreased costs for the foodservice operation. Patient satisfaction and a feeling of control resulting from usage of a select menu will enhance a patient's hospital stay.

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Hospitals Go Green: The Registered Dietitian's Role in Implementation

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Learning Outcome: To identify the leadership potential of the Registered Dietitian in the formation of a Green Team.

Background: As hospitals look to "Going Green", the formation of a Green Team has become a familiar format for hospitals to address the planning needs to go Green. The knowledge that each discipline can bring to the team is vital to the successful implementation of a full Green program. Becoming a Green organization is related to employee satisfaction.

Objective: To identify the role and expertise knowledge that the Registered Dietitian can bring to a multi-disciplinary Green Team. It is the perfect forum for a dietitian to take an organizational wide leadership role. The Registered Dietitian can bring the knowledge of food and food regulatory policies to the team. Because many components of a Green Team fall under the knowledge and management scope of a Registered Dietitian they are the ideal Green Team leader. These areas of expertise include but are not limited to Food Composting, Cooking Grease Removal, Green Paper Products purchasing and limiting on the inpatient meal trays, Recycling and cardboard removal, Sustainable Foods and hosting an employee Farmer's Market.

Method: To demonstrate the knowledge that a Registered Dietitian could bring to a Green Team, I volunteered to be part of the leadership of the committee. Sustainable foods and hosting a Farmer's Market was our first goal to be to advertise and announce our Green Team program/ logo to the entire hospital and campus employees.

Results: Successfully implemented an employee Farmer's Market which was held weekly on the campus and was open to employees and visitors.

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A Method for Using Nutrition Survey Data and the Dietary Reference Intakes to Develop a Computerized Nutrient Analysis of Menu Audit

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Learning Outcome: To utilize a computerized nutrient analysis menu audit based on the Dietary Reference Intakes and nutrition survey data.

To help care facilities to appropriately evaluate their menus based on computerized nutrient analysis results, an audit tool derived from provincial nutrition survey data (usual intakes) and the *Dietary Reference Intakes (DRI)* was developed. For micronutrients, cut-offs were established for different age groups over 19 years based on the proportion of survey participants below the Estimated Average Requirement (EAR) and adding to that EAR a margin of safety to ensure low prevalence of nutrient inadequacy. Using this criteria, cut-offs were set at the 25th percentile for phosphorus, the 50th percentile for iron and riboflavin, and the 75th percentile for vitamin C, thiamin, vitamin B₆, folate, vitamin B₁₂ and zinc. Niacin, pantothenic acid and calcium were set between the Recommended Dietary Allowances and 25th percentile or the Adequate Intakes. Magnesium cut-offs were set at the 75th percentile for males 19 to 50 years and females 19 to 30 years; for other age groups they were set above the 75th percentile of usual intakes as there was a high prevalence of inadequate intakes in these groups. The audit was piloted among residential facilities and reviewed by a Nutrition Advisory Committee. A need was identified to add a section to the audit that ensured the menu included specific directives of Canada's Food Guide and regulations for facility licensing. The final menu audit appropriately utilizes the *DRIs* to assess a menu's nutritional adequacy for a variety of adult populations and helps facilities to meet the diversified needs of those in care.

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