

Food Service & Nutrition

CANADIAN SOCIETY OF NUTRITION MANAGEMENT NEWS

Summer 2011

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Maintaining Initiative

By Dean Cox, NM



It is a great honour to be CSNM President again. Over the past few years, the board has been working extremely hard on so many initiatives, and it is hard to keep track of all the great work being done on your behalf.

CSNM has now launched the new *Certification Program* for Certified Nutrition Manager designation. Becoming a Certified Nutrition Manager is an achievement of which to be proud. A Certified Nutrition Manager has acquired an advanced level of training, skills and work experience, and has a desire for continuous education. For more information on certification, please read the article by Daphne Spear, certification chair, found in the industry news section of this issue.

Other initiatives include the acquisition of a new database system as our current system is becoming outdated. The new database system will allow for improved security of your personal information as well as better tracking of your Continuing Education points.

CSNM will be doing more marketing of our profession this year. We are great at what we do; now we just need to tell everyone! Plans include a variety of initiatives to better promote ourselves to employers, government at various levels and the general public.

In May, we had our first joint conference with the Canadian Association of Foodservice Professionals (CAFP). The conference was held in Montreal and was a great success. Both groups have learned much about each other and how we can work together. The board will review the data from the post-conference surveys and follow the lead on recommendations for future conferences. Whether we team up again with CAFP is up to you. Your opinion matters, so be sure to let us know.

Thank you for giving me the opportunity to serve as CSNM President. Being president is actually the easy job when you have a great board. I would like to take this opportunity to thank all CSNM board members and their committee members for all the hard work they do.

Dean Cox, NM
CSNM President

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IS YOUR KITCHEN LOSING ENERGY ?

Save energy and save money

By Janice Cha



“Saving energy in commercial kitchens is easy savings, but the cleanest energy is that which you never use in the first place,” said Richard Young, senior engineer and director of education for San Ramon, California-based Pacific Gas & Electric’s Food Service Technology Center (FSTC). Young was addressing attendees of the first annual International Foodservice Sustainability Symposium, held in Chicago in May.

“The greater the percentage of energy you can put into your product and not down the drain, the better your bottom line,” Young said.

Foodservice operators who want a smaller carbon footprint and healthier bottom line can reduce energy and water use in two ways: improving existing operations and investing in new technology.

SMARTER OPERATIONS, BETTER MAINTENANCE

Your first step in “greening” your kitchen is to take stock of your current situation. One way is to perform a self-administered foodservice energy audit.

The *Do-It-Yourself Energy Survey*, available online at www.fishnick.com, provides an itemized list of the energy- and water-using systems found within foodservice operations: kitchen, dining room, dish room, roof top and parking lot. The checklist guides you in identifying misused energy and water and sets you on the path toward reducing operating costs.

Let’s zoom in on the kitchen section of the survey, specifically food preparation, refrigeration and water.

The food preparation area – which uses some 35 per cent of all energy consumed by a foodservice operation, according to FSTC – is filled with opportunities for smarter use of existing equipment. *DIY Energy Survey* tips include creating a start-up/shut-down schedule for all cooking equipment to make sure equipment such as the griddle isn’t cranking away at full temperature an hour before it’s needed. Another tip is to pay attention to small appliances – conveyor toasters, heat lamps, coffee warmers, etc. – and to make sure they are turned off when service is finished. You can also save energy dollars by keeping range tops in good repair, aligning oven and steamer doors to keep heat inside and setting up a monthly equipment maintenance plan.

As for refrigeration – which consumes 6 per cent of overall energy in typical foodservice kitchens – the survey guidelines recommend keeping condenser coils clean and shading them if exposed to the sun. You should also periodically check refrigerant levels to make sure there's enough, and also inspect refrigerant lines and the compressor body for ice build-up. If you find ice, call your service agent. Finally, you can conserve more energy dollars by insulating refrigerant lines.

Water is another key area. After all, if your hot water heater is leaking, you're not only paying extra water and sewer fees for wasted water, you're also paying for gas used to heat the water – a triple whammy for one leak. Water-miser tips include seeking out and repairing water leaks, especially hot water; installing low-flow, pre-rinse spray valves at pot-washing sinks to reduce hot water consumption; setting water heaters at proper temperatures (usually 120°F to 140°F); insulating hot water lines (especially important in colder climates); and installing high-pressure nozzles or water brooms on hot water hoses to make them more efficient for cleaning while using less water.

NEW TECHNOLOGY FOR GREENER KITCHENS

If you're updating your food service kitchen or any piece of equipment, you'll find plenty of energy efficient options on the market. Young spoke about two types of energy saving technology he sees as especially noteworthy: digital controls and heat capture. Some of the types of equipment Young mentioned were showcased at the Kitchen Innovations area of the National Restaurant Association show, held in Chicago in May.

First up, digital controls. "Precision

is in, dials are out," Young said. "On water heaters, digital controls show you the exact water temperature so you know the unit is working properly. The controls also let you monitor the unit remotely, detect leaks and receive maintenance alerts," Young continued.

Digital control has made refrigeration smarter, too. "The new Indigo ice machine from Manitowoc Ice, for example, lets you control when you make ice, allowing you to opt for off-peak hours when electricity may be cheaper," Young said. "Storing ice is far less expensive than making it."

Ventilation systems have also become smarter. "Hoods eat up a tremendous amount of energy in the kitchen," Young said, describing their impact on HVAC as they suck all the conditioned air out through the roof. "So why do people let hoods run at full speed all the time?"

Instead of old-fashioned "on-off" hoods, Young recommends hoods featuring demand ventilation control systems – Halton and CaptiveAire are two leading suppliers of these systems. The units feature sensors that automatically kick the hood into high gear when the temperature and effluent rises above a certain point.

Conveyor ovens are also being fitted with smart control sensors that activate the unit when food is placed on the belt. "There's no point running them at full blast if no customers are around," Young said.

Next, Young described recent advances in heat recovery systems, in which "waste" heat generated by refrigeration equipment or dish machines is captured and used to pre-heat water.

"With refrigeration, you're also getting the side benefit of sending cooled refrigerant back into the unit so it works more efficiently," Young

pointed out. "And with dish machines, such as those made by Hobart or Meiko, in addition to saving money by pre-heating your rinse water, a side benefit of capturing waste heat is a less steamy working environment for your crew."

Waste-heat recovery systems are also available for hoods. Toronto-based South Street Burger, which puts a premium on sustainability, has reduced its heating requirements by more than 300 cubic meters of gas per month in restaurants that have grill hoods equipped with heat exchange ventilation systems.

At the NRA Show, Halton displayed a flue bypass system to capture heat from cooking appliances, that together with an integrated heat exchanger, can supply hot water and reduce energy consumption. Also at the show, a company called National Hot Water introduced a ventilation heat recovery device that replaces conventional grease filters with a two-stage grease filter that converts exhaust heat into energy for heating water or make-up air. ■ ■ ■ ■



Janice Cha has written about the foodservice industry for about 14 years, and has focused on the cool and geeky details of foodservice equipment for the past nine. She is based in Chicago.



• X

Did you know that 1 in 133 people in Canada is diagnosed with celiac disease? Currently, the only treatment for celiac disease is to provide a gluten-free diet. In the foodservice industry, this not only means taking into account the main ingredients of a particular food, but also looking at possible hidden sources of gluten and preventing the unintentional addition of gluten to a food through cross-contamination.

DEFINITION OF CELIAC DISEASE

The Canadian Celiac Association and Dietitians of Canada define celiac disease as a condition that affects the absorption of nutrients at the surface of the intestinal cells as the cells have been damaged by a protein called gluten. Sometimes celiac disease becomes evident as a rash on the skin called dermatitis herpetiformis, instead of in the intestine. Gluten is contained in the following grain products: wheat, rye, triticale, barley, and is the portion of the grain product that allows the product to stick together when making baked goods such as muffins or breads. The only method of treating celiac disease at this time is to eat a gluten-free diet.

DIAGNOSIS AND SIDE EFFECTS

The most accurate method of diagnosing celiac disease is by performing a biopsy of the small intestines. The side effects of this disease are caused by the body's inability to absorb nutrients properly. Some conditions include anemia, weight loss, and chronic diarrhea.

FOODS TO AVOID

Foods that need to be avoided are all foods that contain the gluten protein. This consists of all wheat products including wheat germ, wheat bran, wheat flour and wheat starch including foods such as breads, pasta, cereals, etc. This also includes barley, bulgur, contaminated oat products (which includes contaminated oat meal, oat bran, etc.) and rye bread.

It is important to read the nutrition facts label on every food that you are unfamiliar with, as gluten-containing foods are often hidden in the product. Some common foods with hidden gluten include broth and soup bases, imitation bacon bits and imitation seafood, modified food starch, sausages, hotdogs, deli meats, sauces, marinades, gravies, seasonings and soy sauce.

FOODS THAT ARE ALLOWED

All-natural milk products can be used in a gluten-free diet (milk, cream, most ice cream, plain yogurt, cheese, etc). Foods in question, which require reading the label, include: flavoured yogurt, cheese spreads, sauces and seasoned/flavoured shredded cheese.

In general, grain products produced from rice, corn, potato and quinoa can all be included in a gluten-free diet. For example, products made from corn flour, corn meal, cornstarch, potato flour, potato starch, quinoa, rice, rice bran and rice flour are safe. Hot cereals that can be included are cream of buckwheat, cream of rice and pure oatmeal. Cold cereals include puffed rice or corn cereals, rice crisps or corn flakes. Be cautious of barley malt flavouring or extract which may be added to the above cold cereals and contains gluten. Pastas can include those made from corn, rice, potato and quinoa. All rice can be included, but be cautious of seasoned rice mixes. Corn and rice tortillas and tacos, plain rice cakes and crackers can also be included.

There has been a lot of controversy surrounding the use of oats in the diet of a person with stable celiac disease. Scientific studies have shown that it

Celiac Disease and the Gluten-Free Diet

WHAT EVERY NUTRITION MANAGER SHOULD KNOW

By Lindsay Shopman, RD and Debra Pal, RD, MPH

is safe for those with celiac disease to consume 50-70 grams of uncontaminated oats, which is equal to about ½ cup to ¾ cup of dry oats per day. The key word is “uncontaminated.” The oats have to be certified to ensure there has been no cross contamination with any gluten-containing products in order to be consumed safely.

All plain and fresh meat and fish can be included. Eggs can also be included in all forms, but be cautious of flavoured / seasoned egg mixes. All whole nuts can be included, but be cautious of seasoned nuts and all nut butters – make sure to read the label to see if they can be included safely. In addition, it is necessary to review the nutrition label for any processed meat products.

All fresh, frozen or canned fruits and vegetables can be included. Be cautious of seasonings and sauces added to vegetables and cross contamination of frying oil with any fried vegetables.

Most teas and coffees can be included, but be cautious of flavoured or herbal varieties.

CROSS CONTAMINATION

It is very important to avoid cross contamination when providing a gluten-free diet. Many aspects of food

preparation including condiments and toasters will have to be exclusively designated for gluten-free products. It is also important to prepare gluten-free foods before preparing other foods and to make sure that all surfaces and utensils used are cleaned and sanitized before they are used to prepare foods that are gluten-free.

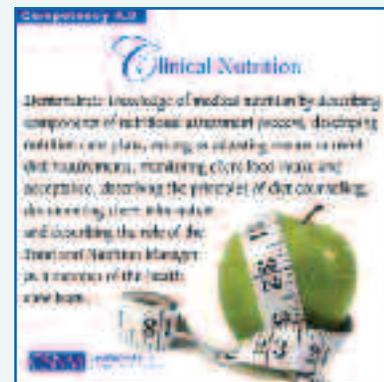
IMPORTANT POINTS

If a product states that it is wheat-free, that may not mean gluten-free – the product can still contain hidden sources of gluten. Remember to always read labels, as even familiar foods could have been modified to now include a gluten-containing ingredient. If you are unsure about the safety of a food product, or concerned that cross contamination has occurred, DO NOT USE the product.

CONCLUSION

Celiac disease is not an allergy, but the precautions necessary for food service production are the same. In addition to obtaining a basic knowledge of celiac disease, it is important to have the tools and resources necessary to teach gluten-free food preparation to food-service employees. First, it is essential to identify and avoid sources of gluten,

including hidden sources. Secondly, a gluten-free menu will need to be created, with recipes adjusted to become gluten-free by using gluten-free grains, flours and specialty products. Further, it is necessary to recognize common causes of cross-contamination and identify the cause of a gluten-related mistake and correct the error. Once implemented, these steps will lead to a better understanding of the needs of people with celiac disease and result in desired customer service standards.



Debra Pal and Lindsay Shopman are registered dietitians who work on a diabetes education team in the Durham Region. Both have experience in counselling many clients with a wide range of chronic diseases and nutritional requirements.

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Nutrition and Patient Safety in the United Kingdom

Two specific case studies highlight ongoing commitment to safe nutrition

By Caroline Lecko

In 2006, the National Patient Safety Agency (NPSA) in the UK recognized that failures in the delivery of nutritional care and nutritional services had the potential not only to affect an individual's experience of food service provision, but also could result in causing harm. Since 2006, the focus of the NPSA's nutrition program has been to raise awareness of nutrition as a patient safety issue and to identify barriers to the delivery of nutrition and food services.

PROTECTED MEALTIMES

Protected Mealtimes is an initiative that was originally developed at King's College Hospital NHS Foundation Trust in London in response to *Essence of Care* (Department of Health 2001) observational audits which identified that patients were routinely interrupted at mealtimes. The purpose of Protected Mealtimes is to allow patients to eat their meals without unnecessary interruption and to focus on providing assistance to those patients unable to eat independently.

Protected Mealtimes was identified as best practice and went on to form part of the *Better Hospital Food Programme* as a national initiative in 2004. The initiative was supported by NHS Estates, Royal College of Nursing (RCN) and Hospital Caterers Association (HCA) and was launched with a six month series of "road shows" across the UK which were attended by nearly 1,500 healthcare staff. Implementation resources, including a video, audit tool

and ward signs, were developed to assist in implementation. In 2004 The HCA launched a *National Protected Mealtimes Day* in which more than 300 NHS organizations participated.

In early 2006, reports seem to indicate that there were clear benefits associated with the Protected Mealtimes. For example, at Hull Royal Infirmary, a limited research study was undertaken on four wards which showed that 74 per cent of the 26 patients monitored gained weight. Two wards where Protected Mealtimes were not implemented were used as a control group – 56 per cent of patients in these wards lost weight.

Other evidence suggested that patient complaints and food wastage could also be reduced using Protected Mealtimes. North Devon Healthcare Trust reported that during a pilot of Protected Mealtimes on four wards, complaints relating to hospital food fell dramatically. The catering manager at Nottingham City Hospital commented that the introduction of Protected Mealtimes had helped to halve the amount of wasted food across the hospital.

A review of the NPSA's National Reporting and Learning System (NRLS) did not identify a failure to implement Protected Mealtimes as a patient safety issue. However, patient safety incidents had been identified that suggest that a lack of monitoring and awareness of patient's nutritional requirements resulted in harm. For example, patients received inappropriate

meals after they have been assessed and found to require textured-modified meals due to dysphagia.

In 2006 the NPSA undertook a Protected Mealtimes Review aimed at evaluating the impact of the initiative across the NHS in England and Wales and identify barriers and success factors for implementation.

A questionnaire was sent to all directors of nursing in England and Wales. A total of 60 responses were received which indicated that the uptake of Protected Mealtimes was varied, with some organisations implementing it across all ward areas, whilst other organisations had implemented it on one or more wards. The questionnaire also established that specific clinical areas such as rehabilitation, stroke, care of the elderly and general medicine, were the most popular areas for implementation.

The barriers to implementation were identified through the questionnaire and a series of focus group workshops. The themes identified were consistent from both sources: lack of "board to ward" leadership, lack of education and training and diagnostic tests.

The questionnaire and the focus groups also identified what the critical success factors for implementation were: trust policy, promotion, communication and leadership.

Protected Mealtimes remains a key focus for the delivery of nutritional care in the UK and has recently become part of the Care Quality Commissions inspection and regulation criteria.

DYSPHAGIA

The NPSA established a Dysphagia Expert Reference Group in 2009 with representation from the Royal College of Speech and Language Therapists (RCSLT), British Dietetic Association (BDA), Hospital Caterers Association (HCA) and National Nutrition Nurses Group (NNNG). This was in recognition of the priority that NPSA was giving to the safe management of people with dysphagia.

One of the key objectives of this group was to gain consensus on the National Descriptors for Texture Modification for Adults (2002 BDA & RCSLT) and to promote the use of a common language to describe texture modification. Healthcare professionals describe textures in ambiguous language, as such “custard-like consistency” or “mashable,” which is unhelpful to catering teams.

The Dysphagia Expert Reference Group have been establishing exactly which range of textures should be available to the NHS and clarifying the language used to describe those textures to assist both in-house catering teams and industry to provide consistently safe meals.

April 2011 saw the release of new *Dysphagia Diet Food Texture Descriptors* which were developed from both the 2002 BDA/RCSLT National Descriptors for Texture Modification in Adults and the Cardiff and Vale University Health Board’s 2010 interpretation of these original descriptors. The scientific evidence in this field is limited, therefore, these descriptors are based on the best available current evidence, on texture descriptors internationally, and a consensus of UK expert opinion.

The NPSA Dysphagia Expert Reference Group has put forward the following recommendations to continue to improve the safe management of people with Dysphagia:

- A review of the descriptors for

thickened fluids should be undertaken

- Industry should be consulted as part of the review of thickened fluids
- Members of the Dysphagia Expert Reference Group should be involved in the review of the descriptors for thickened fluids
- All professional organisations should encourage their members to comply with the terminology and language used within the document
- A pictorial training aid should be developed to support the Dysphagia Diet Food Texture Descriptors
- Industry is encouraged to review their packaging of texture modified foods to reflect the colour codes used for each of the texture descriptors used within the document.

CONCLUSION

These are the the two key programmes of work that have been led by the NPSA in the UK to improve the safety

of patients in relation to nutritional care and meal service delivery.

An instrumental element of the NPSA nutrition work has been to engage with all stakeholders and professional organisations involved in the provision of food and nutrition to patients, residents and service users across a range of care environments. This is in recognition that the provision of good, safe nutritional care and services is not the responsibility of one healthcare profession, but the responsibility of us all. ■ ■ ■ ■

Caroline Lecko is a nurse with 24 years experience in the National Health Service (NHS). In 2006, she joined the National Patient Safety Agency (NPSA) as a patient safety lead with responsibility for nutrition and hydration. Caroline has also been an expert advisor in the development of e-learning programmes for nutrition, hydration and dysphagia.



Coaching for Performance

Achieve goals by equating performance coaching with success coaching

By Maria Nebres

In today's competitive environment where client needs are growing through demands brought on by anything important from diverse service expectations, regulatory requirements or bottom-line results, building partnerships through effective communication between managers and team members is critical to long term success.

As a manager, your role is to achieve goals. To do that means guiding your people to success by helping them to achieve their goals – goals they feel they can own and be motivated by to achieve. The most effective way to guide others is through performance coaching – or what can be known as success coaching.

Leaders tell us that while they recognize the need for communication and coaching, they either lack the essential skills to coach effectively, or are perceived by their team members as being overly controlling or micro-managing. This common gap can be strengthened by the ability of leaders to coach, while maintaining accountability for results and minimizing defensiveness, at the individual and team level.

When you hear the words *coach* or *coaching*, what comes to mind? For many, these words bring back memories of participation in sports. The coach was the leader of the team, and his or her role was to guide the team towards success. The term *coaching* is also very appropriate for describing the function of teachers, instructors,

or educators. Yet, in today's world where we can somewhat agree that oftentimes experience is the best lesson, even teachers, instructors and educators are encouraged to spend less time lecturing from the whiteboard or chalkboard, and more time leading students in discussion, group work and problem solving.

Coaching can be defined as a continuous process of providing people with feedback to enhance, maintain, or improve their performance. The coach observes performance, shares knowledge and expertise, and provides encouragement to assist them in reaching continuously higher levels of performance. Coaching, then, enables the learners to develop their thinking and actions in proactive response to differing situations. The coaching approach encourages learning, change resilience, growth and teamwork all at the same time.

In the workplace context, the goal of coaching is to create an engaging means by which you, as a leader, can achieve goals through your staff members. It means that coaching is intended to create a deeper sense of partnership in the workplace so that your staff are each able to feel connected to achieving goals through their own contribution and source of motivation, while still aligned with your business objectives.

To achieve the goal of coaching in your workplace, it's important to understand the objective of coaching. One such objective is to enable indi-

viduals and groups of individuals (teams) to broaden, develop, feel empowered and to motivate each other to achieve improvement in their performance for the larger good (themselves, one another, and the organization's needs). Here are some tips on effective coaching.

Make sure goals and objectives are clearly defined and reinforced. Make sure when setting goals and objectives, focus is achieved to:

- identify the strategies used to achieve the goal;
- set specific actions that can be SMART (Specific, Measureable, Achievable, Results-focused and Timely); and
- Set short- and long-term actions.

Provide opportunities for individuals and teams to further develop and improve their skills. The key is to help them feel fulfilled in what they do and to continually improve ways to achieve optimal results.

Observe and identify ways to enhance both individual and team performance.

Provide guiding feedback on individual and team performance and be specific when giving constructive feedback. (Give them balanced, timely feedback of their strengths and areas for improvement. Don't just say that something they are doing is good or bad.)

Prepare them, individually and as a team, for difficult situations or new responsibilities by challenging and making them leave their comfort zone of learning. (Stretch them beyond po-

tential and wishful thinking for doing something better in their ability on the job!)

Provide a supportive and non-threatening environment – only allow for constructive and collaborative criticism in your workplace.

Always model that success requires ongoing discipline. If it's necessary (and it will be at some point), provide constructive criticism/feedback in private when dealing with a performance issue.

Be supportive, enthusiastic and positive. The coach's attitude is a predictor of the attitude of the team.

STRATEGIES

There are several different coaching strategies that can be used – the situation will determine which of the strategies is most appropriate. Perhaps the most important thing to know about all strategies, however, is that coaching for performance is a time-critical process. Providing useful feedback and guidance as soon as possible will help to achieve successful performance. These are some common coaching strategies.

- **Instructing or retraining** – applied when an individual has a new responsibility or is learning a new skill. This approach is used when new technical knowledge and skills are needed for the individual to work and learn effectively.

- **Directing or guiding** – applied when an individual has the necessary skills, but needs to know how to apply their skills as a result of a changing or evolved need. In this approach, the coach can't do the transfer of knowledge for the individual, but can act as a valuable guide along the way as they are trying to apply skills or changed behaviour that they have learned.

- **Prompting** – applied when an individual knows what to do and how to

do it, but needs support and guidance to accomplish the task. This approach is ideal for when instilling or reinforcing confidence and encouragement will help the individual continue in the right direction to achieving results.

There are many existing concepts out there that have been proven successful for organizations, but none should be meant as a prescription or script. Rather, they should help to provide the skills needed to provide a valuable framework which is right for your own organization that can help achieve:

- identification of what successful performance (encouragement and reinforcement) and unsuccessful performance (problem solving and motivation for change) means to the organization;
- up-front clarification of goals and objective setting in each job/role to set the foundation. This is done at the beginning of tasks, assignments, or a new project and is ongoing with new team members;
- an effective coaching model to be utilized when establishing and clarifying specific, measurable expectations that drive and achieve bottom line results; and
- an effective results-based “emotional contract” that bonds you and your staff member to your organization's goals whenever there are new changes in business direction that are necessary to maintain a competitive edge.

Don't forget, it's not enough to have your framework established – it's also important to know how you will coach, given the performance situation you and your staff need to deal with. Understanding the right coaching style for you, your staff, and organization, the process of appropriate coaching, right through to achieving results, is critical. At the heart of coaching is en-

gaging your staff to be a part of the process to achieving results.

If you were to be coached for performance, what would you want out of it? I would propose that on your wish list, you would include the ability to be able to identify your vision, eliminate the barriers that are standing in your way, express your plan of action to people who matter, act relentlessly on your plan and learn from feedback every day. Imagine the success you and your team can achieve, if you master guiding your staff through achieving this wish list item. ■■■■

Maria Nebres is a human resources specialist who coaches senior management teams within the healthcare industry. Maria's background is in helping organizations shift their cultures to be collaborative and client-focused.

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Showing its Mettle

Silver Group Purchasing has winning formula for golden opportunity

By Jamie Parcells



Rather than focusing on bite-sized portions from various segments of the Canadian food service and nutrition industry, one Markham-based company has found success in offering its industry niche the full meal deal.

Silver Group Purchasing (formerly LTC Purchasing Group) is exclusively focused on senior care products and services. "It's a complex industry that demands a company's full attention," asserts Bill Moffatt, company director. "When we called clients and identified ourselves as LTC Group Purchasing – the first thing that popped out of their mouth was, 'We are not long term care.' We felt there was a need to brand ourselves as an option for all senior purchasing which encompasses most of long-term care – hence the name Silver Group Purchasing."

Silver Group provides purchasing services to Extencicare homes as well as seniors' facilities from Quebec to British Columbia. The company has national contracts for goods and services necessary for day-to-day operations including food, clinical supplies, office supplies and products, equipment and furnishings.

The company provides a wide range of products and services, delivered by brand name suppliers. Backed by the strength of its national buying program, Silver Group Purchasing can deliver the best quality and value. All of the product and service programs are developed by the company's purchasing agents.

Silver Group Purchasing's business development representatives ensure the company's supplier/distributor network partners with clients. This full-circle approach to contract services is designed to assist members in running their operations more efficiently by delivering the highest quality without compromise.

SENIOR SPECIFIC

Silver Group Purchasing provides specialized purchasing services to organizations catering to the diverse needs of seniors in many different types of establishments. "Our full line of contract options are designed and tested by indus-

try and care experts and proven in our own operations. Our programs are developed through strong supplier relationships and recommendations based on successful use in the field," asserts Moffatt. This wide range of products and services is delivered by preferred suppliers both nationally and regionally.

The company's experience and expertise has been honed through the successful management of more than 80 Extencicare homes across Canada (encompassing 10,440 beds in Ontario, Manitoba, Saskatchewan and Alberta) where testing is done on all of the components of every one of its value-added contracts. "Silver Group Purchasing is the buying arm of Extencicare. All of the homes that are under our umbrella receive our service, and we extend that to other individual clients to encourage them to become members," says Moffatt.

The Extencicare homes are funded and regulated by various provincial governments. "This is the big difference between us and anybody who competes with us: we actually operate our own homes and are in that industry. We are hands-on in how we deal with the various governments because they are dealing directly with us," says Moffatt.

The senior care industry has become more complex and has diversified over the years resulting in changing demands on the part of the client and of the individual resident. And, as the industry has become more complex, Silver Group Purchasing has modified its product offerings. "Years ago, when we developed our menus, we may have done three different varieties. Now, we have 12 or 13 to compensate for various dietetic needs," says Moffatt.

The company's comprehensive menu package is designed and specified by a certified nutrition manager and Red Seal Chef – one of the highest chef designations in Canada. "Jason Horne, our chef, has been developing menus for us for the last four years. He has been in operations for 10 years and knows the industry very well, so we believe that the menu package that we offer is the best in the industry," says Moffatt. All menu items are chosen for their quality, value and fit and are proven to deliver the best in taste, nutrition and can be customized.

BRANDED BY DESIGN

Silver Group Purchasing is a national branded supplier and group. "This is incredibly important because we are caring for Canada's seniors – they are the mom and pop of our facilities," says Kari Wood, purchasing agent for Silver Group. In addition to the inherent nutritional benefits associated with using brand names, Wood suggests there is also a comfort level to consider. "Our residents recognize the brands that we are serving them. There isn't a lot of comfort in serving a resident no-name brand when they are looking for the comforts of home," she asserts.

The Silver Group menu system is designed by dietitians for the seniors market. Menus undergo a three-week rotation in Ontario, and a five-week rotation in the Western provinces, semi-annually. The menu program includes production sheets and week-at-a-glance menus and recipes. Worksheets provide portion size, texture, therapeutic modifications and recipe scaling for easy modification to suit specific needs.

"We work with our manufacturer and distributor partners to ensure that the actual product code that is on the menu is correct and given to the food service manager or chef at the unit so they know what products to order to maintain quality and nutritional value for the residence," says Marita Delobelle, national sales manager. The menus are developed in Ontario as it is the most highly regulated province for long-term care.

THE BENEFITS OF A "SILVER TONGUE"

In addition to constant communications between the company's field support staff and its clients, Silver Group organizes special events on a regional basis. These include supplier/educational days, menu planning days, healthcare days and food shows, and all of the company's field events include the participation and support of its partner suppliers and distributors. "Clients can come to a tradeshow setting and meet 40 or 50 suppliers and attend two or three education sessions absolutely free," says Moffatt.

Silver Group offers healthcare seminars, access to purchasing agents, capital equipment cost estimates, regional management support, a resource library and newsletter distributed monthly to all member facilities, providing the latest in industry news, trends and new products. The "A La Carte Program" is a ready-to-use educational component that can be readily adapted to meet your specific educational goals for your employees.

Silver Group members maintain complete control over their purchasing requirements and there are no minimum obligations or specific dollar values applied. Members place their orders directly with the supplier/distributor as required, are invoiced and pay directly. There is no third party involvement in the process. Suppliers/distributors are obligated to make timely deliveries, ship the correct quantities invoice as quoted, maintain stock and guarantee pricing for the duration of the contract.

A BIGGER PIECE OF THE PIE?

In terms of future growth, representatives of Silver Group suggest the company is positioned to make significant inroads in the near future but are quick to identify the key to any business success: know thy customer.

"Even though it is an advantage to be owned by a licensed long-term care facility, some segments of the seniors market don't want to be put in the same grouping as licensed long-term care. So, it is always important for us to be aware of who we are speaking with," says Delobelle. "Our program will always have to be indicative of what's going on in the marketplace. We will continue to stay in touch, stay our course and ensure that it continues to address changing needs."



Jamie Parcels is the publisher of Food Service & Nutrition Canadian Society of Nutrition Management News.

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IS YOUR KITCHEN LOSING ENERGY?

Competency 7.0 *Financial/Business Management*

- Which of the following actions will help save energy in your cold food storage units?
 - A - Clean condenser coils
 - B - Shade condenser coils
 - C - Check refrigerant level
 - D - Insulate refrigerant suction lines
 - E - Check refrigerant lines or compressor body for icing
 - F - All of the above
- When looking to reduce water usage, which of the following will NOT be useful?
 - A - Install low-flow, pre-rinse spray valves at pot-washing sinks
 - B - Repair water leaks, especially hot water
 - C - Use buckets to catch leaking water
 - D - Insulate hot water lines
 - E - Set water heater at proper temperature (usually 120°F to 140°F)
- To save energy in your hot food prep areas, which of the following will be useful?
 - A - Follow an appliance start-up and shutdown schedule for the broilers, ovens, griddles, rotisseries, pasta cookers and fryers
 - B - Turn off plug loads when possible on heat lamps, coffee warmers, holding cabinets, steam tables, plate warmers and conveyor toasters
 - C - Clean and repair range tops, replace missing knobs, fix air shutters and adjust flame
 - D - Align oven/steamer doors and replace missing gaskets
 - E - Establish monthly equipment maintenance schedules
 - F - All of the above
- Which of the following have NOT been upgraded to include energy-efficient technology?
 - A - Griddles
 - B - Ice machines
 - C - Refrigerators
 - D - Hoods
 - E - Conveyor ovens

CELIAC DISEASE AND THE GLUTEN-FREE DIET

Competency 4.0 *Clinical Nutrition*

- Cross-contamination of gluten-free products can cause harm to those with celiac disease. Which of the following are ways to avoid cross-contamination?
 - A - Sanitize food production areas prior to preparing gluten-free food
 - B - Use separate toasters for toasting gluten-free bread
 - C - When preparing multiple foods, prepare gluten-free foods first
 - D - All of the above
- Which of the following contains hidden sources of gluten?
 - A - Milk
 - B - Frozen fruit
 - C - Soup base
 - D - Chicken
- Which of these foods are NOT allowed in a gluten-free diet?
 - A - Corn tortillas
 - B - Quinoa
 - C - Whole-wheat pasta
 - D - Baked potato

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Continuing Education articles and quizzes will now be available in French on the CSNM website at www.csnm.ca.

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OCTOBER 21
ASNM Fall Conference
 Calgary, AB
www.csnm.ca

CSNM Launches Certified Nutrition Manager Program

AFTER THREE YEARS OF DISCUSSIONS AND NEGOTIATIONS, the new Certified Nutrition Manager (CNM) program was launched in May at the CSNM national conference in Montreal. The certification committee was excited to present the new program and did so with the song “Celebration” setting the mood. CSNM members who came to hear and see details of the Certification Program stepped into a room decorated in blue and white, with banners and balloons, buzzing with anticipation and excitement.

A PowerPoint presentation highlighting the years of planning and introduction to the CNM program was presented. A FAQ sheet was handed out and the committee answered questions from the membership. This was followed by a question and answer period.

Refreshments were served, including special cookies shaped as keys and a Champagne toast to the success of the program. All conference attendees received a flash drive of the PowerPoint presentation in the shape of a key and inscribed with the words “Your Key to the Certified Nutrition Management Program.”

During the process of re-developing the new program, the committee wanted to ensure that the program reflected the same values and dedication the previous designation had while supporting our members to meet their educational goals and embrace our new mission statement: “Empowering Members. Creating Leaders. Building Professional Excellence.”

CSNM has partnered with CCPC (Canadian Council of Professional Certification). CCPC is a non-profit organization that

certifies professionals. The CSNM certification committee worked with CCPC and the CSNM board to develop a program including an application and manual that is user friendly, while providing the level of professionalism of which our members can be proud.

In brief, members aspiring to be a CNM must be in good standing and their CSNM membership fees paid. They are required to complete an application and submit it to CCPC with the application fee of \$380.00. Applicants must have completed the 8 CE points plus an additional 8 CE points. To maintain the designation of CNM there will be an annual renewal fee of \$115.00 payable to CCPC and a total of 16 CE points annually. All fees are set by CCPC and payable to CCPC. CCPC will send an invoice and reminder one month prior to the renewal date. CSNM members are now able to print off their CE point page from the member’s only section of the CSNM website to submit with their applications.

The CSNM education committee and certification committee will be working with its partners across Canada to provide opportunities to enable its members to earn the additional CE points. CNMs who successfully complete the application process will receive a certificate, a wallet size CNM card, and a lapel pin.

There are approximately 51 CNMs who earned their designation through the past format. We have concluded arrangements for the grandfathering of these CNM members into the new format. These members will be contacted directly with information regarding the procedure.

CAUGHT ON CAMERA

The CSNM’s five-day joint annual conference with the CAFP in Montreal provided a number of opportunities for delegates to enjoy what Montreal has to offer. Here, Kathy Cuthbertson, Catha McMaster and Margaret Brausse enjoy the signature pickles at Gibby’s Restaurant in Old Montreal.





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Long-term Care Challenge in Ontario

OSNM MEMBERS WORKING IN LONG-TERM CARE ARE FACING MANY challenges due to the revision to the *Long Term Care Homes Act (LTCHA) 2007* proclaimed in July, 2010. Its proclamation transformed the Ministry's Compliance Management Program to a Long-Term Care Quality Inspection Program (LQIP).

LQIP includes seven Mandatory Inspection Protocols developed to guide inspectors to ensure the homes are compliant with the LTCHA. LQIP is focused on the residents' experience and quality of life. LQIP relies on the Inspection Protocols to guide family, resident and staff interviews and observations. This Resident Quality Inspection (RQI) is a two step process. In Stage 1, forty residents are interviewed and depending on whether the feedback is determined to meet or exceed specific thresholds, a Stage 2 inspection could be triggered. Stage 2 elements are considered "non-compliant". The Mandatory Inspection Protocols include one for Dining and one for Quality Improvement. OSNM members are networking to share ideas and information collaboratively to enable meeting all the requirements of the LTCHA and LQIP.

The province has a supporting initiative, "Residents First". The vision of "Residents First" is to ensure "residents enjoy safe, effective and responsive care that helps them achieve the highest potential quality of life". "Residents First" will assist in applying quality improvement tools and methods across all departments to ensure the highest quality of care for residents as well as ensuring compliance with inspection protocols.

OSNM is busy providing support and networking opportunities for its members to assist in the day-to-day challenges of meeting and exceeding all the requirements of this changed legislation. It is at times like these that being a member of a profession association is so critical for success for us as individuals and for your employer and residents.

PSNM Reviews Policies

IN APRIL 2011, THE PSNM HELD A SUCCESSFUL conference with two guest speakers. The topics included Performance Appraisals and Personal Wellness. CSNM members were eligible to earn 1 CE point per topic. Members completed a satisfaction survey at the conference and have provided PSNM with a list of topics they would be interested in for future conferences.

Elections were held at the PSNM Annual General Meeting. Kathi Holt will be returning as president and Cathy Rousaka is president elect.

The PSNM goal for 2011/2012 is to review its policy and procedures and bring them in line with CSNM policies and procedures. A committee will be working on the review throughout the summer. The completion date for this project is the 2012 Annual General Meeting.

At the June meeting, the owners of a new company called Jelly Delight attended and presented their product. These unique desserts are locally produced and distributed. They offer more than 300 designs in various flavours and colours and also offer customized made-to-order product.

PSNM was pleased that Shirley Lomer was presented with a Certificate of Achievement award at the Montreal conference for her work and dedication to PSNM and CSNM.

ASNM Planning Fall Conference

THE ASNM ANNUAL GENERAL MEETING WAS HELD ON APRIL 28 AT TONY ROMA'S IN CALGARY. THIS WAS ALSO AN ELECTION YEAR for a new board which is now in the midst of planning the next fall conference in Calgary for Friday, October 21. The theme will be "Nutrition for the Heart and Soul." Items will include "Sodium Guidelines" – Wendy Shah, "Create the Life You Love and Live It" – Lois Faris, "Craving Change" – Wendy Shah, and an energizing Yoga activity.

Attendees will receive meal service supplied by our sponsors. This will prove to be another great conference with our members and member associates networking. The ASNM members received the CSNM education grant and Continuing Education points will be granted to attendees. More information will be posted soon on the CSNM website.

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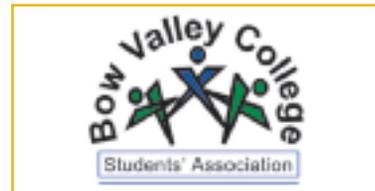
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