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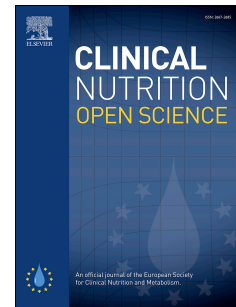
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Textured food in care homes and the innovative culinary approach in healthcare

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Abstract

The aim of our approach is to promote food intake, preserve pleasure while addressing nutritional needs and bring comfort and pleasure to the elderly population.

Textured food and the innovative culinary approach of Elior healthcare provided the co-construction between nutrition and culinary for altered taste. A combination of expertises and Elior's catering knowledge about dietary constraints provided a solid base for innovation in the re-texturing of food and beverage required for modified texture food.

The proposed approach mixes nutritional science and gastronomy advanced by a strong research and development framework. The successful outcomes demonstrated the benefits of collaboration between dietitians and chefs as a specialised team.

These actions create a sense professionalism in healthcare to meet the goals and missions that promote shared experiences to promote best practices and field experiences.

Our innovative culinary method benefited from the involvement of geriatricians, speech therapists, and other professions to evaluate our products and our approaches. On the basis of our approach we now have a community of 9 chefs and 8 dietitians.

Introduction

Elior offers personalised solutions and innovative concepts for catering and food services. We adapt to the local condition, the nutritional needs and the fragility of target populations. As such Elior contributes to well-being and to the care process, especially with cancer patients and elderly people. This paper presents an example of a culinary innovation approach and its adaptation for senior care, a case study using Elior creativity.

1. The importance of chef creativity

A national network of 20 chefs brought together with the express purpose of developing culinary creativity in healthcare. Through a quarterly meeting between the chefs it aims to identify synergies across the teams to bring out local initiatives. The chef experience (customer and guest knowledge, operational practices) is used to evaluate the consistency and feasibility of concepts and recipes.

We work on different types innovations : Innovation linked to trends (monitoring trends and creating recipes), adaptive innovation (renewal of recipes), technological innovation (cooking methods), innovation on healthcare specific areas (modified textures, enrichment etc.).

A brief is sent ahead of the quarterly workshops to identify needs. During the workshops trend presentation, concept visits, pooling of ideas, creative brainstorming form a major part of the creative processes. Consumers' tests with qualitative survey, tasting and round table adds a further dimension to the evaluation process.

Pleasure is at the centre of culinary innovation for elderly people, especially concerning product quality, intensity of tastes, and sensory experience. Account is taken of so-called 'legacy recipes' of which there is high familiarity. Legacy recipes and seniors' favorite foods are integrated into the menu system. Tastes are created with natural enhancers such as fresh herbs (chives, parsley, tarragon, basil, mint, rosemary), scented oils, sweet spices, condiments (anchovies, balsamic vinegar, old-fashioned mustard), and tested cooking techniques (reduce sauces etc.). Certain ingredients are added to improve culinary taste such as comté, mimolette, beer, maple syrup. As well as taste and texture, consideration is given to the visuals with color combinations, herbs etc and a training guide.

Recently we developed steaming techniques preserve the quality of vegetables. Steamed food retains more vitamins and minerals. The taste of steamed vegetables is superior to taste with conventional cooking methods. Similarly food colour and intensity is preserved through steaming. Soup is a must for the elderly. It is also one of the easiest ways to cook vegetables. Elior Healthcare chefs have worked with steam cooking soup recipes that give more flavours, colors and better preservation.

2. A global approach for dysphagia

The general aim in healthcare is to preserve the pleasure of eating allowing improvement in food intake in a safely manner. A personalized approach is needed with bespoke menus finetuned to the patient's health status and abilities.

We use a common and universal language based on the international IDDSI texture specification terminology. The International Dysphagia Standard Index (IDDSI) is used to maximise safe nutrition and hydration with 8 levels of textures, 4 for liquids, 4 for solids. We developed new culinary skills to keep the same taste as the non-textured recipes with choice of natural texturisers. This allowed foods to be cooked separately so that each recipe ingredient was upgraded for plate presentation.

After an assessment of the person's swallowing capacities, the medical team ask the kitchen team to adapt the day's menu in textures with IDDSI levels : 6 soft and bite sized – 5 minced and moist – 4 pureed – 3 liquidised. It's the same thing for liquids more or less thickened : IDDSI levels : 1 slightly thick - 2 mildly thick – 3 moderately thick – 4 extremely thick . Each level is defined by measurement using the flow test for liquids and spoon or fork test for solids.

For example, a 70 year old person is hospitalized in the neurology department following an ischemic stroke. She has swallowing problems with liquids and solids. The medical prescription is as follows : Smooth food level 4 and drinks level 3.

The kitchen team, with the help of a production summary, will prepare the different textures requested for the day's meal.

Culinary techniques can thicken the texture by adding natural texturizers such as béchamel, eggs, mayonnaise, fruit compote or agar agar (seaweed)...

To thin, liquid cream, milk or vegetable broth will be used. All the components of the meal from the starter to the dessert are declined in texture as well as the hot dishes, such as meat, fish, eggs, pulses, starchy foods, vegetables.

It is important to make sure that the preparation is not sticky, elastic or on the contrary, that it does not disperse in the mouth, which can cause a false start. This is a real culinary skill.

Visually, the preparation must be appetizing and resemble the original recipe in color and shape. For this, each component will be mixed separately, not all will be mixed together to keep the distinct taste of the food and the colors.

In the example below, a rice salad, the rice will be mixed with broth, the tomatoes will be worked with agar agar because they are very rich in water, the olives will be presented as tapenade and the fresh herbs will be mixed finely with oil.



Figure 1. Example of a rice salad specially worked for dysphagic subjects.

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