## CASE STUDY: CALORIE POSTING PILOT

## LETTERKENNY GENERAL HOSPITAL



## INTRODUCTION

In 2014, the HSE produced a draft policy on calorie posting within food and beverage outlets on HSE premises. Letterkenny General Hospital and Cherry Orchard Hospital volunteered to pilot the policy.

This case study outlines the steps taken by Letterkenny General Hospital (LGH) to implement phase one of calorie posting, and the learning to date from the pilot. The case study is based on interviews with LGH management and staff (from facilities, catering and dietetics), as well as learning from a customer (visitors and staff) questionnaire on calorie posting.

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## **LETTERKENNY GENERAL HOSPITAL**

Letterkenny General Hospital is a 340-bedded acute general and maternity hospital. The hospital aims to deliver a patient-centred, quality-driven service and provides a wide range of diagnostic and support services. LGH is also a teaching hospital with links to the National University of Ireland Galway, the Royal College of Surgeons and the Letterkenny Institute of Technology.

It provides meals and snacks to staff, visitors and patients. However, as per best practise, calorie posting does not apply to in-patient menus which form part of a therapeutic diet.



## **HSE POLICY ON CALORIE POSTING**

The HSE calorie posting policy is currently in draft stage. The purpose of the HSE policy will be to promote awareness, among visitors and staff, of the calorie content of food offerings through calorie posting. This will be done by:

- Encouraging increased uptake of healthy food and beverage options at HSE premises.
- Ensuring that the organisation reflects best practice in relation to healthy eating.
- Using calorie posting to promote and provide health education.

The calorie posting policy applies to all food and beverage outlets on HSE premises i.e. staff canteens, staff and visitor restaurants, coffee shops, mobile "shop" trolleys and vending machines. In calculating calorie values for food, the policy recommends the use of 'MenuCal' a free online calorie calculator developed by the Food Safety Authority of Ireland (FSAI). LGH is part of the Saolta group who have a Healthy Ireland implementation plan that specifies calorie posting as an action.

### Key policy points:

- Calorie posting must be displayed for all food and drink items sold and should
- be displayed for standard portions i.e. a standard portion of chicken curry and rice contains xxx calories.
- Calorie information is displayed clearly at the "point of choice" for the consumer.
- Calorie information is displayed per portion or per meal.
- Information is displayed on how many calories an average person needs in a day to help consumers "make sense" of calories on menus.
- Instructions to providers of food, snacks and drinks in all HSE facilities to staff, patients and visitors.

The policy also outlines where and how to post calories; how to communicate about the calorie posting; and key steps in implementing the policy.

## **ESTABLISHING THE PILOT**

Phase one of the LGH pilot (November 2014-January 2015) was rolled out in the staff and visitor dining room, through calorie posting on breakfast menus. The dining room serves an average of 300 to 400 customers a day, with breakfasts, lunches and dinners on offer. There is one till point in the dining room.

Following agreement from the Hospital Manager to initiate the process, the working group commenced pre implementation planning. This involved collating a list of items served at breakfast, engaging with suppliers to source establish calorie posting and working with dining room and catering staff to implement the project

#### Who was involved?

In planning for the pilot, the LGH Facilities Manager set up a working group to roll out the project. Pre-establishment of the working group, the Facilities Manager sought approval and support for the pilot from the Hospital Manager. The Hospital Manager considered calorie posting a priority as set out in the SAOLTA Hospital Plan and fully supported the process. Group membership includes the following:

Facilities Manager Catering Manager Senior Assistant Catering Manager Catering Production Manager Dietician Manager Dining Room Manager Dining Room Supervisor

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LGH had two students from Athlone IT on a 15 week work placement working full time on the project .The students became part of the local implementation team and played a key role in calculating data on recipes and in the pilot evaluation. They were supervised by the Deputy Catering Manager

The group was established 2 months before the pilot went live; met every two to three weeks; and worked collaboratively to roll out calorie posting in the dining room.

The team also engaged suppliers when sourcing calorie information, and worked with the chefs and dining room staff to prepare them for calorie posting and to keep them informed of their role in implementing the pilot programme.

# 10 key steps in ROLLING OUT THE PILOT





Support and buy in from Hospital Management is vital to the success and sustainability of the calorie information programme. LGH set-up a working group that included the Facilities Manager; Catering and Production management; Dietician Manager; and Dining Room management. Identify a lead person for management of the project (in LGH the Facilities Manager led on roll-out).

In LGH, it took two months of project planning and development before calorie posting went live on the breakfast menu. There's a lot of preparation work in relation to sourcing and inputting accurate data to MenuCal, standardising recipes, updating the tills, standardising portions, training catering staff, & informing customers.



Two nutritional students joined the LGH catering team to support roll out of the pilot. The students focused on sourcing and inputting data to MenuCal. Their involvement was key to meeting the project deadlines.



LGH trained catering staff in using the updated till and in how to serve standard portions. Chefs were kept up to date about the calorie posting and standardised recipes. Staff buy-in and engagement in the pilot was essential to ensuring the accurate roll out of calorie posting.



At an early stage in the process, the team focused on becoming familiar with MenuCal and with the information needed for the programme. Catering management and nutritional students inputted data to MenuCal. The Dietician Manager met with the students to show them how to use MenuCal. The students then assessed recipes and ingredients as well as inputting the data. Any anomalies had to be adjusted, and missing information sourced, with the help of suppliers. All recipes must be standardised checking yield, portion size and calorie value of each portion.



In the planning stage, consider how best to standardise portion size for all food options as well as how to standardise utensil sizes (e.g. ladle sizes, dish sizes, etc). LGH found it helpful to show people what a standard portion size looks like (e.g. displaying a picture of a standard bowl of cereal).



In LGH, the catering team undertook a two week pre-pilot analysis of till breakfast purchases, followed by ongoing analysis of breakfast purchasing trends throughout the pilot. This involved a significant piece of work in relation to updating the till, so as to input ever item available on the menu (e.g. 'cornflakes' instead of 'cereal' or 'pineapple juice' instead of 'juice'). Through analysis of till receipts, the LGH team can better understand the impact of calorie posting.



Inform staff and visitors of the plan for calorie posting before the project goes live. In LGH, Catering sent information emails to all staff a week before launch of calorie information. The team displayed posters providing information on how many calories an average person needs in a day. Information about the pilot was also displayed, and noted that menu prices would not change because of the pilot.



Display calorie information, per portion or meal, at the 'point of choice' for the customer. In LGH, the team believed it was important to display factual calorie information, without being too forceful or pushy.



The LGH team have monitored purchasing trends, both before and during the pilot, and are currently analysing this data to better understand the outcomes from posting calorie information. The team also undertook a survey with customers, to ask for their feedback on the pilot.



Continue information and education PROGRAMME

## **CHALLENGES & LEARNING**

- Time & resources: In LGH, the breakfast pilot took significantly more time and more staff resources than the team expected. LGH Facilities Manager, Peter Byrne, noted that phase one (Breakfast Menu) of the pilot has taken 5 months from planning to implementation and it will take a further 12 to 18 months to bring the programme to a credible stage (including piloting of Lunch & Dinner Menus).
- Dedicated staff/ students needed for the project: Dedicated staff and student time was essential to meeting the pilot deadlines and ensuring the accuracy of the calorie information.

The next phase of the project will include lunch and dinner menus. Due to on-site physical resource issues (i.e. movement to a new central production unit), the process will recommence in May.

- **Buy in:** Ensure all stakeholders, particularly catering and dieticians, are involved in the project from the start. Inform customers of the project before calorie information is launched.
- Upgrade the analysis package: MenuCal provides information on calories, however the LGH team felt it would be beneficial to have a package that allows nutritional profiling, identification of allergens and supports portion control. At a national level, explore the potential to upgrade the analysis package.
- Accuracy: Accurate calorie information can help build customers' trust and confidence in the project. In LGH, a lot of time was dedicated to ensuring the accuracy of the calorie information and of standard portion sizes. Loose food, such as cereal or salad bars, poses a difficulty in relation to providing accurate calorie information per portion. In the dining room, individual boxed cereal portions were substituted for loose cereal. However, this change frustrated some customers.
- Standard recipes: As LGH starts to plan for lunch and dinner, there will be greater need for standard recipes for each meal sold. There was some concern from chefs that this will restrict how they prepare meals and reduce creativity in the cooking.

- Clear marketing of calorie information: A key component of the success of calories posting has been the placement of clear and accessible marketing at key strategic points.
- Negative feedback: Whilst most staff and customers were positive about the pilot, there was some negative feedback. The dining room staff were at the frontline for receiving negative comments, and found it challenging to deal with the complaints after so much work had been undertaken to roll out calorie posting. A key learning has been the need to provide training for the staff.
- Shared learning: LGH's catering team linked with Cherry Orchard, to share learning around the process of setting up the pilots. This was helpful, as it is challenging to be the first HSE sites piloting calorie information with no previous cases to learn from. Other sites nationwide will benefit from access to the learning from these pilots.
- Mainstreaming calorie posting into routine work: It may be a challenge (time-wise) to maintain calorie information as new menus or suppliers become necessary. Ongoing staff training and monitoring/auditing will be necessary to ensure the continued accuracy of portion sizes and calorie information. Procedures have been put in place to ensure separation between canteen and therapeutic meals.

Accurate calorie information can help build customers' trust and confidence in the project

## **OUTCOMES**

### Informing food choices

The LGH working group acknowledged that the pilot had positively influenced their own food choices, and they believe the pilot also influenced customers' food choices. Based on analysis of the breakfast till receipts, purchasing of high calorie foods dropped at the start of the pilot but fluctuated up and down over time. However, sales of a few items dropped and remained low throughout the pilot – i.e. scones, coke cola and sausages. The LGH Dietician Manager noted that in the long term it will be important to explore innovative ways of marketing calorie posting, so as to continue to engage customers' attention. The project team recognise that food choices can be influenced by calorie posting when combined with education, however in order to change eating habits a wider system approach needs to be developed.

### **Business benefits**

The LGH team highlighted the benefits from a business perspective - thanks to the process of introducing calorie posting in the dining room, hospitals can standardise; control costs and better plan for whole hospital catering.

### Impact on the till and on sales

Till operation is now slower in the dining room because of the extra detail to be inputted per transaction. Calorie posting has had a negative impact on sales in the dining room (e.g., the drop in sales of high calorie choices, such as sausages).

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### **Feedback from customers**

Dining room customers and LGH staff were generally positive about the project, however there were some negative comments to dining room staff. The team undertook a customer (visitors and staff) questionnaire asking for feedback on the calorie posting in the dining room. 21 people participated in the questionnaire with the following results:

- The majority (86%) were aware of the calorie posting pilot.
- More than half (57%) thought that calorie posting was a good idea, however the same number of people said that calorie information would not influence their food choice.
- More than half (57%) of respondents would like to see calorie information extended to the lunches and dinners in the dining room.

Participants were also asked for any further comments on the pilot, with 70% of respondents adding their thoughts. There were just three negative comments such as "waste of time"; "cereal portions are smaller"; and "not much choice". Most of the comments made further suggestions as to how healthy eating can be promoted. Ideas included providing information on fat, fibre, salt and sugar content; offering healthier choices and more fresh fruit; and providing a more varied evening menu.

### **Next Steps**

- The calorie posting pilot has been seen as a success and will be rolled out by Q4 2015 to include lunches and evening meals.
- The students will continue to provide support for one month to enable the extension of calorie posting.
- An information and education programme will be developed in parallel with calorie posting.
- This will be further developed by the working group and will include visual and engaging material.

Dining room customers and LGH staff were generally positive about the project

