Food Service Innovation

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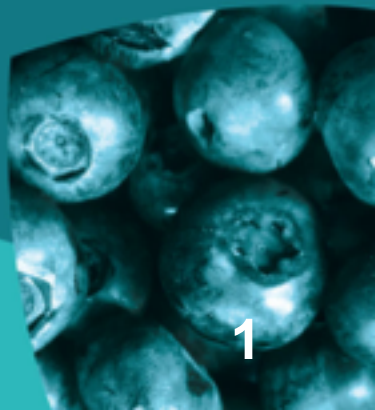


Food Standards for Healthcare

Food in Healthcare Working Group (CMTF)

Stephanie Cook
Director, Nutrition Services
Saskatchewan Health Authority

Food Service Directors and Clinical Nutrition Leaders from across Canada with a mandate to create national food service standards to prevent malnutrition.

Dr. Heather Keller and Dr. Leah Gramlich

Canadian Malnutrition Task Force | le Groupe de travail canadien sur la malnutrition

Jennifer Reynolds FSC Food Secure Canada

Leslie Whittington-Carter Dietitians of Canada / Les diététistes du Canada

The Food In Healthcare Committee

Mandate

- Reduce malnutrition by fostering collaborative learning and care that promotes a culture of innovation and nutrition, where food is valued for its role in health, treatment and recovery.
- Identify best practices for hospital foodservice through research, education & interdisciplinary collaboration across Canada.
- Foster improvement to nutritional care to patients through the development of national food service standards to address hospital malnutrition by optimising patient meals and food intake.
- Develop strategies to engage key stakeholders and advocate for the adoption of the food service standards in practice.

Guiding Principles – The Standards…

- Promote food intake & decreases potential for iatrogenic malnutrition.
- Menu driven by the needs of the population (vs population health standards).
- Optimize food service for pts at highest nutritional risk, while incorporating broad practices to meet needs of most patients.
- Objectively address food quality & menu planning to promote food intake.
- Address eating related challenges patients may experience.
- Recognize food services as a key provider of treatment, care & dignity to promote a culture of nutrition in collaboration with the clinical teams.
- Designed to support nutritional health & treatment.
- Feasible & practical in acute care hospitals in Canada.
- Balance clinical credibility with culinary quality.
- Based on best/better practice & evidence where it exits.
- Specific enough so that it can be recognizable & evaluated when implemented.

The Process

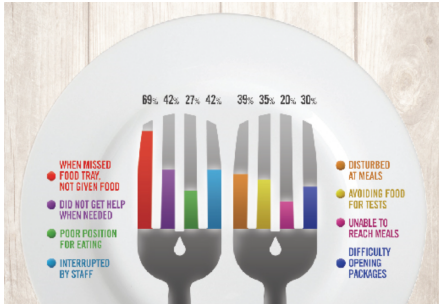
- Establish team; regular meetings to set priorities and direction
- Determine Current State: Survey of FS Leads (***Canadian Hospital Food Service Practice Survey*** – Dr. Janice Sorensen, Fall 2018)
    - 300 responses from all provinces and territories
    - Information on: foodservice organization; food production & meal service; menu planning; diets; practices to address malnutrition; outcome assessment and barriers & enablers to best practice.
    - inform the development of national food service standards to address hospital malnutrition by optimising patient meals and food intake.
- Face-to-face meeting in Toronto, Feb. 2019
- Create a first draft of the Standards

Food Standards for Healthcare; a work in progress

- Healthcare org / facility will incorporate nutrition risk screening to identify pts at risk.
- Facility will have a process to monitor intake as a quality measure, prioritizing pts at risk of malnutrition.
- Regular menus, planned in consultation with pts / families, are the standard aimed to meet the needs of the majority of pts; therapeutic diets will be evidence-based and liberalized.
- Facility will conduct menu revisions a minimum of annually. Review to be responsive to new culinary target and opportunities to increase seasonal, local, and culturally relevant foods.

	Date:		Date:	
	Admission		Rescreening	
Ask the patient the following questions*	Yes	No	Yes	No
Have you lost weight in the past 6 months **WITHOUT TRYING** to lose this weight? If the patient reports a weight loss but gained it back, consider it as NO weight loss.				
Have you been eating less than usual **FOR MORE THAN A WEEK**?				
Two "YES" answers indicate nutrition risk				

* If the patient is unable to answer the questions, a knowledgeable informant can be used to obtain the information. If the patient is uncertain regarding weight loss, ask if clothing is now fitting more loosely.



Food Standards for Healthcare; a work in progress

- *Facility will develop a food strategy to addresses sustainability through reduced packaging and reduced food waste.*
- *RD oversight of acute care FS operation to promote a nutrition and food culture that balances therapeutic diet needs with high culinary standards.*
- *The food budget should be valued as part of the spending on clinical and therapeutic services.*
- *Healthcare facility will develop a food philosophy and shared vision that prioritizes taste and presentation and supports 'food is medicine'.*

Diet or Menu Liberalization

Carlota Basualdo-Hammond
Executive Director, Nutrition Services
Alberta Health Services

Diet or Menu Liberalization Definitions

- Removal of therapeutic diet restrictions
- Diet differs from conventional diet prescriptions
- Being flexible in guidelines for menu planning (e.g. loosen restrictions in sodium and fat to allow some less healthy foods)

Current State

https://www.albertahealthservices.ca/assets/info/hp/phys/if-hp-phys-diet-provincial-summary.pdf

Diet Guidelines:
2.2 Brief Summary of Provincial Diet Terminology and Guidelines

Not for Patient Distribution

DIET NAME	BRIEF DESCRIPTION
Standard Adult Diets	
Regular	Healthy diet (<3000 mg sodium, ≤35 % Kcal fat, ≤ 7 g saturated fat, 14 g fibre/ 1000 kcal). Medium (default) meal size: 1600-1800 kcal; Small meal size: 1200-1500 kcal; Large meal size: 1900-2100 kcal.
Maternal	Additional 350-450 kcal/day. Includes at least 3 servings of Milk and Alternatives daily.
Six Small Meals	Modification to a diet order to provide 3 small meals (1300 kcal) and 3 snacks with protein and a calorie containing beverage (500 kcal).
Standard Pediatric Diets	
Infant Pureed	A variety of pureed foods supplemented with infant formula or breast milk. For infants 6-9 months old.
Infant Minced	A variety of minced foods supplemented with infant formula, breast milk or whole cow's milk. For infants 10-12 months old.
Toddler	Soft, cut-up/diced, finger foods for children 1-4 years old. Toddler (aged 1-2 years): 800-1050 kcal; Toddler (aged 2-4 years): 1100-1250 kcal.
Pediatric	Healthy diet. Small meal size (for ages 4-8 years): 1200-1500 kcal; Regular meal size (for ages 9-13 years): 1500-1800 kcal; Large meal size (13+ years): 1800-2300 kcal.
Cultural and Religious Modifications	
Kosher Style	Excludes pork, and milk/dairy products are not served with meat. Follows general Kosher rules but **does not** provide all foods with Kosher certification.
Muslim Style	Excludes pork. Follows Halal rules but **does not** provide all foods with Halal certification.
No Beef	Excludes beef and beef by-products.
No Pork	Excludes pork and pork by-products.
Vegetarian Lacto-Ovo	Excludes meat, fish and poultry. Allows eggs and milk products.
Vegetarian - Vegan	Excludes meat, fish, poultry, eggs and milk products, as well as their by-products.
Adverse Reactions to Food	
Gluten Free	Excludes all sources of gluten and gluten containing foods (including wheat, oats, rye, barley and triticale). For patients with celiac disease.
Low Lactose	Significantly limits milk, milk products, and foods that contain a significant amount of lactose, the sugar found in milk. For patients with lactose intolerance. **Not for Milk Allergy**.
Texture Modified Diets	
Balanced Fluid	Nutritionally adequate fluids, including nutritional supplements, able to pass through a straw.
Finger Foods	"Ready-to-eat" foods that can be eaten without utensils (e.g., soup in a mug).
Easy to Chew	Softer texture foods that are easy to chew. For adults and children 4+ years old.
Dysphagia Soft	Soft, moist foods that are 1 cm diced, fork mashable or tender . For adults and children 1+ years old with chewing and swallowing difficulty.
Minced	Minced foods and soft breads. Order pureed breads separately if required for patient. For adults and children 1+ years old with chewing and swallowing difficulty.
Pureed	Pureed foods. For adults and children 1+ years old with chewing and swallowing difficulty.
Modifications *(ordered in addition to a primary diet or diet texture order)*	
Cut/Diced	Food is cut up into bite-sized pieces or pieces that are manageable to pick up. For patients needing assistance to cut foods.
No Mixed Consistencies	Excludes foods that have thin liquids and solids in the same mouthful or that release thin liquid when chewed. Usually ordered with Minced or Dysphagia Soft diets.
Pureed Bread Products	Pureed bread and bread products. Pasta, rice, barley and couscous are the texture of the primary diet order. Ordered in conjunction with Minced or Dysphagia Soft diets.
Thick Fluids: [specify] Nectar, Honey or Pudding	For patients requiring thicker fluids for control of drinking and to reduce aspiration. Fluids are thickened to a Nectar, Honey or Pudding consistency. Thin fluids are not allowed. Usually ordered in conjunction with Pureed, Minced or Dysphagia Soft diets.
Fluid Restricted	Limits visible fluids or high fluid foods provided for meals and snacks.
No fluid on tray	No fluids provided on tray.

Diet Guidelines:
2.2 Brief Summary of Provincial Diet Terminology and Guidelines

Not for Patient Distribution

DIET NAME	BRIEF DESCRIPTION
Therapeutic Diets *(may be ordered along with Pediatric or Toddler diets except when otherwise stated)*	
Chylothorax - Adult	Low in long chain fats (<10g) but high in carbohydrate and protein. Use for <2 weeks.
Chylothorax - Pediatric	Low in long chain fats (<5g) but high in carbohydrate and protein.
Diabetic	For adults with Type 1 or 2 diabetes. Distributes carbohydrate across 3 meals and standard HS snack, limits simple carbohydrates and provides artificial sweetener. Three meal size options - Small: 1300-1599 kcal; Medium: 1600-1899 kcal; Large: 1900-2200 kcal. Meets Heart Healthy diet guidelines.
Diabetic - Pregnancy	For pregnant or post-partum women with Type 1, 2 or gestational diabetes. Provides 2000-2200 kcal in 3 meals and 3 snacks/day with the same criteria as Diabetic diet.
Diabetic - Pediatric	For children with Type 1 or 2 diabetes. Ordered by calorie level (1000-2800 Kcal, in 200 kcal increments) to provide 3 meals and 3 snacks and individualized as required.
Low Fat	<50 g of fat/day divided evenly between the 3 meals.
High Fibre	10 g/day fibre added to Regular diet (Not suitable for infants or toddlers)
Low Fibre	Limits total fibre to <10 g per day, mainly provided as soluble fibre. Excludes foods that may cause blockage, diarrhea, and/ or flatulence. Suitable for patients post-ostomy.
Heart Healthy	Provides diet <35% of kcals from fat, <7% kcals from saturated fats, <1% of kcals from trans fats, <3000 mg sodium and <300 mg cholesterol per day.
High Protein High Calorie	A modification added to a primary diet order to provide additional protein and fat and carbohydrate kcals through nutrient dense foods. Supplements may be added.
Ketogenic	Diet individualized to provide large amounts of fat and protein in comparison to carbohydrate to promote ketosis and seizure control.
Metabolic	Diet individualized for modifications required for inborn errors of metabolism.
Low Oxalate	Restricts foods very high or high in oxalates (e.g., vegetables such as beets or spinach), provides 2 cups milk/day and <2300 mg sodium/day.
Low Phosphorus - 9-18 yrs	<1200 mg phosphorus/day
Low Phosphorus -1-8 yrs	<500-650 mg phosphorus/day
Low Potassium - Adult	<2300 mg potassium/day. For patients 13+ years old and adults.
Low Potassium - 5-13 yrs	<1800 mg potassium/day
Low Potassium -1-4 yrs	<1400 mg potassium/day
Low Sodium 2000 mg – Adult and Pediatrics	<2000 mg sodium/day. For children 4+ years and adults.
Low Sodium -1-4 yrs	<1500 mg sodium/day. For children >1 and <4 years old. Calorie level and foods as per Toddler diet guidelines.
Low Tyramine	Limits foods high in tyramine. For persons receiving Monoamine Oxidase Inhibitor (MAOI) medication
Renal Diets:	
Renal - Hemodialysis	Diet provides approximately 2000 kcal, 90 g protein, <2300 mg sodium, <2300 mg potassium, <1200 mg phosphorus, and <1000 mL fluid per day in 3 meals and evening snack.
Renal - No Dialysis	Diet provides 1800 kcal, 60-75 g protein, <2300 mg sodium, <2300 mg potassium and <1200 mg phosphorus per day in 3 meals per day. For persons renal disease who are not on hemodialysis or peritoneal dialysis.
Renal - Peritoneal Dialysis	Diet provides 1800 kcal, 90 g protein, <2300 mg sodium, <1200 mg phosphorus and <1000 mL fluid per day with no potassium restriction in 3 meals and evening snack.
Surgical Diets:	
Clear Fluids	Clear, low-fibre fluids that are easily digested. Not nutritionally adequate; use <48 hours.
Clear Fluids Diabetic	Clear fluid diet that provides only the carbohydrate portion of the diet, and provides meal plans for Toddler and Pediatric diabetic patients. Not nutritionally adequate.
Clear Fluids Renal	Clear fluid diet that restricts sodium, potassium, phosphorus and fluid to <1000 mL (if no snacks provided) per day. Not nutritionally adequate.

“Streamlining” vs Diet Liberalization

How healthy should a menu be?

Benefits of Diet Liberalization

Challenges with Diet Liberalization

Room Service

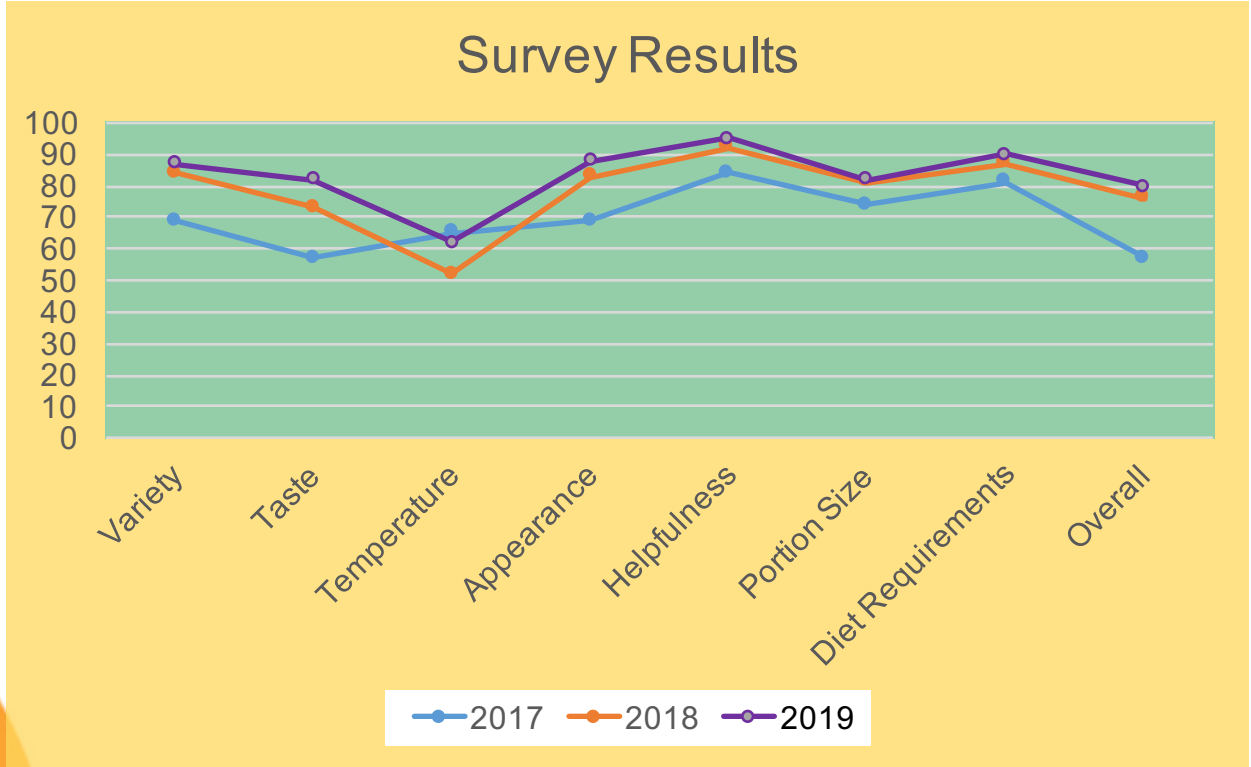
Michelle Nelson
Program Manager, Hospitality Services
Covenant Health

Covenant Cuisine

Success with Room Service

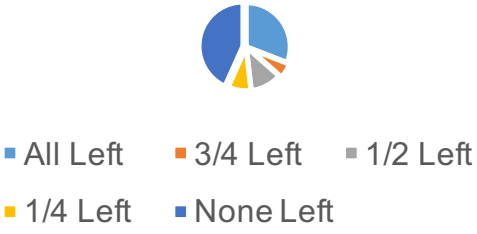
Success with Room Service – Patient Satisfaction

COVENANT CUISINE

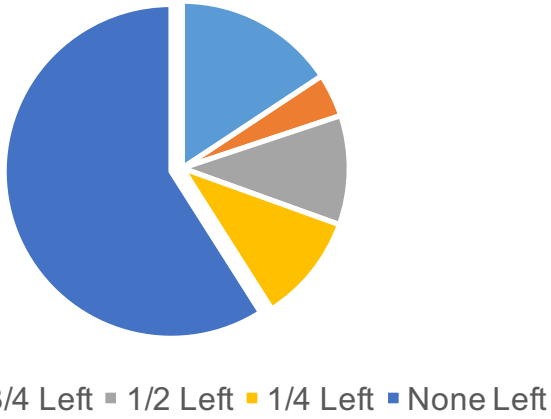


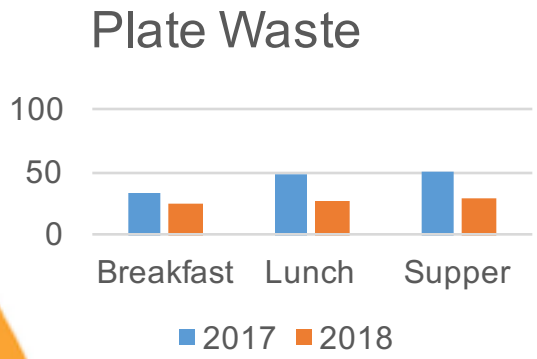
Success with Room Service – Plate Waste

2017

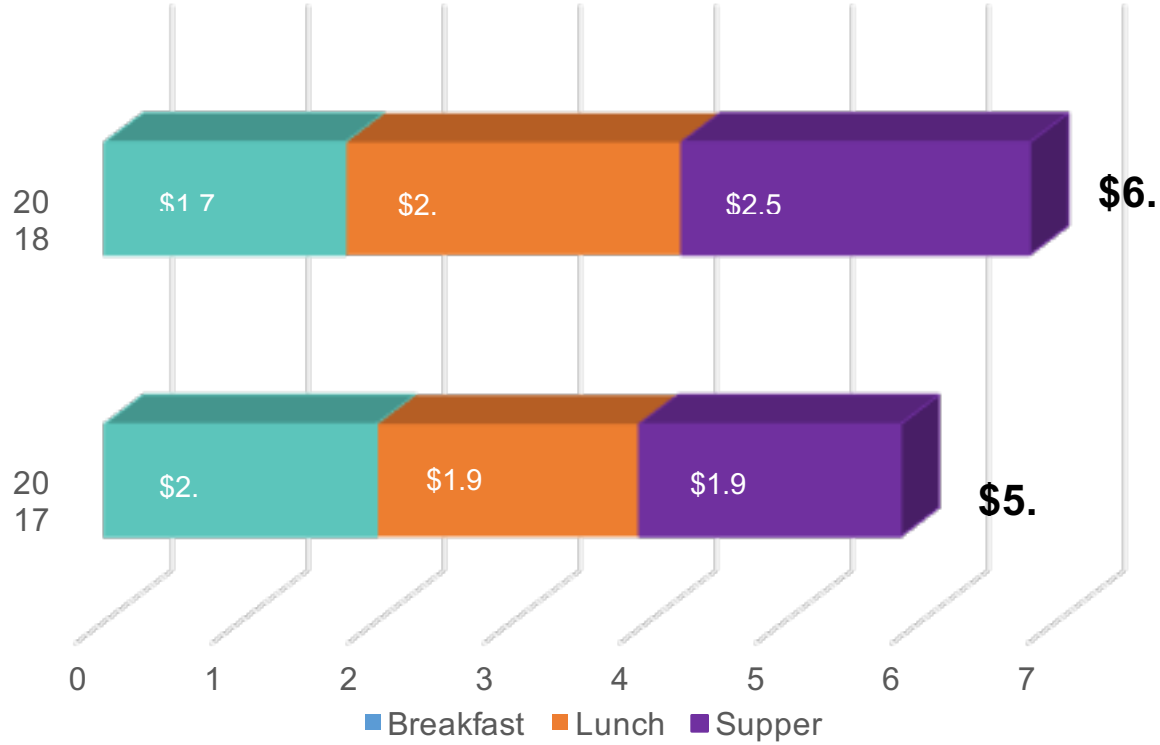


2018





Cost Per Meal Day



*Note improved intake and healthier food options selected.

Covenant Cuisine – Benefits & Where we go from here

1. Meal service resembles hotel hospitality.
2. Less food waste.
3. Improved Patient satisfaction.
4. Revise menu to reduce costs.
5. Monitor improved food temperatures.
6. Implement room service software program.
7. Expand program to other sites.

Staff Education

Danielle Barriault
Director, Provincial Initiatives
Alberta Health Services

Staff Education

Staff and patient's families may not recognize *their role* in improving hospital patient food experience. We need to work together to help patients overcome barriers to eating at mealtimes and improve their intake.

NOURISH

The future of food in health care.

Who can impact the patient's meal experience?

Anyone who interacts with the patient or their environment during mealtime

How they can impact the patient's meal experience

- Influence their perception of hospital food through comments or non-verbal cues
- Disrupt meal service: tests/procedures, tasks, sounds, smells
- Failure to recognize barriers to eating: patient readiness, ability to open packages, ability to feed self
- Failure to take action when barriers to eating are identified
- Poor customer service

NOURISH

The future of food in health care.

All the effort Nutrition & Food Services puts into planning, creating and providing nutritious, beautifully prepared, meals can be derailed by the actions of others...

What can be done to positively impact the patient's meal experience?

- Understand Your Environment: Appreciative Inquiry, Site Assesment Checklists etc..
- Recognize and overcome barriers: Time to Eat Toolkit
- Protect Mealtimes: minimize disruptions on the unit during meal times, apply a all hands on deck approach to ensure focus is on getting patients fed
- Commit to making *Meals Matter* at your site: Standing Agenda Item, Meals Matter Committee, Policy Development
- Empower your staff to make a difference: training, posters, messaging