

Foodservice best practice

1. Statement

This Guideline provides recommendations regarding evidence based best practice for foodservices in Queensland Health facilities to promote the health status of patients/residents/clients by meeting their nutritional, psychological and sociological needs through providing appropriate, safe and nutritionally adequate food and meals through efficient and sustainable processes.

2. Scope

This Guideline provides evidence based guidance for all employees, contractors and consultants within the Health and Hospital Services involved in operating or overseeing food services.

Compliance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended principles within a guideline.

3. Requirements

3.1 Governance

- 3.1.1 A governance system shall be in place for Food and Nutrition Services through a multidisciplinary committee including at least – the Foodservice Manager/Coordinator, Foodservice Dietitian, a Speech Pathologist, a representative of Infection Control, a CNC ward/unit manager, Dietetic/Nutrition Assistant, a representative of Quality and Safety Unit – that meets at least 6 times a year.

3.2 Menu Reviews

- 3.2.1 All facility menus shall be reviewed and assessed biennially, or following a major menu change, by a dietitian and food service manager. These reviews will include a focus on:
- Microbiological safety of food
 - Minimising allergic food reactions
 - Minimising malnutrition
 - Access to texturally and culturally appropriate foods

Menus are assessed against the QH Nutrition Standards for Meals and Menus and for the food allergens and other specified ingredients/additives specified in the FSANZ Standards requiring labelling and any additional allergens considered common for the patient population specific to the site.

3.3 Menu Ordering

- 3.3.1 Facilities shall endeavour to offer meal selection for two meals on the day of service i.e. a choice for lunch and dinner. It is acceptable to offer breakfast choice for the next day.
- 3.3.2 Residential aged-care facilities should avoid advance ordering of meals and provide meal selection at the time of meal service.
- 3.3.3 Paediatric facilities or facilities with paediatric wards should avoid advance ordering of meals and provide meal selection at the time of meal service.
- 3.3.4 Long stay mental health facilities or wards should avoid advance ordering of meals and provide meal selection at the time of meal service.
- 3.3.5 Medium to long stay rehabilitation units or wards should avoid advance ordering of meals and provide meal selection at the time of meal service.

3.4 Food Service Systems

- 3.4.1 Facilities using hot plating/cold plating assembly-and-serve production systems shall either, purchase product for prepared meal components according to the Queensland Health Standing Offer Arrangements (SOA), or if using cook-and-serve production, should have standardised recipes that meet the Nutrition Standards for Meals and Menus.

3.5 Quality and Safety

- 3.5.1 Facilities shall engage in ongoing service review and improvement through an established Quality Improvement/Operational Plan that is reviewed and reported on annually through the Food and Nutrition governance committee.
- 3.5.2 An allergen management process for identifying and preparing allergen free/low meals for susceptible patients/residents/clients will be documented, implemented and audited (both internally and during a 3rd party food safety audit).
- 3.5.3 All facilities will use Texture C smooth pureed meals from an external supplier via the Queensland Health SOA or institute a rigorous process of auditing and testing smooth puree food prepared onsite with a minimum of
 - 2 microbiological samples of smooth puree food every 3 months (if these meals are being prepared for a patient/resident at this time) or an external food safety audit of smooth puree processes every 6 months
 - have standardised nutritionally assessed recipes for all smooth puree meals with a review of recipe compliance by a dietitian/ nutrition assistant at least 2/month
 - Speech pathology review of texture of smooth pureed food and meals at least 2 per month.
- 3.5.4 Regular audits should be undertaken to ensure continual quality improvement of food service delivery. It is recommended that the following audits be conducted according to the Statewide Foodservice Network Key Performance Indicators.
 - Patient Satisfaction Audit annually (using SFSN recommended validated tool)
 - Meal quality audit at least 2/month (Using SFSN recommended validated tool)
 - Plate waste/production waste/mid-meal waste (Using SFSN recommended tool) 2/year
 - Internal food safety audits 2/year
 - External 3rd party food safety audit annually

- 3.5.4 All meals, before leaving the kitchen, shall be checked for accuracy by a staff member trained in nutrition to the equivalent of HLTAHA018, HLTAHA019 either through TAFE or internally by a Dietitian.
- 3.5.5 All staff shall be appropriately trained in procedures and processes for safe food handling, food allergy awareness and meal provision and quality service. All training will be reviewed regularly to ensure staff shall continue to meet competence in these areas.
- 3.5.6 Regular review of cost, quality and efficiency of the Foodservice, using statewide Foodservice KPIs, shall be undertaken and compared to state averages and like facilities to identify improvements.

4. Legislation

Food Safety

Food Act Qld (2006)

Food Standards Australia New Zealand: Standard 3.2

Nutrition Standards

Queensland Health Nutrition Standards for Meals and Menus in Health Facilities (2015)

Health and Hospital Service Directive

Queensland Health Directive # QH-HSD-009:2012: Procurement and Logistics - Use of Contract and Supply Arrangements

Texture Modification Standards

Australian Standardised Terminology and Definitions for Texture Modified Food and Fluids 2007

5. Supporting documents

Foodservice Best Practice Guideline Evidence Document (2017)

Statewide Foodservice KPIs (2015)

6. Definitions

Term	Definition	
Allergic food reaction	A reaction that occurs in a sensitive individual if they have a food or food component/ingredient that induces an allergic/ intolerant reaction. Management of food allergens is a requirement under the Food Standards Australia and New Zealand.	Queensland Health Food Service Network
Assembly and serve production systems	Assembly and serve means prepared meal components are purchased from an external supplier and meal components are plated on site at the facility.	Queensland Health Food Service Network
Cook and serve production systems.	Cook and serve means meal components are prepared at the facility then plated at the facility, with minimal holding time.	Queensland Health Food Service Network
Dietitian	A dietitian is an Accredited Practicing Dietitian as	Queensland Health Food

Term	Definition	
	assessed by the Dietitians Association of Australia as having completed an accredited training program at University level and having completed approved professional development on an annual basis.	Service Network
External Food Safety Audit	An audit of a food safety program by an auditor to ensure the carrying on of the food service facility to which the program relates complies with the program and the food safety standards	Food Safety Standards & Regulation, <i>Food Act 2006</i>
Foodservices	All meals and mid-meals provided to patients/residents/clients of Queensland Health facilities from a kitchen managed by Queensland Health	Queensland Health Food Service Network
HLTAHA018	Assist with planning and evaluating meals and menus to meet recommended dietary guidelines	Certificate IV in Allied Health Assistance – Community Services & Health Industry Skills Council
HLTAHA019	Assist with monitoring and modification of meals and menus according to individualised plans	Certificate IV in Allied Health Assistance – Community Services & Health Industry Skills Council
Menu	Includes all meals, mid-meals and extras including alternate meals offered to patients/residents/clients in a facility on each day of the week for the duration of the menu cycle.	Queensland Health Food Service Network

Version Control

Version	Date	Comments
1.1	20 th February 2017	Updated to new template from original endorsed document. Change to audit requirements for in-house prepared smooth puree diets after agreement by SFS Network meeting March 16 th 2017

Foodservice Best Practice Guideline Evidence Document (2017)

Guideline	Evidence
<p>A governance system shall be in place for Food and Nutrition Services through a multidisciplinary committee including at least – the Foodservice Manager/ Coordinator, Foodservice Dietitian, a Speech Pathologist, a representative of Infection Control, a CNC ward/unit manager, Dietetic/Nutrition Assistant, a representative of Quality and Safety Unit – that meets at least 6 times a year</p>	<p>EQulP National Standard 12.7.1 - A multidisciplinary team oversees the organisations nutrition management..... to ensure that provision of food and fluid..... is consistent with best practice nutritional care.</p> <p style="text-align: right;">Banks, M.; (2013). <i>Improving Working Relationships within Patient Food Services: Development of a Governance Matrix.</i> Nutrition & Dietetics: Volume 70, Issue Supplement S1, pages 4–25.</p>
<p>All facility menus shall be reviewed biennially, or following a major menu change, by a dietitian and food service manager. These reviews will include a focus on:</p> <ul style="list-style-type: none"> ■ Microbiological safety of food ■ Minimising allergic food reactions ■ Minimising malnutrition ■ Access to texturally and culturally appropriate foods <p>Menus are assessed against the QH Nutrition Standards for Meals and Menus and for the food allergens and other specified ingredients/additives specified in the FSANZ Standards requiring labelling and any additional allergens considered common for the patient population specific to the site.</p>	<p>Food Standards Code (FSANZ) EQulP National Standard 12.6.1 – Food, fluid and nutritional care form part of an intervention and clinical treatment plan.</p>
<p>Facilities using a hot plating/cold plating assembly-and-serve production system</p>	<p>Queensland Health Directive # QH-HSD-009:2012: Procurement and Logistics - Use of</p>

<p>shall either purchase product for prepared meal components according to the Queensland Health Standing Offer Arrangements (SOA) or if using cook-and-serve production should have standardised recipes that meet the Nutrition Standards for Meals and Menus.</p>	<p>Contract and Supply Arrangements: All Hospital and Health Services shall procure a range of goods and services from the following contracts and supply arrangements:</p> <ul style="list-style-type: none"> ■ Whole of Queensland Public Sector Health System contracts and supply arrangements. ■ If a Hospital and Health Service wishes to be exempt from the requirements of this Directive, the Hospital and Health Service's Chief Executive Officer may apply for an exemption to the Director General of the Department of Health. <p>Nutrition Standards for Meals and Menus (2015)</p>
<p>All facilities will use Texture C smooth pureed meals from an external supplier via the Queensland Health SOA or institute a rigorous process of auditing and testing smooth puree food prepared onsite with a minimum of</p> <ul style="list-style-type: none"> ■ 2 microbiological samples of smooth puree food every 3 months or an external food safety audit of smooth puree processes every 6 months ■ have standardised nutritionally assessed recipes with a review of recipe compliance by a dietitian/nutrition assistant at least 2/month ■ Speech pathology review of texture of smooth pureed food and meals at least 2 per month. 	<p>Vulnerable Persons Food Safety Scheme Phase II evaluation - Benchmarking the microbiological quality of food served by Vulnerable Persons businesses October 2010, NSW Food Authority <i>Good hygienic practice is required during the preparation of texture modified and puréed foods because the extra handling increases the potential for cross contamination. Contamination of blenders and mixers has been identified during audits as a potential problem area because they are difficult to clean. Poor cleaning and sanitation of this equipment has led to outbreaks of foodborne illness in the past and close attention should be paid to this area.</i></p> <p>Dodrill & Bassett, Thickened Fluids and Modified Diets Project Report, (2010) Pureed diets prepared on site</p> <ul style="list-style-type: none"> • 76% of facilities prepared pureed diets at the facility. • 55% tested consistency of pureed diets but only when new items were added to the menu. <p>64% encountered problems with pureed meals prepared on site including variations in thickness and texture, poor mouth-feel, poor taste, and not well liked.</p>
<p>Facilities shall endeavour to offer meal selection for two meals on the day of service i.e. a choice for lunch and dinner. It is acceptable to offer breakfast choice</p>	<p>Banks et al. (2012) ; Does choosing meals closer to Serving increase patient intake? Nutrition & Dietetics: 69 (Suppl. 1): 50.</p>

<p>for the next day.</p> <p>Medium to long stay rehabilitation units or wards should avoid advance ordering of meals and provide meal selection at the time of meal service</p>	<p>Wright et al. (2011); Determinants of foodservice satisfaction for patients in geriatrics/rehabilitation and residents in residential aged care. <i>Health Expectations</i>, 16 pp.251-265</p> <p>Mahoney, S et al., (2009). <i>Patient Satisfaction and energy intakes are enhanced by point of service meal provision</i>, <i>Nutrition & Dietetics</i>: 66: 212-220.</p>
<p>Paediatric facilities or facilities with paediatric wards should avoid advance ordering of meals and provide meal selection at the time of meal service.</p>	<p>Mahoney, S et al., (2009). <i>Patient Satisfaction and energy intakes are enhanced by point of service meal provision</i>, <i>Nutrition & Dietetics</i>: 66: 212-220.</p>
<p>Long stay mental health facilities or wards should avoid advance ordering of meals and provide meal selection at the time of meal service.</p>	
<p>Regular audits should be undertaken to ensure continual quality improvement of food service delivery. It is recommended that the following audits be conducted according to the Statewide Foodservice Network Key Performance Indicators</p> <ul style="list-style-type: none"> ■ Patient Satisfaction Audit annually (using SFSN recommended validated tool) ■ Meal quality audit at least 2/month (Using SFSN recommended validated tool) ■ Plate waste/production waste/mid-meal waste (Using SFSN recommended tool) 2/year ■ Internal food safety audits 2/year ■ External 3rd party food safety audit annually 	<p>EQulP National Standard 12.5.2 - The organisation's strategic and coordinated approach to delivering consumer /patient-centred nutritional care is evaluated, and improved as required.</p> <p>Food Standards Code (FSANZ)</p> <p>Food Act (Qld) 2006</p>
<p>All meals, before leaving the kitchen, shall be checked for accuracy by a staff member trained in nutrition to the equivalent of HLTAHA018, HLTAHA019 either through TAFE or internally by a Dietitian.</p> <p>All staff shall be appropriately trained in procedures and processes for safe food handling, meal provision and quality</p>	<p>EQulP National Standard 12.7.2 – Education programs for relevant staff for delivering best-practice nutritional care and preventing malnutrition..... Training programs should be available for..... operational staff</p> <p>Food Standards (FSANZ)</p> <p>Department of Health Strategic Plan 2014 – 2018 (2016 update) - Support our people to</p>

<p>service. All training will be reviewed regularly to ensure staff shall continue to meet competence in these areas.</p>	<p>understand their role in service delivery and ensure they are resourced to deliver the department's objectives and excellent customer service.</p>
<p>Regular review of cost and efficiency of the Foodservice, using statewide Foodservice KPIs, shall be undertaken and compared to state averages and like facilities to identify improvements.</p>	<p>Department of Health Strategic Plan 2014 – 2018 (2016 update) - Monitor and manage the performance of all funded organisations across the health system.</p>
<p>Facilities shall engage in ongoing service review and improvement through an established Quality Improvement/ Operational Plan that is reviewed and reported on annually through the Food and Nutrition governance committee.</p>	<p>EQulP National Standard 12.5.2 - The organisation's strategic and coordinated approach to delivering consumer /patient-centred nutritional care is evaluated, and improved as required.</p>