3. Standards

3. Standards

The following Standards represent best practice and are based on the evidence and rationale found in sections 1 and 2, along with alignment to NSQHS Standards and ACQS.[3,8] There may be flexibility in how individual health services implement and achieve the Standards.

The terms 'required', 'recommended' and 'suggested' are used to identify the evidence justification for each of the Standards.

- A Standard is classified as **'required'** where it is necessary to ensure patient and resident safety.
- If a Standard is **'recommended'**, there is strong evidence supporting its implementation.
- If a Standard is **'suggested'**, there is emerging evidence or expert opinion supporting its implementation.

3.1 Continuous quality improvement

CQI standards

Governance It is recommended that:
• A nutrition steering committee is appointed, to meet six times annually, to monitor and progress food and nutrition quality and safety.
• There is allocated EFT for a food service dietitian (ongoing or intermittently) with governance and reporting responsibilities within food services.
Quality assurance It is recommended that:
• Feedback-driven quality assurance activities are undertaken, with documented evidence of outcomes and actions for communication, review and audit purposes.
• There are quarterly (at a minimum) internal tray-line and/or point-of-service quality audits (presentation, accuracy, temperature, portion weight, taste and texture compliance).
• There are six-monthly (at a minimum) internal food consumption and waste audits.
• There are quarterly (at a minimum) point-of-service patient/resident/family satisfaction surveys.
• There are quarterly (at a minimum) patient/resident/family feedback sessions, representing the health service population and including taste testing for existing and/or new dishes.
• Services undertake responsive community consultation, including with local culturally diverse community groups.
• Quality audit tools be used as part of a CQI cycle, with documented evidence of changes for communication, review and audit purposes. (Refer to Appendix 7 for advice on quality audit tools).
Patient and resident feedback mechanisms To ensure alignment with NSQHS Standards[3] and ACQS[8], it is recommended that:
• There are clear internal processes for managing food service–related feedback and complaints, which may result in menu changes, with documented evidence of actions taken, for communication, review and audit purposes.
• Patient/resident/family representation reflects the health service population, with relevant cultural representation given the opportunity to provide input/feedback throughout the CQI cycle.
• Equitable access to providing feedback be available via interpreters (language or relay for people who are blind, deaf or hard-of-hearing) to allow patient/resident/family involvement.
• Timely communication of action/inaction taken in response to patient/resident/family feedback be given to participants.

Menu planning and review It is recommended that:
• Menu planning is led by a food service dietitian and food service manager, in collaboration with other key stakeholders including patient/resident/family representation, to ensure the needs of the health service population are met.
• There are annual (at a minimum) full menu reviews for hospitals.
• There are six-monthly (at a minimum) full menu reviews for PSRACS.
• Menu and recipe creation activities have documented evidence of the impact of the specific food service and menu ordering systems to do with taste, presentation and texture.
• Consideration is given to using electronic and/or flexible menu ordering systems to enable orders of preferred foods and fluids as close as possible to delivery times.
• Menus are designed to meet the nutritional requirements of most of the health service population, with documented evidence of demographic, clinical, cultural, religious, psychosocial, average length of stay and patient/resident/family preference considerations.
• All menu items have documented standardised recipes and/or product specifications with serve sizes that have been endorsed by a food service dietitian and are followed by chefs/cooks and food service staff.
• All recipe or product changes or substitutions are approved by a food service dietitian.
• Meal presentation is included in documented recipes and product sheets, incorporating decanting, garnishing and any piping/layering/moulding requirements for TM meals.
• Seasonal menus with genuine changes to dishes, fruit and snacks based on seasonal produce and patient/resident/family feedback are routinely considered.
• Menu items have commonly accepted and understood names and/or a description that accurately reflects the contents of the dish for ease of patient/resident/family recognition.
• Pictorial and translated menus are available where there is an identified need in the health service population assessment.
• Culturally diverse menu items are authentic and prepared in a way that is recognised and accepted by patients/residents of that culture. This may be met by sourcing appropriate meals from an external supplier.

3.2 Baseline diet and texture modified food and fluids

For paediatric menus, or paediatric short order menus, please refer to the *Nutrition and quality food standards for paediatric patients in Victorian hospitals*.

Baseline diet and TM food and fluid standards

General It is recommended that:
• The baseline diet provides sufficient minimum energy and protein to meet population needs, calculated using average population characteristics of the facility, and the following ranges to estimate requirements: – hospitals: 105 kJ/kg or 25 kcal/kg and 1.0 g/kg protein – PSRACS: 125 kJ/kg or 30 kcal/kg and 1.2 g/kg protein.
It is suggested that:
• Baseline regular texture and baseline TM diets provide a minimum of 8.5 MJ and 85 g protein daily (based on the reference person in Table 1 and Table 2).
It is recommended that:
• Baseline regular texture and TM diets meet the nutrient banding and minimum menu choice standards depicted in section 4 to offer the recommended daily food group/nutrients.
• Health services have a pathway for aligning with the IDDSI framework (refer to Appendix 5).
• A 'Food First' approach is used to achieve the baseline regular and TM nutrition provision via food fortification and regularly providing nourishing snacks and fluids, rather than relying on ONS or larger serve sizes. For fortification strategies, refer to Appendix 3. Strategies include using nutrient-dense fluids when producing TM menu items – for example, milk, yoghurt or cream.
It is required that:
• TM foods and fluids be approved by a speech pathologist for compliance.
• Drinking water is available to patients/residents 24 hours a day.
Australian dietary guidelines It is suggested that:
• Added salt is limited during cooking, and reduced sodium (< 120 mg / 100 g) and herb and spice alternatives are used where possible.
• Salt sachets/shakers are not automatically provided to patients/residents.
• Unsaturated fats (polyunsaturated/monounsaturated oils and margarines) are used/offered.

Hospitals only It is suggested that:
• Adult-based hospitals providing paediatric inpatient services provide a short order menu to meet the nutrition standards outlined in *Nutrition and quality food standards for paediatric patients in Victorian hospitals*.
• Hospitals have a site-specific policy or menu addressing day patients, out-of-hours main meals and late admissions while complying with nutrient banding requirements.
• Hospitals have a site-specific policy for managing food brought in from external sources – for example, food from home.
PSRACS only It is suggested that:
• Any resident placed on a diet restricting energy and protein to a level lower than the baseline diet is reviewed by a dietitian or doctor with a view to returning to increased nutrition provision as soon as possible.

3.3 Choice

For paediatric menus, or paediatric short order menus, please refer to the *Nutrition and quality food standards for paediatric patients in Victorian hospitals*.

Menu choice standards

General It is recommended that:
• Baseline regular texture and TM diets provide three main meals and three snacks per day.
• Main meals have size variations available, with the smallest meeting the minimum nutrient banding requirements.
• A variety of meal choices are provided, as depicted in the minimum menu choice standards in section 4
• A minimum of two fish meals be available per week, with one being an oily fish.
• Side dishes are to complement the main meal item, with appropriate offerings of a variety of grains/starch and vegetables/salads, aiming for wholegrains and contrasting coloured vegetables.
• The use of high-sodium, high-saturated fat processed meats be limited to twice a week as a major meal component, (e.g. bacon at breakfast once a week and a sausage casserole once a week) and be avoided as a sandwich ingredient where possible.
• Food allergies or intolerances, TM requirements, food preferences and assistance with eating requirements are documented and easily accessed for every patient/resident, with regular reviews to maintain accuracy.
• A vegetarian menu choice be available at every eating occasion, using a variety of protein sources including legumes, seeds, nuts, tofu, textured vegetable protein (TVP), milk, cheese and eggs. A short order menu may be used in conjunction with the standard menu to meet this Standard.
• Meal/snack selections be made as close to delivery as possible, and no longer than 48 hours prior.
• A short order menu be available to extend choices/variety of the standard menu for those requiring additional choices – for example, long-stay, paediatric and those requiring finger food choices.
• Plant-based, calcium-fortified milk alternatives are available on request.
• A baseline menu that mostly contains specific cultural, religious or vegetarian meals to meet the needs of the assessed population be available. This should comply with the nutrient banding and minimum menu choices in section 4.
• A dietitian reviews any patient/resident requiring vegan or TM vegetarian food and fluids to ensure nutrition adequacy.
• A dietitian reviews any patient/resident who relies on adult-appropriate finger food options as their main source of nutrition to ensure adequate nutrition, variety and choice.
PSRACS only It is suggested that:
• Band 1 snacks be made available 24 hours daily and offered after physical therapy/exercise.
• Menu choice and variety be further increased when celebrating themed days (e.g., BBQ Day or Football Grand Final Day) and cultural days (e.g. Chinese New Year or Christmas).

3.4 Meal environment

Meal environment standards

General It is recommended that:
• All food and fluids are within easy reach and provided in a way that the patient/resident can eat and drink.
• Where safe, and medically appropriate, all patients/residents are given the opportunity to sit out of bed for their meals.
• Non-plastic dinnerware (cutlery, plates, bowls, cups and table dressings) is used unless clinically unsafe and/or alternatives are prescribed by an occupational therapist.
PSRACS only It is suggested that:
• The mealtime and dining room environment be welcoming, comfortable and optimise the resident's sense of independence and interaction. Refer to Appendix 6 for examples of meal environment strategies.

3.5 Staffing

Staffing standards

General It is recommended that:
• Staff are allocated to all patients/residents who need help with eating. Staff include nurses, personal care assistants, allied health assistants and trained volunteers.
• Regular training for food safety in alignment with FSANZ, the IDDSI framework and the National Allergy Strategy is undertaken and documented for all staff involved in producing and delivering meals.
• Regular training on providing assistance with eating, including risk management of dysphagia and food allergies, is undertaken and documented for all staff undertaking this support service.
• Meal ordering assistance is provided to patients/residents who need extra help.
• Regular consumer engagement training is provided to all food service staff (chefs, kitchen staff and food delivery staff (including personal services and care assistants)) who interact with patients/residents.
It is suggested that:
• Regular nutrition training (basic principles) be provided to all staff involved in patient/resident meal delivery – for example, chefs/cooks, food service assistants, menu monitors, tray-line staff, delivery people (this could include personal services or care assistants) and nurses. Note: this is different from malnutrition screening training required for nursing staff.

3.6 Sustainability and food procurement

Sustainability and food procurement standards

General It is suggested that:
• Health services minimise the number of packets on a meal tray – for example, decanting cereals into a bowl and juice into a glass from bulk sources. There would be exceptions to this to ensure food safety, and management of allergies and specific diets (e.g. Kosher).
• Food waste management plans integrate with the Victorian Government's *Sustainability in Healthcare – Environmental sustainability strategy 2018–19 to 2022–23*.
• Health services ensure that, where possible, foods are seasonal and sourced from local or Victorian producers.
• Health services consider developing an organisational local food procurement policy.

Refer to Appendix 1 for further information on sustainable food waste reduction strategies.

Section 3 of the *Nutrition and quality food standards for adults in Victorian public hospitals and residential aged care services*. Please refer to the separate Appendices and References sections.

To receive this document in another format, phone 9096 9000, using the National Relay Service 13 36 77 if required.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.
Images used throughout this document may have been taken prior to/outside of the COVID-19 pandemic and may not reflect current restrictions or guidelines on personal protective equipment (PPE) guidelines. For information on COVID-19 healthcare guidelines please visit <https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>.
Monash Health is acknowledged for kindly providing some of the images in this document.
ISBN 978-1-76096-603-4 number (online/PDF/Word)
Available at <https://www.health.vic.gov.au/hospitals-and-health-services/quality-safety-and-service-improvement>.