ChOICES: The Patient Menu Selection Process

Obtain the correct menu
Distribute the menu
Assess, Assist, Guide choices
Collect the menu
Verify choices match care plan
Submit the menu

Nutrition Surveillance

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Nutrition in Hospitals Committee
Nutrition Network
Why is this important for you and your patients?

The **Patient menu selection** process helps to ensure the right food and fluids are provided to the right person at the right time, whilst offering **choice**.
The Patient menu selection process can support:

- Positive patient outcomes (safe and effective care)
- Person-centred care
- Increased participation of patients in their own care
- Improved patient/family satisfaction
- Increased effectiveness of patient care plans
- Achievement of accreditation standards
  - Nutrition care, patient identification, workforce, and consumer engagement
- Risk reduction
Background to this project

The importance and complexity of Patient menu selection was identified by the NSW Health Nutrition and Food Committee.

The ACI was asked to provide a detailed description of the tasks, skills and governance required for a safe patient menu selection process.

A multidisciplinary working group was established - consumers, clinicians, and food services.

The “ChOICES” resource provides a framework to assist health services when reviewing their current patient menu selection processes.
What is Patient menu selection?

- The process where a person in hospital is given the opportunity to select the foods and fluids that they would like to receive in accordance with their diet order.
  - It can be conducted in different environments, using different methods.

- Examples include:
  - paper or manual menus/systems,
  - spoken menus (data entry at the bedside),
  - electronic menu management systems, or
  - choice at the time of meal service.
The key elements of a safe Patient menu selection process: ChOICES

**Choice** – the opportunity to select from a menu

**Observation and Opportunities** - nutrition surveillance

**Identification** – of the patient & any issues to be addressed

**Integration** – with other health care activities

**Communication and Collaboration** – between staff, between patients and staff, between different services

**Engagement** – of patients in their care

**Safe Systems** – menu management, recruitment and supervision of staff, issue escalation
The NSW Health Nutrition Care Policy directive (PD2011_78) includes patient menu selection. It states that patients should be:

▲ given the opportunity of selecting food and fluids from the menu
▲ assisted with menu selection, if required, by a qualified member of staff.

Patient menu selection is one element of the Patient nutrition care journey (see next slide) – based on the Nutrition Care Policy

It provides a valuable opportunity to identify and address food and nutrition issues.
The Patient nutrition care journey

**Nutrition screening, assessment, care planning, monitoring**
Will highlight undernourished patients and those at risk of becoming undernourished and who require referral to other services

**Food and fluids provided**
Access to suitable meals, special diets and fluids will be available where clinically indicated

**Mealtime environment**
The meal environment will be conducive to eating. Meal time at least 30min.

**Supervision and assistance to eat and drink**
Assistance to eat and drink will be offered

**Mealtime observation**
Will highlight if patients are at risk of becoming undernourished and if there is a need for referral to other services

**Transfer of care**

**Quality and safety:** communication, education and training, patient feedback, clinical handover and continual clinical monitoring

**Policy and Governance**

- Nutrition and Food Governance Committees
  NSW Health and Local Health Districts

- Nutrition Care Policy
  NSW Health

- Nutrition Standards and Therapeutic Diet Specifications for inpatients in NSW hospitals
The Patient menu selection process

- Involves a number of steps and a range of different tasks

- Requires specific skills and knowledge
  - Both clinical and non-clinical

- Requires collaboration and governance
1. **Obtain** the correct menu for each patient based on the correct day, name, local unique identifier (e.g. MRN), location, meal, and diet order

2. **Distribute** menus for patients according to established routines and procedures

3. **Manage menu completion** - Identify and address and/or escalate concerns to ensure nutritional adequacy and compliance with the nutrition care plan
   - Assess the ability of the patient to complete the menu and **assist** in its completion (where required)
   - **Guide** the patient/carer to choose adequate/appropriate food and fluids from the menu.

4. **Collect** the menu

5. **Check to verify** that the patient’s menu selection is in keeping with the patient’s documented nutrition care plan or therapeutic diet

6. **Submit** the menu as per food service protocols
Skills and Knowledge required

- In some cases, different staff may complete different stages of the Patient Menu Selection process.

- Fundamental skills and associated knowledge are required.

- The level of skill depends on the stage of the process and can range from simple to complex:
  
  - Basic communication and process skills
  
  - Cognitive and clinical-related knowledge, skills and abilities
## Skills and Knowledge required

<table>
<thead>
<tr>
<th>Type</th>
<th>Examples of skills/knowledge</th>
<th>Diets</th>
<th>General or Clinical</th>
<th>Related Steps of the Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and process</td>
<td>• Literacy and numeracy&lt;br&gt;• Customer service</td>
<td>All</td>
<td>General</td>
<td>All steps</td>
</tr>
<tr>
<td>Knowledge – Food Services</td>
<td>• Food and Menu management systems&lt;br&gt;• Foods available</td>
<td>All</td>
<td>General</td>
<td>All steps</td>
</tr>
<tr>
<td>Patient care</td>
<td>• Observational skills&lt;br&gt;• Problem solving and escalation</td>
<td>All</td>
<td>General</td>
<td>Distribute, Menu completion and Check to verify</td>
</tr>
<tr>
<td>Knowledge and skills - Nutrition and therapeutic diets</td>
<td>• Cultural&lt;br&gt;• General nutrition and nutritional inadequacy&lt;br&gt;• Therapeutic diets&lt;br&gt;• Identify &amp; address choices inconsistent with care plan&lt;br&gt;• Decision-making and negotiation skills</td>
<td>All</td>
<td>General and clinical</td>
<td>Menu completion, check to verify</td>
</tr>
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</table>
Issues related to an unsafe Patient menu selection process

The table on the next slide is based on the NSW Health Risk matrix and highlights potential issues that could arise if a safe Patient menu selection process is not in place.

Note: The outcomes may or may not be frequency dependent. Poor patient outcomes are often not frequency dependent while financial and workforce issues generally are.
# Issues related to an unsafe Patient menu selection

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Risk/issue examples</th>
<th>Potential outcomes</th>
</tr>
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</table>
| **Clinical care and patient safety** | • Deteriorating patient  
• Hospital acquired malnutrition | • Sentinel event, including patient injury or death |
| **Workforce** | • Poor access to appropriately qualified, skilled and competent staff  
• Unplanned service delivery interruptions | • Sentinel event, including patient injury or death.  
• Additional labour |
| **Financial and Legal** | • Increased Length of Stay – impact on ABF  
• Cancelled / delayed procedures and impact on surgical waiting lists and food service costs | • Increased cost to stay  
• Financial loss |
| **Leadership & Management, Community expectations** | • Patient/family dissatisfaction  
• Adverse publicity  
• Lack of appropriate and effective clinical supervision | • Loss of consumer confidence.  
• Failure to meet KPIs  
• Sentinel event, including patient injury or death. |
Could your local Patient menu selection process be improved?

- Collaborate with all stakeholders
- Use the ChOICES resource to review your local Patient menu selection process
- Refer to the implementation checklist and case studies for practical examples
Resources

- ACI Patient Nutrition Care Journey resources
- Australian Council on HealthCare Standards - EQuIP National and EQuIP5
- Consensus Statement of NSW Health Nutrition and Dietetics Advisors Group on the Roles and Tasks Undertaken by Dietitian Assistants (May 2010).
- HLT31512 Certificate III in Nutrition and Dietetic Assistance
- HLT42512 Certificate IV in Allied Health Assistance (Nutrition and Dietetics)
- NSW Health Allied Health Assistant Framework (GL2013_005)
- NSW Health Nutrition Care Policy
- NSW Health Risk Management Enterprise Wide Policy and Framework
- The National Safety and Quality Health Service Standards
- The Superguide - a handbook for supervising Allied Health professionals (Health Education and Training Institute, 2012)
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  - Representatives from Local Health Districts and Speciality Networks
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