ACI NSW Agency for Clinical Innovation

ACI Nutrition Network

ChOICES

The Patient Menu Selection Process

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1. Introduction

The NSW Health Nutrition Care Policy directive (PD2011_78) released in December 2011 sets out the NSW Health framework for a strategic and coordinated approach to nutrition care and support from admission to transfer of care, and 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.

Providing hospital patients with the opportunity to select the food and fluids they would like to receive can contribute to positive outcomes and patient satisfaction, encourage patients to participate in their own care and support harm prevention. (Mahoney et al, 2009 and Williams and Walton, 2011)

The "Patient menu selection process" is one of the first steps in providing an opportunity for adequate consumption of food and fluids. It is one of many processes that work together to ensure the right food and fluids are provided to the right person at the right time, whilst offering choice. This is a critical and complex part of patient care.

The Patient menu selection process is comprised of a number of steps with associated tasks that require a range of specific skills and knowledge. The steps and tasks can be conducted in a range of settings and in some facilities they are conducted by different staff using a variety of methods. However, a key set of principles apply and a recognised process and governance structure is required to ensure the goals of patient choice and safety are achieved.

With appropriate systems and governance in place, there is potential for the patient menu selection process to result in positive outcomes for patients and organisations.

- Patient-related outcomes can range from patient/family satisfaction to increased oral intake and harm prevention.
- Organisational outcomes can include decreased cost of stay, ability to meet key performance indicators, decreased labour requirements, and improved consumer confidence and satisfaction.

The key elements of a safe patient menu selection process are:

ChOICES:

Choice *– the opportunity to select from a menu*
Observation and Opportunities *- nutrition surveillance*
Identification *– of the patient and 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*

2. Key definitions

The following terms and definitions are used within this document:

Menu

The term menu is used to describe the list of foods offered at a meal. This is not limited to a printed menu but can also include spoken menu systems, lists of extra foods available (printed or within computerized systems), menu boards for bulk services, etc.

Patient menu selection

Patient menu selection is the process where a person in hospital is given the opportunity to select the foods 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.

Patient menu selection is one element of the patient nutrition care journey (see Section 3: Purpose and potential use) and is an ideal opportunity to undertake nutrition surveillance.

Nutrition surveillance

Nutrition surveillance is the ongoing assessment of barriers to nutrition intake in order to initiate corrective measures. It can include intake audits, checking food tolerance and determining food preferences. The Patient menu selection process provides an opportunity for nutrition surveillance; however there are a number of other opportunities within the patient nutrition care journey.

Nutrition care plan

A nutrition care plan explains the actions required to optimize a person's nutrition status in hospital. Each patient should have an overall nutrition care plan that contains the diet order and may include social measures to ensure provision of meals, help with feeding, and food and fluid intake records (NSW Health Nutrition Care Policy directive (PD2011_78). This could be developed by clinicians such as doctors, nurses, or speech pathologists.

A specific nutrition care plan developed by a clinical dietitian should contain all of the above (where required), in addition to clearly identified goals of treatment, any dietary modifications required, dietetic advice/education and oral nutrition supplements and/or artificial nutrition support.

Clinical decision making

Clinical decisions are those that will have a direct impact on the clinical condition of the patient.

Clinical supervision

Clinical supervision is the formal process of professional support and learning which enables the individual to develop the knowledge and skills required to enhance the quality and safety of client care (NSW Health Allied Health Assistant Framework, 2013). Clinical supervision may be direct, indirect and/or remote. It can be provided by senior clinicians, line managers, service managers, team leaders and external supervisors. Deciding who provides clinical supervision depends on the context, including the clinical setting, award requirements and the availability and skill mix of staff (Health Education and Training Institute Superguide 2012).

Therapeutic diets

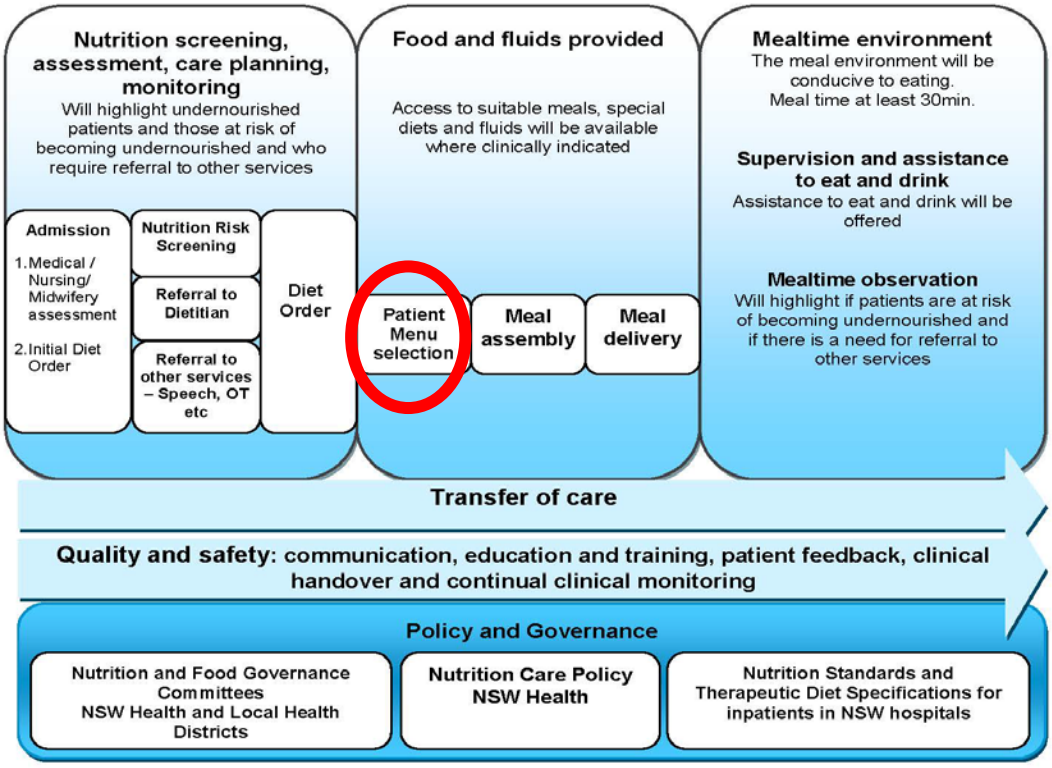
A therapeutic diet is one designed to treat a specific condition or nutrition-related issue as part of patient care. Examples include – low potassium, high protein and gluten free.

3. Purpose and potential use

The purpose of this document is to provide decision-makers with further detail and clarity on the tasks, skills and governance required for the process of patient menu selection - one element of the Patient Nutrition Care Journey.

The *Patient Nutrition Care Journey* outlines the key processes and tasks required to ensure patients receive appropriate food, fluids and nutritional care throughout their admission to a NSW Health facility. It is underpinned by the NSW Health NSW Health Nutrition Care Policy directive (PD2011_78) and aims to support implementation of the policy within Local Health Districts (LHDs) and Specialty Networks (SNs).

Figure 1: The Patient Nutrition Care Journey



Although the patient menu selection process is addressed within the *Patient Nutrition Care Journey,* due to the importance and complexity of this task within the overall journey it was identified that a more detailed description of the process would be useful.

The document is intended to be used as a guide and can be applied across a variety of settings within NSW Health. It should be used in conjunction with the *ACI Patient Nutrition Care Journey* resources.

This document provides a framework to assist health services when reviewing their current patient menu selection processes*. It will help identify potential opportunities for improvement. Undertaking a review would support facilities in meeting accreditation standards such as:

- National Safety and Quality Health Service Standards
- EQuIP National (Standard 12) and EQuIP5 (Criterion 1.5.7)
- Australian Residential Aged Care Standards (for NSW Health Residential Aged Care Facilities)

This document also provides a guide for analyzing nutrition care incidents related to patient menu selection.

*Note - *Separate resources have been developed to support the review process – see Appendix 2 and 3.*

4. Principles and approach

The following principles have guided the development of this document:

- Providing the opportunity for patients to choose the foods they would like to eat is part of patient care.

- All patients should have the opportunity to select from a menu.
    - Patients who are acutely unwell, have cognitive/vision/hearing impairment, and those from Culturally and Linguistically Diverse (CALD) backgrounds may require additional support.
    - This should also apply in "choice at point of service" systems (e.g. dining room settings, "bistro" style services and bulk trolley services)
    - There are some limited exceptions where choice is not appropriate:
        - For menus where there are therapeutically no alternatives e.g. clear fluids, free fluids diets (unless the facility offers a menu for these diets)
        - Specific patient populations where offering a menu is contrary to the clinical management plan (e.g. eating disorders)
        - For patients who are expected to have an extremely short hospital stay e.g. in the Emergency Department
        - For patients who are Nil By Mouth (NBM).

- The patient meal system should be designed to minimise the time between menu selection and meal delivery as evidence has shown this can improve patient oral intake. (Mahoney et al. 2009)

- Due consideration should be given to supporting quality of life decisions by patients and carers (including informed decision making and clinical documentation).

- At the time of making menu selections, other aspects of patient nutrition care can arise and be effectively addressed e.g. identifying patient factors that limit oral intake, nutrition surveillance and patient satisfaction. Analysis of the patient menu process should therefore also acknowledge these opportunities to optimise patient nutrition care.

- Guiding the patient/carer to choose according to their therapeutic diet and/or the dietitian's nutrition care plan from the menu is a task completed by appropriately trained clinical staff under the guidance of a clinical dietitian.

- In keeping with quality and safety processes, whenever a task requires clinical decision making, appropriate clinical training, qualifications and clinical supervision are required.

- In keeping with providing safe patient care, the NSW Health Risk Matrix from the NSW Health Risk Management Enterprise Wide Policy and Framework was utilised.
    - Risks associated with this process at each facility/Local Health District/Network are highly dependent on the skill level of staff, supervision systems in place, local mitigation strategies, and the existing governance framework.
    - The risk is relative to different stages of the process e.g. increased dissatisfaction through to sentinel events including patient death.
    - For some risks, the potential outcome is related to the frequency of an event and for others a significant outcome is independent of frequency.

5. The Patient Menu Selection process

The process of patient menu selection is a key step in the execution of each patient's nutrition care plan and supports overall nutrition care. When appropriately executed, the process has the following benefits:

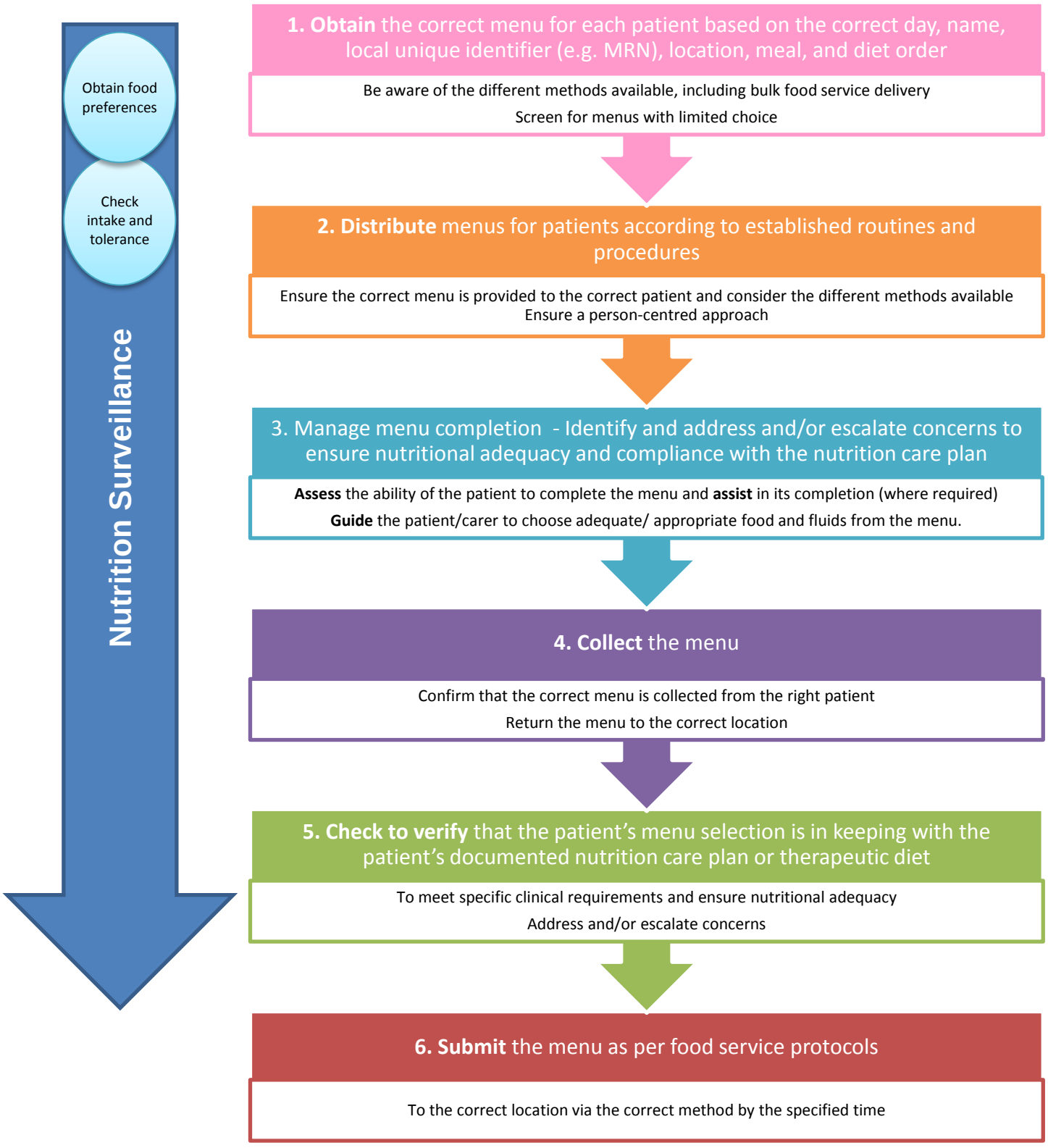
- it supports patient centred care and partnerships with consumers
- it provides multiple opportunities to identify nutrition issues and can be integrated with other activities such as nutrition screening and nutrition surveillance (such as conducting intake audits)
- it supports patient consumption – patients eat better if they have the opportunity to choose and know what they will receive.
- it increases the effectiveness of any specific nutrition care plan developed by a clinical dietitian.
- it provides an opportunity for scripted nutrition education and instruction (under a clinical supervision framework) which supports patient care and compliance with the nutrition care plan
- it provides the opportunity to explain the local food service arrangements to patients and families, helping to manage expectations and improve patient satisfaction.

Figure 2 (page 7) provides a high level summary of the stages and key tasks involved in the Patient Menu Selection process.

- *It assumes that the correct diet has been ordered for the patient (this is a separate stage of the Patient Nutrition Care Journey)*

Refer to Appendix 1 (page 13) for a more detailed view of the complex set of tasks.

Figure 2: The Patient Menu Selection Process



6. Skills and knowledge required by staff involved in the Patient Menu Selection process

In some cases, different staff may complete different stages of the Patient Menu Selection process. However, fundamental skills and associated knowledge is required (see the table below). The level of skill depends on the stage of the process and can range from basic communication and process skills to more complex cognitive and clinical-related knowledge, skills and abilities.

Qualifications such as the ones listed below provide the skills and knowledge required to perform all of the tasks:

- HLT31512 Certificate III in Nutrition and Dietetic Assistance
- HLT42512 Certificate IV in Allied Health Assistance (Nutrition and Dietetics)

Refer to Appendix 1 (page 13) for more details about the skills and knowledge required for each step.

Type	Specific skills / knowledge	Related diets : All or Therapeutic diets (TD)	General (G) or Clinical (C) skills/ knowledge	Relevant steps
Communication and process skills	• Literacy and numeracy • Effective verbal communication – staff and patients • Customer service • Ability to follow documented policies and procedures • Information processing – manual or IT literacy (and for specific system where required) • Time management and ability to meet deadlines. • Knowledge of organisational procedures and protocols specifically related to food and nutrition services (e.g. infection control, risk and incident management) • General problem solving skills	All All All All All All All All	G G G G G G G G	All steps
Knowledge - Food Services	• Knowledge of menu management systems (manual or IT) • Knowledge of the Food Service system and foods available • Awareness of the relevant Food Service operation (e.g. meals delivered on trays vs. dining room system; timeframes/ deadlines)	All All All	G G G	All steps
Patient care issues – identification and management skills	• Observational – patient's physical and cognitive ability • Ability to identify and address patient specific care issues e.g. limited ability to read English • Problem identification and solving skills, including escalation of the issue according to local protocols (for example referral to a dietitian)	All All All	G G G	2 Distribute 3 Menu completion (Assess, Assist and Guide) 5 Check to verify

Knowledge and skills - nutrition and therapeutic diets	• Cultural knowledge and sensitivity – food, social and religion	All	G	3 Menu completion (Assess, Assist and Guide) 5 Check to verify
	• General awareness of diet names and an understanding of the importance of therapeutic diets *(related to Step 1 "Obtain the menu")*	All	G	
	• Knowledge of general nutrition and ability to identify and address nutritional inadequacy (e.g. helping patients to choose an adequate range and amount of food)	All	C	
	• General knowledge of therapeutic diets (range available, characteristics).	TD	C	
	• Ability to identify and address meal selections that are inconsistent with the nutrition care plan as specified by the clinical dietitian	TD	C	
	• Ability to negotiate and make decisions regarding specific nutrition care issues under local policy framework (e.g. negotiating high energy snacks or negotiating agreed carbohydrate exchanges as per the dietitians nutrition care plan)	TD	C	
	• Ability to make decisions regarding specific nutrition care issues under local policy framework (e.g. finalising carbohydrate exchanges)	TD	C	
	• Knowing when and how to escalate concerns/issues to the clinical staff	TD	C	

7. Issues related to an unsafe Patient Menu Selection process

The following table 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.

Refer to Appendix 1 for a more detailed analysis relevant to each stage of the Patient Menu Selection process.

Risk Category	Risks/issues include	Potential outcome	Is the risk dependent of frequency of error?
Clinical care and patient safety	• Hospital acquired malnutrition or exacerbation of existing malnutrition • Allergic reaction (e.g. anaphylaxis) • Increased drug intervention • Increased LOS • Aspiration and choking • Exacerbate disease state • Electrolyte and fluid imbalance • Cardiac failure • Deteriorating patient • Impact on medical management.	Sentinel event, including patient injury or death	Patients - no
Workforce	• Poor access to appropriately qualified, skilled and competent staff • Unplanned service delivery interruptions e.g. cancelled / delayed procedures • Late or replacement meal orders.	Sentinel event, including patient injury or death. Additional labour for nursing, allied health and food services staff	Risk to the organisation could arise from frequent smaller issues or from single significant event e.g. patient death
Financial and Legal	• Inefficient use of assets and resources e.g. increased clinical intervention, greater antibiotic use • Increased LOS – impact on ABF • Cancelled or delayed procedures and impact on surgical waiting lists • Increased food service costs – extra meals / resources • Increased use of artificial nutrition.	Increased cost to stay and a requirement for investigation of sentinel events Financial loss as under ABF malnutrition does not always receive additional funding depending on other co-morbidities or complications.	For the organisation – yes
Leadership & Management, Community Expectations	• Patient/family dissatisfaction • Increased patient/family complaints • Adverse publicity • Lack of appropriate and effective clinical supervision • No process for the delegation and review of clinical tasks at system level	Failure to meet KPIs (e.g. accreditation standards) and for sustained adverse publicity and loss of consumer confidence. Sentinel event, including patient injury or death.	Risk to the organisation could arise from frequent smaller issues or from single significant event e.g. patient death

8. Strategies for safe Patient Menu Selection

To ensure a safe Patient Menu Selection process each facility should have appropriate strategies and a governance framework in place. Strategies should include, but may not be limited to:

Human Resources

- Staff should be assigned to each stage of the process that
  - ❒ Have the appropriate entry level qualifications and training and education / Have requisite skills and knowledge to carry out the task
  - ❒ Have the tasks included in their duty statement
  - ❒ Are supervised to ensure the tasks are completed correctly, which may require clinical supervision to ensure safe and appropriate care (including working within scope of practice).
  - ❒ Are allocated adequate time to complete tasks within work routines to enable patient observation and provide assistance.

Local systems and processes

- Systems should be in place to
  - ❒ Identify each patient and any special dietary requirements.
    - Systems may be manual (e.g. communication with ward staff), electronic (e.g. IT based menu management system) or a combination of both
    - Use of appropriate unique patient identifiers as per the national standards
  - ❒ Communicate changes in patient status, diet orders, transfers, new admissions or discharges to relevant stakeholders including staff distributing menus
    - e.g. regular communication with ward staff, links between relevant patient IT systems
  - ❒ Help identify patients to facilitate correct menu delivery
    - e.g. nursing assistance in dining room, patient name above bed or other ward identifiers
  - ❒ Identify and resolve inappropriate or inadequate menu selections
    - e.g. review of IT based menu management system changes and/or manual menu correction by appropriately qualified clinical staff
  - ❒ Provide appropriate and safe food and fluids when menus are missing
    - e.g. IT based menu management system and/or manual emergency menu guidelines
  - ❒ Allow staff to offer solutions to identified needs. For example systems to identify patients who require access with opening food packaging or who require assistance with feeding; translated resources where appropriate.
- There should be a timely escalation process for problems that cannot be resolved despite all of the above
  - o e.g. access to a clinical dietitian for decision and/or direction.

Policies and procedures

- There should be documented local policies and procedures for each step in the process
  - ❒ Obtaining the correct menu or the appropriate food items (for bulk service)
  - ❒ Distributing the correct menu to the correct patient
  - ❒ Ensuring the ability of the patient to complete the menu is assessed and assistance is provided where required
  - ❒ Ensuring nutritional adequacy and compliance with therapeutic diets within scope of practice
    - e.g. permission by a clinical dietitian for the staff member to discontinue oral supplements or negotiate the carbohydrate foods per meal or per day
  - ❒ Collecting and returning the correct menu
  - ❒ Submitting the correct menu.

9. References and suggested resources

- ACI Patient Nutrition Care Journey resources [accessed 23 September 2013]
- Australian Council on HealthCare Standards - EQuIP National and EQuIP5
- Australian Residential Aged Care Accreditation Standards http://www.accreditation.org.au/
- Consensus Statement of NSW Health Nutrition and Dietetics Advisors Group on the Roles and Tasks Undertaken by Dietitian Assistants (May 2010).
- Dietitians Association of Australia (2007). Scope of practice - Support staff in nutrition & dietetic services. Canberra, Australia. [www.daa.asn.au accessed 16 April 2014]
- HLT31512 Certificate III in Nutrition and Dietetic Assistance [accessed 23 September 2013)
- HLT42512 Certificate IV in Allied Health Assistance (Nutrition and Dietetics) [accessed 23 September 2013]
- Mahoney, S., Zulli, A., and Walton, K. (2009). Patient satisfaction and energy intakes are enhanced by point of service meal provision. Nutrition and Dietetics, 66:212-220.
- NSW Health Allied Health Assistant Framework (GL2013_005) [accessed 11 October 2013]
- NSW Health Nutrition Care Policy [accessed 23 September 2013]
- NSW Health Risk Management Enterprise Wide Policy and Framework [accessed 23 September 2013]
- The National Safety and Quality Health Service Standards, September 2012 [accessed 23 September 2013]
- The Superguide - a handbook for supervising Allied Health professionals (Health Education and Training Institute, 2012) [accessed 12 November 2013]
- Williams, P., Walton, K. (2011) Plate waste in hospitals and strategies for change. e-SPEN, the European e-journal of clinical nutrition and metabolism, 6(6), 2011, e235-e241. doi: 10.1016/clnu.2010.12.007

Appendix 1: A detailed analysis of the Patient Menu Selection process

STEP	ASSOCIATED TASKS	SKILLS	RISKS and RISK RATING (if the step is not performed at all or if it is not performed correctly)	MITIGATION STRATEGIES	GOVERNANCE FRAMEWORK
Obtain the correct menu for each patient - based on the correct day, name, local unique identifier (e.g. MRN), location, meal, diet order *NOTE: these tasks and skills are required for all diets unless otherwise stated*	**GENERAL TASKS for All Diets** Methods include - Automatic printing from meal and diet system - Automatic download into bedside menu selection device - Manual (paper) system • Refer to the current patient diet order list • Choose the appropriate paper menu for each patient - Bulk food service (where patient makes their selection at the time of meal service, for example from a trolley or cafeteria style meal service etc.) • Obtain the current patient diet order list • Refer to the list of food items available at that meal • ensure the food items are available on the trolley • ensure there are food items that are clinically suitable – this must be supported by therapeutic diet protocols • if there are no clinically suitable food items on the trolley, initiate an appropriate alternative, such as menus and/or plated meals. **CLINICAL TASK for Therapeutic Diets:** Screen for menus that have limited	**GENERAL SKILLS for All Diets** - Literacy and numeracy - Ability to follow documented policies and procedures - Communication - Information processing – manual or IT literacy (and for specific system where required) - General awareness of diet names and understanding of the importance of therapeutic diets - Problem identification and solving skills, including escalation of the issue according to local protocols - Knowledge of the FS system and foods available	**Risk** *Patient is offered incorrect food/menu.* **Risk Analysis / Risk Rating** **Clinical care & patient safety** - will depend on need of individual patient. E.g. allergic reaction, increased drug intervention, increased LOS, aspiration and choking, exacerbation of disease state. Potential for sentinel event, including patient death. Risk to individual is not dependent of frequency of error: **Major, Moderate or Minor** **Financial and legal** – potential inefficient use of assets and resources (e.g. increased clinical intervention, greater antibiotic use, increased LOS – impact on ABF, increased cost to stay and a requirement for investigation of sentinel events, cancelled or delayed procedures and impact on surgical waiting lists). Risk to organisation is dependent on frequency of error: **Moderate or Minor** **Workforce** – minor unplanned service delivery (cancelled / delayed procedure). Risk to organisation is dependent on frequency of error: **Moderate or Minor** **Leadership & management, community expectations –** potential failure to meet KPIs, potential negative	- Staff performing these duties have requisite skills and knowledge to carry out the task - Systems are in place to identify each patient and any special dietary requirements. Systems may be manual (e.g. communication with ward staff), electronic (e.g. IT based menu management system) or a combination of both - Systems are in place to communicate changes in patient diet orders, transfers, new admissions or discharges to relevant stakeholders (e.g. regular communication with ward staff, links between relevant patient IT systems) *NOTE: For bulk delivery, therapeutic diets (texture modified/allergen) may need to be accommodated through a different system to mitigate risk effectively*	- There are documented local policies and procedures for obtaining the correct menu or the appropriate food items (for bulk service) - Staff are allocated to the step of obtaining the correct menu, and it is included in their duty statement - There is a supervision framework in place to ensure the step is completed correctly - A system is in place to ensure staff performing this step have the appropriate entry level qualifications and training and education - There is a timely escalation process for problems that cannot be resolved despite all of the above (e.g. referral to a dietitian)

STEP	ASSOCIATED TASKS	SKILLS	RISKS and RISK RATING (if the step is not performed at all or if it is not performed correctly)	MITIGATION STRATEGIES	GOVERNANCE FRAMEWORK
	choice due to multiple diet type combinations - Refer to local protocols from the Nutrition and Dietetics service		publicity and loss of consumer confidence. Risk to organisation could arise from frequent smaller issues or from single significant event e.g. patient death: **Moderate**		
Distribute *menus/meal order systems* for patients according to established routines and procedures *NOTE: these tasks and skills are required for all diets*	- Confirm that the correct menu is distributed to the right patient - Ensure a customer focus • Provide an introduction (name, role), reasons for being there, time required, and additional information. • Include any appropriate instructions to the patient/carer about the process/context	- Literacy and numeracy - Ability to follow documented policies and procedures - Effective verbal communication – staff and patients - Customer service - Problem identification and solving skills, including escalation of the issue according to local protocols - Awareness of the relevant Food Service operation (e.g. tray vs. dining room system; timeframes/ deadlines)	**<u>Risk</u>** *Patient may not get a menu – no choice of food, or may not receive any food* *Patient is offered incorrect food* **<u>Risk Analysis / Risk Rating</u>** **Clinical care & patient safety** – will depend on need of individual patient. E.g. allergic reaction, increased drug intervention, increased LOS, aspiration and choking, exacerbation of disease state. Potential for sentinel event, including patient death. Risk to individual is not dependent of frequency of error: **Major, Moderate or Minor** **Financial and legal** – potential inefficient use of assets and resources (e.g. increased clinical intervention, greater antibiotic use, increased LOS – impact on ABF, increased cost to stay and a requirement for investigation of sentinel events, cancelled or delayed procedures and impact on surgical waiting lists). Risk to organisation is dependent on frequency of error: **Moderate or Minor** **Workforce** – minor unplanned service delivery (cancelled / delayed procedure). Risk to organisation dependent on frequency of error:	- Staff performing these duties have requisite skills and knowledge to carry out the task - Systems are in place to help identify patients to facilitate correct menu delivery (e.g. nursing assistance in dining room, patient name above bed or other ward identifiers) - Systems are in place to communicate late changes in patient status, transfers, new admissions or discharges to staff distributing menus	- There are documented local policies and procedures for distributing the correct menu - Staff are allocated to the step of distributing the correct menu, and it is included in their duty statement - A system is in place to ensure staff performing this step have the appropriate training and supervision. - Appropriate unique patient identifiers are used as per the national standards - There is a timely escalation process for problems that cannot be resolved despite all of the above (e.g. referral to a dietitian)

STEP	ASSOCIATED TASKS	SKILLS	RISKS and RISK RATING (if the step is not performed at all or if it is not performed correctly)	MITIGATION STRATEGIES	GOVERNANCE FRAMEWORK
			Moderate or Minor **Leadership & management, community expectations** – potential patient dissatisfaction, increasing patient complaints, potential failure to meet KPIs, potential negative publicity and loss of consumer confidence. Risk to organisation could arise from frequent smaller issues or from single significant event e.g. patient death: **Moderate**		
Assess the ability of the patient to complete the menu and **assist** in its completion (where required) *NOTE: these tasks and skills are required for all diets*	Consider vision, hearing, dexterity, people from CALD backgrounds, comprehension, cognition, physical positioning, literacy, age of the patient (i.e. paediatric patients) If the patient is unable to complete the menu, initiate appropriate alternatives such as - Provide assistance - Leave copies for family members / carers - Provide translated information - If the patient is unavailable (due to tests, treatment etc.), initiate appropriate alternatives such as • Leave copies for the patient or with family members/carers • Arrange alternative collection time • Obtain food preferences Include any appropriate instructions Participate in the Identification of patients who may need assistance accessing food and fluids and notify the	- Literacy and numeracy - Effective verbal and written communication – staff and patients - Customer service - Problem identification and solving skills, including escalation of the issue according to local protocols - Knowledge of the FS system and foods available - Cultural knowledge and sensitivity – food, social and religion - Observational – patient's physical and cognitive ability - Ability to identify and address patient specific care issues e.g. limited ability to read English - Knowledge of menu management systems (manual or IT) - Ability to pick up cues regarding patient's current capacity to participate in	**<u>Risk</u>** *Patient may not be able to choose – no choice of food, or may not receive any food with potential for poor intake, compromising nutritional status.* *Inadequate surveillance – factors that may impact on nutrition care are missed (e.g. recognizing patient needs – assistance to eat requirements, etc.)* *Patient may receive inappropriate food – potential for or culturally inappropriate foods or failure to acknowledge significant food preferences that could result in patient refusing to eat.* **<u>Risk Analysis / Risk Rating</u>** **Clinical care & patient safety** – hospital patients already at high risk of malnutrition. Poor menu selection system increases risk of increased LOS, deteriorating patient (i.e. hospital acquired malnutrition): **Major to moderate.**	- Staff performing these duties have the requisite skills and knowledge to carry out the task - Adequate time is allocated to this step within work routines to enable patient observation and provide assistance. - Systems are in place to allow staff to offer solutions to identified needs. E.g. systems to: identify patients who require access with opening food packaging or who require assistance with feeding; translated resources where appropriate, etc.	- There are documented local policies and procedures that ensure the ability of the patient to complete the menu is assessed and assistance is provided where required - Staff are allocated to this step and it is included in their duty statement - There is a supervision framework in place to ensure the step is completed correctly - A system is in place to ensure staff performing this step have the appropriate training and supervision. - There is a timely escalation process for problems that cannot be resolved despite all of the above (e.g. referral to a dietitian)

STEP	ASSOCIATED TASKS	SKILLS	RISKS and RISK RATING (if the step is not performed at all or if it is not performed correctly)	MITIGATION STRATEGIES	GOVERNANCE FRAMEWORK
	appropriate clinician as per local protocols (open packaging, ability to feed self, cognition, physical positioning, dentition) Record any patient-specific arrangements, for example - weeks supply of menus to be collected - patient needs assistance completing the menu.	menu selection in and in meal consumption - elaborate on addressing patient specific care issues - meal assistance, special cutlery/equipment, cut up diet	**Financial and legal** – potential inefficient use of assets and resources (e.g. increased clinical intervention, greater antibiotic use, increased LOS – impact on ABF as hospital malnutrition does not always receive additional funding depending on other co-morbidities or complications, Increased cost to stay and a requirement for investigation of sentinel events increased food service costs – extra meals / resources, increased use of artificial nutrition): **Major to Moderate** **Workforce** – minor unplanned service delivery (e.g. late meal orders – additional labour for nursing and food services). Risk to organisation dependent on frequency of error: **Moderate to Minor** **Leadership & management, community expectations –** potential patient dissatisfaction, increasing patient or family complaints, potential failure to meet KPIs, potential negative publicity and loss of consumer confidence. Risk to organisation could arise from frequent smaller issues: **Moderate to Minor**		
Guide the patient/carer to choose adequate/ appropriate food and fluids from the	**GENERAL TASKS for All diets** - Review completed menus to meet food service specifications (e.g. over ordering, for optimal retherming, food safety etc.). If inappropriate • Guide, encourage and negotiate with the patient/carer to choose	**GENERAL SKILLS for All diets** - Literacy and numeracy - Effective verbal and written communication – staff and patients - Customer service - Knowledge of the FS system	**Risk** *Patient may make inappropriate or inadequate choices – potential for poor intake, nutritional inadequacy of meals selected, unintended non-compliance with new therapeutic diet (e.g. low potassium diet ordered by physician)*	- Staff performing these duties have the requisite skills and knowledge to carry out the task - Adequate time is allocated to this step within work routines to enable patient	- A system is in place to ensure staff performing this step have the appropriate entry level qualifications and training and education - A framework for clinical

STEP	ASSOCIATED TASKS	SKILLS	RISKS and RISK RATING (if the step is not performed at all or if it is not performed correctly)	MITIGATION STRATEGIES	GOVERNANCE FRAMEWORK
menu. *The purpose of this step is to promote nutritional adequacy.*	foods that will meet the specifications	and foods available - Knowledge of menu management systems (manual or IT) - Cultural knowledge and sensitivity – food, social and religion - Observational – patient's physical and cognitive ability - Ability to identify and address patient specific care issues e.g. limited ability to read English	*Patient may have insufficient information to make appropriate choices for an existing and familiar dietary requirement e.g. allergy, religious practice NB: this risk will be linked to the type of menu system used at the particular facility. Some systems will only offer foods compliant with an identified special diet.* - *This could lead to the delivery of inappropriate and/or incorrect food for the patient - electrolyte imbalance, malnutrition, allergic reaction including anaphylaxis and potential for culturally inappropriate foods* *The goals of the patient's nutrition care plan may not be met if appropriate guidance, encouragement and negotiation are not available.* *The service is not responsive to patient/carer input and needs.* *Inadequate surveillance – factors that may impact on nutrition care are missed (recognizing patient needs – assistance to eat requirements, poor appetite, dentition issues, sore mouth, fatigue, etc.)* **Risk Analysis / Risk Rating** **Clinical care & patient safety** – hospital patients already at high risk of malnutrition. Inadequate menu selection increases risk of increased LOS, deteriorating patient (i.e. hospital acquired malnutrition), impact on	observation and provide assistance. - Systems are in place to allow staff to offer solutions to identified needs. E.g. foods suitable for routine special diets, meal service with choices appropriate to suit local patient demographics	supervision is in place to ensure safe and appropriate care (including working within scope of practice). - Staff are allocated to this step and it is included in their duty statement - There are documented local policies and procedures that ensure nutritional adequacy and compliance with therapeutic diets (e.g. permission to discontinue oral supplement, negotiation of CHO) - There is a timely escalation process for problems that cannot be resolved despite all of the above (e.g. referral to a dietitian)
	CLINICAL TASKS for all diets - Review completed menus for nutritional adequacy. If inadequate • Guide, encourage and negotiate with the patient/carer to improve nutritional adequacy • Record and act on individual patient food preferences • Determine need to escalate to clinicians for further nutrition intervention	**CLINICAL SKILLS for All Diets** - Knowledge of general nutrition and ability to identify and address nutritional inadequacy (e.g. helping patients to choose an adequate range and amount of food)			
	CLINICAL TASKS for Therapeutic diets - Respond to patient/carer queries and requests in relation to the patient's therapeutic menu selections and review completed menus for compliance with the patient's nutrition care plan as specified by the clinical dietitian (range of foods, proportion). If inadequate, inappropriate or excessive • Guide, encourage and negotiate with the patient/carer to choose foods that will meet the	**CLINICAL SKILLS for Therapeutic Diets** - Knowledge of therapeutic diets. - Ability to identify and address meal selections that are inconsistent with the nutrition care plan as specified by the clinical dietitian - Ability to negotiate and make decisions regarding specific nutrition care issues			

STEP	ASSOCIATED TASKS	SKILLS	RISKS and RISK RATING (if the step is not performed at all or if it is not performed correctly)	MITIGATION STRATEGIES	GOVERNANCE FRAMEWORK
	requirements of the patient's nutrition care plan. • Action changes according to protocols. • Record actions. - Report to appropriate clinicians and refer any concerns (for example dietitians or speech pathologists).	under local policy framework (e.g. negotiating high energy snacks or negotiating agreed carbohydrate exchanges) - Knowing when and how to escalate concerns/issues to the clinical staff)	medical management. Inappropriate choices (non-compliance with new therapeutic diet or inadequate information to make selection for existing diet) has potential for sentinel event, including patient death. Risk to individual is not dependent of frequency of error: **Major to moderate** **Financial and legal** – potential inefficient use of assets and resources (e.g. increased clinical intervention, greater antibiotic use, increased LOS – impact on ABF, increased cost to stay and a requirement for investigation of sentinel events, increased food service costs – over ordering, potential increased use of artificial nutrition): **Major to Moderate** **Workforce** – minor unplanned service delivery (late/incorrect meal orders – additional labour for nursing, allied health and food services). Risk to organisation dependent on frequency of error: **Moderate to Minor** **Leadership & management**, community expectations – potential patient and family dissatisfaction, increasing patient or family complaints, potential failure to meet KPIs, potential negative publicity and loss of consumer confidence. Risk to organisation could arise from frequent smaller issues or from single significant event e.g. patient death: **Moderate**		

STEP	ASSOCIATED TASKS	SKILLS	RISKS and RISK RATING (if the step is not performed at all or if it is not performed correctly)	MITIGATION STRATEGIES	GOVERNANCE FRAMEWORK
Collect the menu *NOTE: these tasks and skills are required for all diets*	- Confirm that the correct menu is collected from the right patient - Return the menu to the correct location	- Literacy - Effective verbal communication – staff and patients - Customer service - Problem identification and solving skills	**Risk** *The Food Service system is not provided with the information to provide the patient with their selections and in some systems may result in unsafe and inappropriate food or fluids.* **Risk Analysis / Risk Rating** **Clinical care & patient safety** – Inappropriate food/fluids (non-compliance with therapeutic diet) has potential for sentinel event, including patient death. Risk to individual is not dependent of frequency of error: **Major to minor** **Financial and legal** – potential inefficient use of assets and resources (e.g. increased clinical intervention, greater antibiotic use, increased LOS – impact on ABF, Increased cost to stay and a requirement for investigation of sentinel events): **Major to Minor** **Workforce** – minor unplanned service delivery (late or replacement meal orders, additional labour for nursing, allied health and food services). Risk to organisation is dependent on frequency of error: **Moderate to Minor** **Leadership & management**, community expectations – potential patient and family dissatisfaction, increasing patient or family complaints, potential failure to meet KPIs, potential negative publicity and loss of consumer confidence. Risk to organisation could arise from frequent smaller issues or from single significant event e.g. patient death: **Moderate to Minor**	- Staff performing these duties have the requisite skills and knowledge to carry out the task - Adequate time is allocated to this step within work routines to enable patient observation and provide assistance.	- There are documented local policies and procedures for collecting and returning the correct menu - Staff are allocated to the step of collecting and returning the correct menu, and it is included in their duty statement - A system is in place to ensure staff performing this step have the appropriate training and supervision

STEP	ASSOCIATED TASKS	SKILLS	RISKS and RISK RATING (if the step is not performed at all or if it is not performed correctly)	MITIGATION STRATEGIES	GOVERNANCE FRAMEWORK
Check to verify that the patient's menu selection is in keeping with the patient's documented nutrition care plan or therapeutic diet		**GENERAL SKILLS for all Diets** - Literacy and numeracy - Effective verbal and written communication – staff and patients - Customer service - Knowledge of the FS system and foods available - Knowledge of menu management systems (manual or IT) - Cultural knowledge and sensitivity – food, social and religion	**Risk** *Patient's inappropriate or inadequate choices may not be identified – potential for poor intake, nutritional inadequacy of meals selected, unintended non-compliance with new therapeutic diet (e.g. low potassium diet ordered by physician)* *The goals of the patient's nutrition care plan may not be met if appropriate guidance, encouragement and negotiation is not available.* *Inadequate surveillance – factors that may impact on nutrition care are missed (recognizing patient needs – understanding of therapeutic diets)* - *This could lead to the delivery of inappropriate and/or incorrect food for the patient - inappropriate texture (full vs. minced), aspiration, electrolyte imbalance, malnutrition, anaphylaxis and potential for culturally inappropriate foods* **Risk Analysis / Risk Rating** **Clinical care & patient safety** – hospital patients already at high risk of malnutrition. Inadequate menu selection increases risk of increased LOS, deteriorating patient (i.e. hospital acquired malnutrition), impact on medical management. Excessive or inadequate choices (non-compliance with therapeutic diet) have potential for a sentinel event, including patient death (e.g. cardiac arrest or	- Staff performing these duties have the requisite skills and knowledge to carry out the task - Adequate time is allocated to this step within work routines to enable this task to be completed - Systems are in place to identify and resolve inappropriate or inadequate menu selections (e.g. IT based menu management system and/or manual menu correction by appropriately qualified clinical staff) **NOTE** Addressing inappropriate or inadequate menu selection may increase patient dissatisfaction (e.g. altering or removing excessive selections). Risk arising from dissatisfaction with sound clinical care: **Minimal**	- A system is in place to ensure staff performing this step have the appropriate entry level qualifications and training and education - A framework for clinical supervision is in place to ensure safe and appropriate care (including working within scope of practice). - Staff are allocated to this step and it is included in their duty statement - Adequate time is allocated to this step within work routines. - There are documented local policies and procedures that ensure nutritional adequacy and compliance with therapeutic diets (eg permission to discontinue oral supplement, confirming CHO exchanges) - There is a timely escalation process for problems that cannot be resolved despite all of the above (e.g. access to a clinical dietitian for decision and/or direction)
	CLINICAL TASKS for All Diets - Examples include nutritional adequacy	**CLINICAL SKILLS for ALL Diets** - Knowledge of general nutrition and ability to identify and address nutritional inadequacy (e.g. helping patients to choose an adequate range and amount of food)			
	CLINICAL TASKS for Therapeutic Diets - Examples include calculation of mmol of potassium for the day. **NOTE** Appropriate and effective guidance earlier in the patient menu selection process minimizes the risk and therefore the need for risk mitigation at this point (ie altering or removing excessive selections).	**CLINICAL SKILLS for Therapeutic Diets** - Knowledge of therapeutic diets. - Ability to identify and address meal selections that are inconsistent with the nutrition care plan as specified by the clinical dietitian - Ability to make decisions regarding specific nutrition care issues under local policy framework (e.g. finalising carbohydrate exchanges) - Knowing when and how to			

STEP	ASSOCIATED TASKS	SKILLS	RISKS and RISK RATING (if the step is not performed at all or if it is not performed correctly)	MITIGATION STRATEGIES	GOVERNANCE FRAMEWORK
		escalate concerns/issues to the clinical dietitian	hypoglycaemia). Risk to individual is not dependent of frequency of error: **Major to minor** **Financial and legal** – potential inefficient use of assets and resources (e.g. increased clinical intervention, greater antibiotic use, increased LOS and/or medication costs – impact on ABF, increased cost to stay and a requirement for investigation of sentinel events, increased food service costs – over ordering, potential increased use of artificial nutrition support): **Major to Moderate** **Workforce** – minor unplanned service delivery (late or replacement meal orders – additional labour for nursing, allied health and food services). Risk to organisation is dependent on frequency of error: **Moderate to Minor** **Leadership & management**, community expectations – potential patient and family dissatisfaction, increasing patient or family complaints, potential failure to meet KPIs, potential negative publicity and loss of consumer confidence. Risk to organisation could arise from frequent smaller issues or from single significant event e.g. patient death: **Moderate to minor**		

STEP	ASSOCIATED TASKS	SKILLS	RISKS and RISK RATING (if the step is not performed at all or if it is not performed correctly)	MITIGATION STRATEGIES	GOVERNANCE FRAMEWORK
Submit the menu as per food service protocols *NOTE: these tasks and skills are required for all diets*	- Obtain	- Literacy and numeracy - Knowledge of the FS system - Knowledge of menu management systems (manual or IT) - Effective verbal communication – staff - Problem identification and solving skills	**Risk** *The FS system is not provided with the information to provide the patient with their selections and in some systems may result in unsafe and inappropriate food or fluids.* **Risk Analysis / Risk Rating** **Clinical care & patient safety** – Inappropriate food/fluids (non-compliance with therapeutic diet) has potential for sentinel event, including patient death. Risk to individual is not dependent of frequency of error: **Major to minor** **Financial and legal** – potential inefficient use of assets and resources (e.g. increased clinical intervention, greater antibiotic use, increased LOS – impact on ABF, Increased cost to stay and a requirement for investigation of sentinel events): **Major to Minor** **Workforce** – minor unplanned service delivery (late or replacement meal orders, additional labour for nursing, allied health and food services). Risk to organisation is dependent on frequency of error: **Moderate to Minor** **Leadership & management**, community expectations – potential patient and family dissatisfaction, increasing patient or family complaints, potential failure to meet KPIs, potential negative publicity and loss of consumer confidence. Risk to organisation could arise from frequent smaller issues or from single significant event e.g. patient death: **Moderate to Minor**	- Staff performing these duties have the requisite skills and knowledge to carry out the task - Adequate time is allocated to this step within work routines to enable this task to be completed - Systems are in place to provide appropriate and safe food and fluids when menus are missing (e.g. IT based menu management system and/or manual emergency menu guidelines)	- There are documented local policies and procedures for submitting the correct menu - Staff are allocated to the step of submitting the correct menu, and it is included in their duty statement - A system is in place to ensure staff performing this step have the appropriate training and supervision

Appendix 2: Implementation checklist

- This tool is a simple checklist to help sites review their Patient Menu Selection process and identify any key areas for improvement.
- It is a summary of the key requirements for patient safety and satisfaction and should be used in conjunction with the Patient Menu Selection document.
- This tool is not meant to replace a detailed gap analysis within an organisational context.

	Key requirements	**Site Self-Rating 1 = IN PLACE 2 = IN PROGRESS 3 = NOT IN PLACE**	**Action List**
Patients	Patients can select food and fluids from a menu as close to the meal time as possible		
	Patients are assisted to select from the menu if required (see from page 14)		
	Patients are guided to choose adequately / appropriately from the menu (see from page 16)		
Staff	Staff have the relevant skills and knowledge to perform the required tasks (see page 8)		
	Roles and responsibilities are clearly defined		
	Staff are assigned to each stage of the patient menu selection process (see flowchart on page 7 and Appendix 1, page 13)		
	Staff have dedicated time to participate in nutrition surveillance		
	Staff have timely access to a Clinical Dietetic Service (which could be on site / remote)		
	There is an appropriate and relevant supervision program in place that aligns with the roles and functions of all staff and includes clinical and operational elements		
	Staff have access to relevant training and education		
Systems and processes	There is a system to record patients dietary needs and communicate diet orders		
	There are appropriate patient identification processes in place to ensure the right menu and meals are delivered to the right patient at the right time		
	There are systems that allow timely communication of dietary changes		
	There is a system to check the menu to ensure nutritional adequacy and dietary compliance		
	There is a system to provide safe food and fluids to patients in the absence of a patient selected menu		
	Defined escalation processes are in place		
	There is an ongoing evaluation process that includes consumers to ensure systems are working correctly		
Policies and procedures	There are documented policies and procedures for each stage of the process		

Appendix 3: Scenarios and proposed improvements

Scenario 1: Small rural multipurpose facility

Introduction

- 25 beds, 2 wings (acute mixed ward + long stay aged care)
- The Patient Menu Selection (PMS) role is not attached to any one person - each stage is conducted by different people each day.
- Verification
    - The person that collects the menu reviews the patients selections and encourages the patient to increase the number of choices or offers alternatives if required
    - If a patient on a therapeutic diet has a meal plan developed by the visiting dietitian the menu is cross checked by the person collecting the menu
- There is no on site dietitian. A dietitian from a larger facility visits once per week to provide a clinical dietetic service.
- The site uses paper menus and a manual menu management system
- There is a local nutrition and food committee.

Identified areas for improvement	Potential solutions
Unclear roles and responsibilities: there is no dedicated time in any Position Description to patient menu selection. This task is completed by a number of staff, as part of a larger role.	• Add PMS review as an agenda item to the local Nutrition and Food Governance Committee • Negotiate adequate PMS time within staff rosters (including weekends) and add to Position Description.
Out of date documentation for PMS process.	• Working group established to review and update documentation
Unclear escalation process and no documentation.	• The nurse in charge of the shift is identified as the first point of contact for the person allocated to complete menus.
No formal supervision for staff undertaking PMS role	• Identify PMS tasks and implement appropriate supervision program
No training for the staff collecting the menu/offering alternatives	• Training for staff is negotiated with the Dietitian from the larger hospital • Consider opportunities to train existing clinical staff in Certificate IV Allied Health Assistant (Nutrition and Dietetics)
Differences between weekends and weekday services	• Negotiate adequate PMS time within staff rosters (including weekends) and add to Position Description.

Scenario 2: Mental health inpatient facility

Introduction

- 3 Mental health units within a general hospital campus. Includes a longer stay rehabilitation ward, an adolescent unit and a ward that is part of inpatient food services, and receives food from the general hospital menu.
- Food to all wards and units is provided by the hospital kitchen.
- For 2 units the food is served by a Food Service Assistant (FSA) from a bulk trolley in each ward. In the rehabilitation ward consumers self-select food from a bain marie. This is overseen by a FSA who also works in the hospital kitchen. Consumers can also make their own salads and sandwiches from food provided by the hospital kitchen. In the adolescent unit nursing staff serve the food.

- The FSA is advised of therapeutic diets or other dietary needs verbally by nursing staff on the ward. Any 'special' diets e.g. allergies are catered for by the hospital kitchen and a meal on a tray is delivered.
- There is no access to a clinical dietetic service
- There are no published general menus or special diet menus. Consumers are generally free to select as they wish to from the foods available. Nursing staff may provide some guidance.
- The FSA is often asked about appropriate food choices for a person on a diabetic or other special diet. The FSA has attended local food service staff training.

Identified areas for improvement	Potential solutions
Some units do not have a published 'menu' as such to identify what food is on offer for that meal	• Ensure copy of menu template is available in all units, including information on how to access items for special diets • Develop daily/weekly menus and make these readily available to patients (information brochures, ward posters etc.) • (See also below re Diet Flip Chart)
Lack of documented policies and procedures regarding PMS process	• Working group established to develop relevant documentation • Local Food and Nutrition Committee to develop and communicate policies and procedures
Staff with different skills/knowledge serving food in different settings	• Establish training needs for each staff group and implement the appropriate education program
No guidance for patients when selecting meals (for nutritional adequacy)	• Develop simple messages for FSA and other service staff to encourage patients to select appropriate meals • Develop range of simple daily messages that can be published in or near dining area to encourage healthier eating E.g. along lines of 5&2 Fruit & Veg campaign • Information on healthy eating included in patient information booklets/manuals and a nutrition component is incorporated into the unit's 'Healthy Living Program'
No access to a clinical dietetic service	• Investigate access to clinical dietetics services from other sources on the campus via service level agreement. • Raise at local nutrition governance committee
Not a structured system for advising FSA or other service staff of diet orders and special dietary requirements	• Develop a form of communication between nursing staff and service staff to ensure appropriate identification of patients with special diet needs e.g. daily diet sheets, whiteboard in kitchenettes, etc. • Designate nominated nursing staff member to update diet communication format as required • Develop resource (e.g. Diet Flip Chart) to help FSA and other service staff regarding most appropriate menu selections for common diets that do not need to be catered on a tray from the hospital kitchen. E.g. soft, diabetic, low saturated fat diets • Provide training for staff on use of this resource • Implement the diet ordering system in use at the hospital on the campus and print daily reports of patient diet orders from this system for reference of the ward and food service staff.

Scenario 3: Large metropolitan hospital

Introduction

- St Elsewhere is a 450 bed, principal referral, teaching hospital located in the city.
- Patient menu selection is undertaken by Dietitian Assistants and managed by the Nutrition and Dietetics Service.
    - Three are rostered from 06.30hrs to 1500hrs daily and typically they see patients in the morning and complete the data entry of menu selections in the afternoon.
- Printed menus are distributed for the following day's lunch, dinner and breakfast for the day after.
- Patients are provided with assistance to complete menus, guidance re their therapeutic diets and any queries and complex cases can readily be referred to a clinical dietitian for assistance.
- It has been identified that each day, a significant number of patients miss out on making menu choices, arising from the timing of the daily Dietitian Assistants' round resulting in patients admitted after midday and patients away at procedures not being seen.
- St Elsewhere has a high number of patients from CALD background and some of these are unable to make menu selections because of limited spoken English.

Identified areas for improvement	Potential solutions
Significant numbers of patients currently miss out on making their own menu selections.	• Revise the Dietitian Assistants shifts, staggering their start time to allow for a late menu round to speak with patients/carers not available earlier in the day. • Consult with the facility's Diversity Coordinator to identify the most common CALD groups and develop translated resources re the menu e.g. translated checklists or pictorial resources to allow the patient to record their individual food requirements/preferences. • Develop/access set of resources for the Dietitian Assistants regarding food habits of most common CALD groups at St Elsewhere to help guide them to make culturally appropriate menu selections if a patient has limited ability to participate in the process and family or carers are not present.
Patients do not receive their meal selections until 1-2 days after admission	• Completing a late round of patient visiting (as above) will see this improve. • Review the food service schedule to reduce the time between menu selection and the service of those meals ideally allowing patients to select meals as close as possible to that meal time. (e.g. selecting today for breakfast in 2 days' time is too far ahead of time),