

KINGS PARK PSYCHIATRIC CENTER  
FOOD SERVICE POLICY & PROCEDURE MANUAL  
for  
CLINICAL AREAS

I. Introduction to the Manual

A. Purpose

The purpose of this manual is to serve as a guide for all Clinical personnel who deal with Food Service. All policies and procedures pertaining to clinical services are listed.

B. Distribution

This manual is distributed as follows:  
Executive Director  
Director for Administration  
Clinical Director for Inpatient Services  
Director for Quality Assurance  
Director for Community Services  
Business Officer  
Assistant Business Officer  
Director of Human Resources Management  
Chief of Nursing Services & Training  
Nursing Program Coordinator  
Education & Training  
Chiefs of Service  
Supervisors of Treatment Services  
Nurse Administrators  
Nursing Station - each ward  
Food Administrator  
Supervising Dietitians  
Dietitians  
Dietitian Trainees  
Dietitian Technicians  
Head Cooks  
Food Service Worker 3's  
Food Service Worker 2's (Supervision)

C. All standards, policies and procedures set forth in this manual meet federal, state, local and New York State Office of Mental Health standards, policies and procedures.

### II. Goals & Objectives of the Food Service Department

- A. To have a menu that provides a nourishing well-balanced diet for all patients.
  - 1. To plan menus using the Recommended Dietary Allowances as a guide.
  - 2. To plan menus consistent with the physiological, emotional and cultural needs of each patient.
  - 3. To plan menus for all diet types using the Food Plan and making revisions when necessary to reflect the needs of the patients.
  
- B. To select, obtain, store and prepare food using standard methods which will conserve nutritive value, retain color, form and texture.
  - 1. To use sanitary procedures in storage and preparation that will protect and/or free foods from certain harmful bacteria making it safe for human consumption.
  - 2. To use standard methods of preparation that will develop and enhance the flavor of foods for maximum palatability.
  - 3. To schedule food production according to approved procedures to assure that menu items are prepared to meet the meal hours.
  
- C. To serve meals in a congenial atmosphere, in appropriate quantities, at correct temperature in a form consistent with the needs of the patients.
  - 1. To serve three appetizing meals a day at regular times having no more than a ten hour span between breakfast and the evening meal and a fourteen hour span between dinner and breakfast.
  - 2. To have each patient receive complete tray according to prescribed diet using appropriate utensils and dishes.
  - 3. To have dining rooms attractively decorated and at proper temperature.

### III. Organization of the Food Service Department

The Food Service Department is headed by a Food Administrator who is responsible to the Director through the Assistant Business Officer, Business Officer and Deputy Director for Administration.

The Supervising Dietitians (Registered Dietitians) are under the supervision of the Food Administrator. They are responsible for carrying out the clinical and administrative functions of the department.

Dietitians and Dietitian Trainees are under their supervision.

One dietitian assigned to Buildings 21, 22, 7, Cafeteria, Day Treatment Center and Building 22 Kitchen. (Administrative responsibilities).

One dietitian assigned to Buildings 93, 15, I, 135, 137, 139 and Building 93 Kitchen. (Administrative responsibilities).

One dietitian assigned to Building 42 Dining Rooms and Kitchen. (Administrative responsibilities).

One dietitian assigned to Buildings 21, 22, 7, Day Treatment Center, Building 41 & 43. (Clinical responsibilities).

One dietitian assigned to Buildings 93, 15, 135, 136, 138, 142, 39 and II. (Clinical responsibilities).

Dietitians and/or Dietitian Trainees are assigned to the Food Office. Dietitian Trainees are also assigned to all areas to gain experience.

Dietitians with clinical responsibilities supervise the Dietitian Technicians.

Dietitians with administrative responsibilities supervise Food Service Worker 3's, Food Service Worker 2's (Dining Rooms) and Head Cooks.

The Food Service Worker 3's are responsible for the supervision of Food Service Worker 2's, Dining Room Attendants and Food Service Worker 1's. Food Service Worker 2's are "working supervisors" in the areas.

The Head Cooks are responsible for the supervision of the Cooks, Food Service Worker 2's (Food Preparation) and Food Service Worker 1's.

A Supervising Dietitian is responsible for the supervision of office personnel.

All job specifications and job descriptions are available in every Dietitian's, Dietitian Trainee's, Food Service Worker 3's and Head Cook's office and are in the Food Office.

Intradepartmental lines of authority are shown on the organization chart of the Food Service Department.

Intradepartmental lines of communication are carried through the same as the organization chart. Weekly meetings are held by the Food Administrator with the Supervising Dietitians, Dietitians and Dietitian Trainees to keep them informed and up to date on all aspects of food preparation and service, charting, rules and regulations. Dietitians in turn hold meetings with the employees under their supervision.

Monthly menu meetings are held with the Dietitians and Head Cooks to discuss menus, suggestions to improve recipes and any problems with the preparation or serving of items.

Monthly meetings are held with the Dietitians and Dietitian Technicians for Patient Care Monitoring reviews.

Interdepartmental lines of authority are shown on the total organization chart of Kings Park Psychiatric Center.

Clinical personnel communicate with the Food Service Department through dietitians, dietitian trainees and dietitian technicians attending unit and team meetings, individual conferences and the Food Service office by telephone.

Dietitians, dietitian trainees and dietitian technicians in turn relay information and problems to the Supervising Dietitian and Food Administrator through individual and group meetings.

Food Service personnel participate in the following hospital-wide committees:

1. Dietary Committee
2. Safety Committee and Subcommittee
3. Tissue and Infection Control Committee
4. Joint Administrative Executive/Interdisciplinary Committee
5. Department Head's Meeting

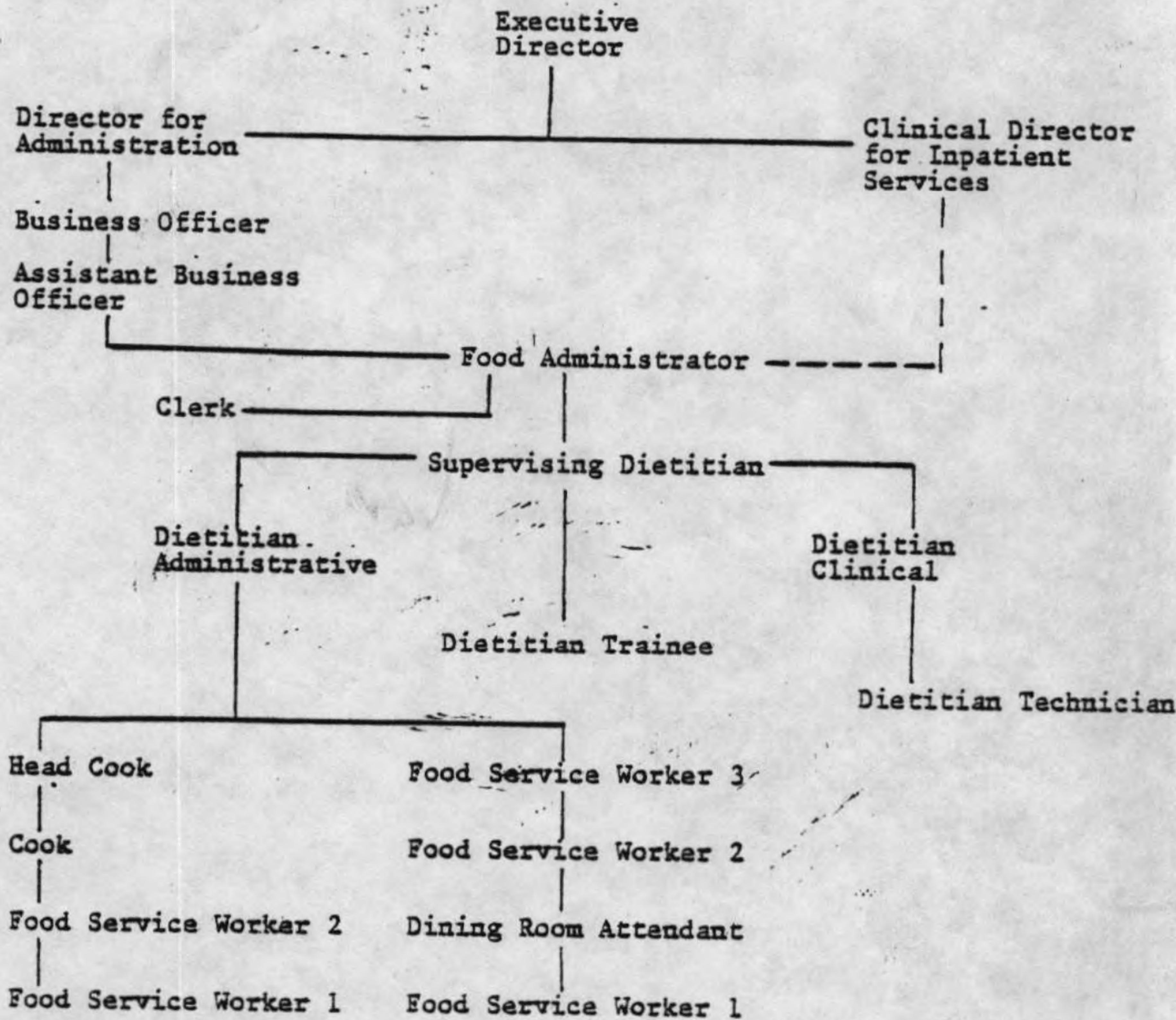
Relationship to New York State, Office of Mental Health, Bureau of Nutrition Services.

The Kings Park Psychiatric Center Food Service Department adheres to standards, policies and procedures established by the New York State Office of Mental Health, Bureau of Nutrition Services. The personnel of the Bureau of Nutrition Services are available for consultation.

## KINGS PARK PSYCHIATRIC CENTER

## Food Service Department

## ORGANIZATION CHART



#### IV. Policies And Procedures

##### A. Policy - Diets (General, Modified, Modified-Multi)

To provide patients with regular or modified diets prepared according to Nutrition Services policies using Office of Mental Health standard formulas and prepared under safe and sanitary conditions complying to New York State Sanitary Code.

The Reference Diet Manual of the Bureau of Nutrition Services which has been accepted and reviewed for use by the Deputy Director, Clinical is used for ordering diets. Nutritional deficiencies in any diet are noted. Modified diets not specified in the Diet Manual are also provided after the physician consults with a dietitian. Diets will be automatically cancelled at the end of each month unless reordered. Any deviation from standard existing diet must be approved by physician.

##### Procedure for Providing Modified-Multi Diets

1. The characteristics of each diet in a multi-diet influence the selection of foods which will be served.
2. Food items of the diet which have the most outstanding characteristic(s) are selected. Foods that are required in other diet(s) are substituted or modified where needed.
3. The substitution(s) may involve a certain food(s) item(s) in the meal or the modification could be in the amount and/or the preparation of food as in chopped or pureed consistency and the number of calories.

Example: Soft, 4 gm. sodium, 1800 calorie, diabetic diet would receive soft, 4 gm. sodium entree with 1800 calorie, diabetic dessert.

4. Instructions for service of modified-multi diets are posted in all serving areas.

##### Procedure for Ordering New Diets or Changing a Diet Order (Weekdays)

1. Physician orders diet on Form 89 Med. in patient's chart.
2. Clinical personnel fill out Form KP 206, Rev. (7/79) Diet Order. It is signed by physician and sent to dietitian in area.

##### Procedure for Ordering New Diets or Changing a Diet Order on Weekends & Holidays

On weekends and holidays, clinical personnel call the Food Office at extension 2571, 2572, or 2573

and inform the dietitian of any new diets. The completed KP 206 is sent to the dietitian in the area.

**B. Policy - Reordering Diets - Monthly**

To insure maintenance of patients' nutritional needs, all general and modified diets are reordered monthly by the physician. Diets will be automatically cancelled at the end of each month unless reordered.

**Procedure for Reordering Diets - Monthly**

1. Physician reorders diet on Form 89 Med. in patient's chart.
2. Clinical personnel fill out Form KP 230, Rev. 3/80, Monthly Diet Order in duplicate. It is signed by physician and sent to the dietitian in the area by the first of each month.

**C. Policy - Serving New or Changed Diets**

To serve patients new or changed diets as soon as possible upon receipt of Form KP 206 Rev. 3/80 Diet Order.

**Procedure**

New or changed diet orders will be served as follows:

1. Those orders received by 10:00 a.m. will be served at the lunch meal.
2. Those orders received from 10:00 a.m. until 3:00 p.m. will be served at the supper meal.
3. Those orders received after 3:00 p.m. will be served the following day.

Diet Manuals are located in the Chiefs' of Service and Physicians' offices and Nursing Stations - each ward for reference.

**D. Policy - Food Appropriate for Religious Needs**

To provide patients with food appropriate for their religious needs.

**Procedure for Ordering Kosher or Jewish Style Diets**

1. Physician orders Jewish style diet if patient wishes to observe pork-free diet and it is not medically contraindicated.
2. Kosher diet may be ordered for the patient after consultation with the Rabbi and approval of physician.
3. Refer to Procedure for Ordering New Diets or Changing a Diet Order.

### E. Policy - School Lunch Program

To provide a standard Type A School Lunch Menu for all patients who are 21 years of age or under.

#### Procedure for Implementing School Lunch Program

1. All patients 21 years of age or under are reported to the Food Office. An application for the school lunch program is completed and kept on file for seven years.
2. Clinical personnel complete form OMH 92 (8/78) listing all patients 21 years of age and under and check off the meals they eat. The completed Form 92 is sent to the Food Office, Macy Home at the end of each month.
3. The completed forms are forwarded to the Business Office along with the number of half pints of milk served. This information is sent to the Bureau of Patient Resources, Albany, N.Y.
4. Menus are planned to include additional types and quantities of foods to meet the requirements of the Type A School Lunch Program.
5. Additional types and quantities of food are designated on menu with the symbol "L". ("L" denotes diet type - School Lunch Program).
6. Patients 21 years of age or under receive one quart of milk daily.

F. Policy - Early or Late Meal Service

To provide an early or late meal to patients who attend sheltered workshops, are scheduled for laboratory tests or detained at clinic upon notification to food service personnel by clinical personnel.

Procedure for Early or Late Meal Service

1. Clinical personnel notify Food Service personnel of any early or late meals needed.
2. Food Service personnel will arrange to have meal available at correct time. Meal consists of full menu except at breakfast. Scrambled eggs or hot cereal are not served. Cold cereal is substituted.

Feeding Early Breakfast to Patients Attending Sheltered Workshops:

- a. Buildings 39, 135, 138 patients come to dining room at 6:30 a.m.
- b. Buildings 15, I and 43 patients come to dining room at 6:45 a.m.

Feeding Breakfast to Patients Receiving ECT:

- a. Clinical personnel notify Food Service personnel of the number of trays needed.
- b. Patients receiving ECT are served breakfast in Building 7 - 4th floor dining room.
- c. Meal consists of fruit juice, coffee, milk, cold cereal, toast, butter and jelly.

Feeding Late Admissions-Building 22 Male & Female:

- a. Foods available for late admissions include bread, butter, jelly, cold cereal and milk. Disposable dishes and flatware are also available.
- b. Each unit is responsible for picking up supplies each day in the dining room after the evening meal. Any unused food is to be returned to the dining room the following morning.

#### G. Policy - Trays to Leave Dining Room

To provide complete meals (following the menu) for patients unable to come to the dining room.

##### Procedure for Requesting Trays to Leave Dining Room

1. Form KP 204 Tray Served on Ward is completed and signed by the ward charge.
2. Form KP 204 is submitted to dining room personnel before the beginning of the meal.
3. Tray will be made according to patient's diet card, covered and given to clinical personnel.
4. Clinical personnel return used tray to dining room.

#### H. Policy - Snacks

To provide a snack for all patients according to their diet.

##### Procedure for Distribution of Snacks

1. Food Service Worker I's distribute snack items to clinical personnel.
2. Clinical personnel distribute snacks to all patients using the weekly snack menu.
3. Containers for regular and dietetic punchade are rinsed out by clinical personnel after use and returned the following morning to the dining room for cleaning and returned to the kitchen.
4. It is the responsibility of clinical personnel to return beverage containers to the dining room each morning.

#### I. Policy - Supplemental Feedings

To provide supplemental feedings in various forms for patients when necessary and where indicated to meet patients' dietary needs. Nourishments and tube feedings made with raw eggs are not allowed due to the possibility of salmonella infection.

##### Ward Procedure for Ordering Supplemental Feedings

1. Refer to Procedure for Ordering New Diets or Changing Diet Orders.

2. Clinical personnel fill out KP 206, Rev. 7/79 specifying amount needed and number of feedings.

Procedure for Implementing Supplemental Feedings

1. Food Service Worker 1's pick up supplemental feedings as required and distribute correct quantities to clinical service personnel.
2. Clinical service personnel are responsible for administering supplemental feedings to patients and recording this on Form 223 Med.
3. Supplemental feedings are not to be given before meals or with meals.
4. The following are suggested times for giving supplemental feedings:

9:30 a.m. - 10:00 a.m.  
2:30 p.m. - 3:00 p.m.  
6:30 pm. - 7:30 p.m.

J. Policy - Vehicles for Medication Administration

To provide appropriate vehicles for medication administration when indicated.

Procedure for Ordering Vehicles for Medication Administration

1. Appropriate vehicles for medication administration are ordered monthly on Form KP 148 Rev. 3/80 and signed by the physician.
2. Form KP 148 Rev. 3/80 is sent to dietitian's office.

K. Policy - Box Lunches for Schools/Sheltered Workshops

To provide box lunches for patients attending schools and sheltered workshops.

Procedure

1. A written memo requesting box lunches for patients attending schools or sheltered workshops must be submitted to the Food Office, Macy Home in triplicate.

2. Memo must include patient's name, diet, ward and name of workshop or school. The telephone number of the person making the request should also be noted.
3. Food Office must be notified by memo when box lunch is no longer needed.

L. Policy - Box Lunches for Field Trips

To provide box lunches for field trips.

Procedure

1. A written memo requesting box lunches for patients going on a field trip must be submitted in triplicate to the Food Office TWO WEEKS prior to the trip.
2. Memo must include number of patients attending, the ward and time of departure. The telephone number of the person making the request should also be noted.

M. Policy - Holiday & Special Meals

To provide patients with varied dining experiences, to develop their awareness and encourage socialization.

Appropriate placemats, napkins, menu posters and decorations are used to denote the occasion.

Procedure

1. Special, festive theme menus are planned monthly. The theme is carried out in table decorations and menu posters. These include menus typical of regions of the United States and other countries.

2. In areas where appropriate, weekly buffets are scheduled (excluding the summer months). Food is set up buffet style and patients serve themselves.

3. Special menus are planned for:

New Year's Day  
Valentine's Day  
St. Patrick's Day  
Independence Day  
Columbus Day  
Halloween  
Thanksgiving Day  
Christmas Day

Theme is carried out with appropriate table decorations, menu posters, placemats and napkins.

4. A Seder, Passover meals and a meal after Yom Kippur (sundown) are provided for patients of the Hebrew faith.

N. Policy - Summer Picnics & Barbecues

To provide foods appropriate for summer picnics and barbecues.

Procedure

1. A schedule of dates that foods are available for picnics and barbecues for the lunch meal during the summer months is distributed to all areas in the spring.
2. A written memo requesting available food must be submitted to the Food Office, Macy Home in triplicate at least FOUR WEEKS in advance.
3. Memo must include number of patients and the ward. The telephone number of the person making the request should also be noted.

O. Policy - Emergency or Disaster Feeding Plan

To provide appropriate food for patients under all conditions.

Procedure

1. The Kings Park Psychiatric Center Manual on

Emergency Operations Planning contains a section on adequate food service.

2. The Food Administrator is a member of the Emergency Operations Plan Committee.
3. Food is on hand to serve the written menus for seven days.
4. Emergency food supplies (canned goods) and disposable ware are on hand to serve for seven days.
5. Tentative menus for emergencies are on file in the Food Service office.

**P. Policy - Patient Census (Daily & Monthly)**

To maintain accurate patient census in all areas in order to insure that correct amounts and types of food are purchased, prepared and distributed to serving areas.

**Procedure for Patient Daily Census**

Patient Daily Census is submitted to dietitian on Form KP 19 (Rev. 3/80) listing transfers, admissions and census of each ward.

**Procedure for Cancelling Diets (Weekdays)**

Diet cancellation is submitted to dietitian on Form KP 205 Rev. 3/80 for home leave, discharge or death.

**Procedure for Cancelling Diets (Weekends & Holidays)**

On weekends and holidays, clinical personnel call the Food Office (ext. 2571, 2572, 2573) and inform the dietitian of any cancelled diets. The completed Form KP 205 is sent to the dietitian in the area.

**Q. Policy - Diet Cards**

Diet cards are used at each meal to insure that each patient receives the proper diet.

**Procedure for Using Diet Cards**

Refer to Nursing Services Procedures Manual, Sec. 33A & B.

Building 93, Building 41 & Ward 63 in Building 15  
Dining Rooms

1. Each patient has a diet card with his name, diet and ward number which is updated as necessary by the Dietitian Technician.
2. All diet cards are kept in file boxes at each counter.
3. At each meal the Food Service Worker I calls each patient's name and serves the correct diet according to the card. MHTA properly identifies the patient.
4. If the patient is unable to come to the counter, the completed tray is given to the MHTA to give to the patient.
5. The MHTA returns all diet cards to the Food Service Worker I who puts them in correct order for the next meal.

Building 21, 7 Dining Room

1. Each patient has a diet card with his name, diet and ward number which is updated as necessary by the Dietitian Technician.
2. All diet cards are kept in file boxes at each counter.
3. At each meal, the Food Service Worker I makes up the correct tray according to the diet card and gives tray to the MHTA who gives the tray to the patient.
4. The M.H.T.A. returns all diet cards to the Food Service Worker I who puts them in correct order for the next meal.

Kitchen O, Building I, Building 136, Building 15 (except Ward 63), Day Treatment Center, Building 135, Building 21, First Floor, Building 22, Building 43  
Dining Rooms

1. Each patient has a diet card with his name, diet and ward number which is updated as necessary by the Dietitian Technician.
2. All diet cards are kept in file boxes in the dining room and given to the MHTA before each meal to distribute to the patients.
3. Each patient gives his card to the Food Service

Worker 1 who makes up the correct tray.

4. Food Service Worker 1 puts all diet cards in correct order for the next meal in file box.

#### R. Policy - Food Preparation & Delivery

To have meals prepared at appropriate times in conveniently located kitchens for delivery to dining rooms and wards for serving at established hours.

##### Procedure

1. Building 22 Kitchen prepares food for Buildings 21, 22, 7 and Sagamore Children's Psychiatric Center. This is delivered to dining rooms in these buildings in insulated food conveyors and to Building 21 Cafeteria where individual insulated trays are made up for Building 21 patients who are unable to come to a dining room.

Sagamore Children's Psychiatric Center sends a truck to pick up the lunch meal and dinner meal (including breakfast supplies). This food is transported in insulated food conveyors.

2. Building 42 Kitchen prepares food for Buildings 41 and 43. This is delivered to dining rooms in insulated food conveyors.
3. Building 93 Kitchen prepares food for Buildings 93, I, 15, 135, 136, 138, 140, 142 and 39. This is delivered to dining rooms in insulated food conveyors in Building 93 and by truck in insulated food conveyors to Buildings I, 15, 135, 137 Dining Room (feeds Building 136), 139 Dining Room (feeds Buildings 138, 140 and 39) and individual insulated trays made up in Building 137 Dining Room and delivered to Building 142.

A schedule is posted - Building 93 Kitchen and Building I, 15, 137 and 139 Dining Rooms giving time of delivery and conveyor pick up.

#### S. Policy - Meal Hours

To serve three meals a day at regular times with not more than a fourteen hour span between supper and breakfast and not more than ten hours between breakfast and the evening meal.

Procedure - Meal Hours

Meals are served at:

Breakfast 7:00 a.m.

Lunch 12:00 noon - all areas except:

11:45 a.m. - Bldg. 15 Mon. to Fri.

11:30 a.m. - Kit. O, Bldg. 137 Mon-Fri

Dinner 5:00 p.m.

On Sundays and holidays the dinner meal is served at noon and the lunch meal is served at 5:00 p.m.

Day Treatment Center patients are fed their lunch meal Monday to Friday in Building 21, First Floor Dining Room.

Building 142 patients receive insulated trays delivered to the building each meal.

T. Policy - Serving Meals

To serve meals which are prepared with standardized recipes, in appropriate quantities, at the correct temperature and in a form consistent with the needs of the patients. Food is not used as a form of punishment or reward.

Procedure

1. Food is served promptly after delivery to serving area.
2. Food is portioned in the correct amount according to menu.
3. Portion control is maintained by the use of correct serving utensils.
4. Disposable gloves may be used to serve certain items, such as bread, cookies, sliced cheese.
5. Foods are not mixed together on plates or compartment trays.
6. When compartment trays are used, meat, potato and/or substitute are served in the large compartment.
7. All patients are allowed sufficient time to eat their meals.

U. Policy - Meal Service Dining Room & Ward Area

To provide an appropriate, attractive setting for patients at meal times.

Food Service personnel are responsible for serving all meals to the patients. Nursing Service personnel are responsible for accompanying patients to the dining room, assisting them to receive a full tray and if necessary, feeding them. (Refer to Nursing Service Procedure on Feeding Patients in Nursing Procedure Manual,

Procedure - Cafeteria Service

1. Patients are accompanied to dining room by nursing personnel.
2. Diet cards are used for all patients. Refer to Policy - Diet Cards.
3. Patients go through cafeteria line to receive a complete meal according to their diet card.
4. Where male and female patients are in the same building there may be co-ed dining.
5. Patients may sit where they choose at tables seating four.
6. When patients finish eating, they return their trays to a tray rack and leave the dining room.
7. If patient is unable to carry a tray to his table, nursing personnel brings the completed tray to the table and returns the used tray to the tray rack after the patient finishes eating.

Procedure - Ward Tray Service

1. All foods are assembled on individual trays on a centralized tray line - Building 21 Cafeteria.
2. Completed trays, with a napkin, silverware, condiments and a diet card are placed on a tray cart.
3. Food Service personnel deliver a cart to each ward.
4. Ward personnel deliver trays to individual patients according to the diet card. They are also responsible for assisting patients in opening individually wrapped foods or removing lids.
5. Ward personnel return soiled trays to the tray cart when patients have finished their meal and return diet card to file box on cart.
6. Food Service personnel pick up the tray cart and return soiled trays to the centralized dishwashing area in Building 21 Cafeteria.

## V. Policy - Serving Risk Patients

To serve patients who are identified by clinical personnel as being at risk because of their eating patterns, their appropriate diet.

### Procedure - Nursing Service

1. The Treatment Team will identify those patients:
  - a. Who are known "chokers".
  - b. Who have diminished or absent gag reflexes.
  - c. Who have repeated tendencies to grab food.
  - d. Who do not chew properly.
  - e. Who do not recognize the need to cut food into bite size pieces before eating.
  - f. Who have medical problems such as esophageal fistula, etc.
  - g. Who wear dentures which are ill-fitted or who have the tendency to not wear them.
2. The patient's personal physician will order the proper diet, e.g. soft, etc.
3. These high-risk patients will be grouped together in the dining room and under direct supervision by nursing staff be served their meal.
4. An appropriate number of nursing staff to affect both normal dining room supervision and direct supervision of this high-risk group will be maintained.
5. After this high-risk group has finished their meal, nursing staff will ensure that they are not removing any food either openly or concealed on their person.
6. Nursing staff will escort these patients as a group from the dining room.

Reviewed with Chief of Nursing Service and Training.

### Procedure - Food Service

1. List of patients at risk while eating is posted in each serving area.

2. Diet card has bright pink sticker, "Risk While Eating"

W. Policy - Feeding Patients in Isolation

To feed patients in isolation and prevent the spread of infection.

Procedure - Nursing - Infection Control Nurse (Or Central Supply)

1. Infection Control Nurse or Central Supply, (after 3:30 p.m., weekends or holidays, the Nurse Administrator) will notify Food Office by phone and follow with written verification that a patient has been placed in isolation and disposable dishes are required.
2. The Infection Control Nurse notifies the Food Office in writing that the patient is no longer in isolation.

Procedure - Food Service

1. Food Office notifies area dietitian (Adm.) of name and location of patient in isolation.
2. Disposable dishes, tray, flatware and paper diet card are used each meal while patient is in isolation.

X. Policy - Feeding Patients Participating In Personalized Care Model Program

To encourage patient socialization and participation in family style dining.

Procedure - Nursing Service

1. Ward personnel accompany selected patients to the dining room prior to the meal for setting up tables.
2. Ward personnel ensure that all patients have served themselves the proper amount of food according to the prescribed diet.

Procedure - Food Service

1. A full complement of silverware, napkins, dishware, glasses, cups and condiments are available before each meal for table setting.
2. A diet card is placed at each place setting to ensure that the patient receives the prescribed diet.
3. Food is portioned into serving dishes or platters for each table.
4. Beverage is put in proper container.
5. Tables are cleared and cleaned after patients leave the dining room.

V. Policy - Dishes, Trays & Flatware

To provide the appropriate dishes and flatware for all patients. All plastic trays, dishware, glassware and similar items that have lost their glaze, or are chipped or cracked are discarded.

ProcedureDishes & Trays:

1. Dishes are provided in all dining rooms.
2. Compartment trays are used for:
  - a. Patients unable to come to the dining room on a temporary basis.
  - b. Patients receiving a puree diet.
3. Insulated compartment trays are used for patients who are unable to come to the dining room on a long-term basis.

Flatware:

1. A full complement of flatware is available in all serving areas.
2. Patients on a puree diet and those patients who are fed by clinical staff receive a soup spoon and a teaspoon.

**Z. Policy - Patient's Smoking - Dining Rooms**

To allow smoking in dining rooms.

**Procedure for Patient's Smoking in Dining Rooms**

1. Patients are allowed smoking privileges in dining rooms.
2. Ash trays are provided for their use.

**A.1. Policy - Nutritional Assessment (In-Patient, Out-Patient, Day Treatment Center)**

To complete a nutritional assessment for each patient on a modified diet within eleven days of admission and on a general diet if ordered by a physician. These are completed by a date specified by the physician.

An assessment is completed when a patient on a regular diet is changed to a modified diet.

Assessments are updated if a diet is changed.

Re-assessments are completed as needed for patients on modified diets.

Summaries are completed annually for patients on modified diets.

**A.2. Policy - Dietary Participation - Team Meetings**

To provide dietary goals with objectives if necessary.

**Procedure**

1. Dietitian Technician as a member of the treatment team will, after completion of the Nutritonal Assessment develop dietary goals with objectives.
2. Dietary goals are discussed with other members of the treatment team.
3. When dietary goals are entered on treatment plan, a number is assigned to them.
4. When dietary goals are attained, the date is entered on treatment plan and result noted in the dietary progress notes.

#### A.3. Policy - Dietary Progress Notes

To provide documentation of patient's progress in reaching dietary goals.

##### Procedure for Completing Progress Notes

1. Progress notes are written within seven days for all newly admitted patients, (general and modified diets).
2. Dated progress notes are written weekly for eight weeks for newly admitted patients receiving a modified diet and monthly thereafter.
3. Dated progress notes are written every six months for patients on a general diet.
4. Progress notes are entered into patient's ward record on Form 152 Med. (MH) (8/81). Current status of patient in achieving dietary goals is noted.
5. Dietitian Technician enters his/her signature and professional title after each progress note.

#### A.4 Policy - Patient Care Monitoring

To ensure that problems related to the feeding or nutritional status of the patient are identified and resolved.

##### Procedure

1. Dietitian Technician selects patient with feeding or nutritional problem.
2. Assesses problem with Clinical Dietitian.
3. Recommendations are made for alternate treatment after consultation with Supervising Dietitian.
4. Case is reviewed three months hence. If problem has not been resolved, reviews are continued.

#### A.5. Policy - Discharge Dietary Counseling

To provide dietary discharge counseling to patients at the request of a physician.

Ward Procedure for Dietary Counseling

Clinical personnel fill out Form KP 221 to request a dietary counseling. It is signed by the physician and sent to the dietitian in the area.

Food Service Procedure for Dietary Counseling

1. Dietitian makes appointment to speak to patient.
2. Dietitian discusses patient's diet with patient and gives patient appropriate instruction sheet, Form FS 4-10, Rev. 1/84. All forms in Dietitian's office.
3. Discussion is recorded on FS 45 Rev. 1/84, (completed in duplicate). Original copy KP 45 is filed in patient's case record. Duplicate is kept on file in Dietitian's office.
4. Form FS 45 is filed with progress notes in patient's case record for in-patients and with discharge data for patients being released.

Food Service Procedure for Informal Dietary Counseling

Dietitian and Dietitian Technician discuss patient's diet with patient whenever deemed necessary.

A.6. Policy - Transfer of Dietary Information

To forward records when a patient is transferred or discharged.

Procedure for Transfer of Dietary Information

When a patient is transferred to another OMH facility, the patient's complete chart is transferred with him. This includes the dietary assessment, treatment plan, progress notes and record of dietary counseling.

When a patient is discharged to a non-OMH After Care Provider, he receives a copy of Form OMH - 6 Individual Service Plan. This form contains a Physical Health Section where any special dietary needs of the patient are noted. The patient must authorize release of this form to the After Care Provider.