

	<b>Standard Operating Procedure</b>		Doc. No.	BD-00-16-40086
	<b>Meal Planning Guidelines for Reducing Food Waste and Controlling Food Costs</b>		Rev.:	00
			Rev. Date:	N/A

#### SITE APPLICABILITY:

All VCH and PHC acute and residential site

#### PURPOSE:

Food waste and food cost will be minimized while providing nutritionally adequate meals that meet the physiological, cultural, religious, and social needs of the patient/resident/client. This Standard Operating Procedure builds on the Lower Mainland Nutrition Standards – Reducing Food Waste at Meal Service

#### SCOPE:

Responsibilities for reducing and food waste and controlling food costs are outlined for clinical dietitians and food service.

#### RESPONSIBILITIES:

RD: Basic Skills

#### PROCEDURE:

##### Clinical Dietitian Responsibilities:

1. Be familiar with the site menu and meal/nourishment pattern so that requests for food items are not duplicated. *For example do not add milk at meals if it is already a standard offering.*
2. Be familiar with site standard portion sizes and availability of small, large and double portions.
3. Be familiar with VCH/PHC Diet Writing Guidelines (DWGs) to determine if diet type/texture is appropriate to meet patient's nutritional needs.
4. Variations to the VCH/PHC DWGs can only be made on an individual patient/resident basis. Changes to DWGs or menus are made following the established change procedure ([see DWG revisions SOP](#)). Do not make changes for groups of patients, specific units or sites. If the current standard diet type/texture does not meet nutritional needs, use the following strategies to modify meals:
  - a. Determine if an alternate existing standard diet type or texture would better meet the individual's nutritional needs. *For example, before modifying a general diet by adding supplements or other additional food items, determine if a high protein/high calorie diet will meet nutritional needs.*
  - b. Modify portion sizes when extra calories or protein are needed. Increase portion sizes before adding additional food items. Order small portions when less is needed. *For example, send large portions instead of adding a sandwich in addition to a previously ordered entrée.*
  - c. Use food items on the menu before going to the alternate list to minimize the number of different menu items required at each meal. *For example, refer to menu items on other diets for same day i.e. is the vegetarian menu item suitable?*
  - d. **Replace** food items rather than **adding** food items. *For example, replace dessert normally given at meals with fruit rather than giving both.*
  - e. Use nutrient dense food items before using a commercial supplement.
5. Use a commercial oral supplement only when all other options have been explored:
  - a. **120mL is the standard portion.** Tetras/cans will be provided only when requested.
  - b. Select oral supplements in a cost effective order.
6. When food items or commercial supplements have been added, follow-up for acceptance of product within a minimum of 4 working days. Additional follow up will be required for longer stay.
7. Ensure that the tray is not overloaded with food and beverages that is beyond what a patient requires. Consider previous orders for additional food and beverages, nutritional requirements and what patient/resident is able to consume.

**Note:** This is a **controlled** document for VCH-PHC internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

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8. Where there is a regular snack program such as in residential care, maternity wards and mental health units, the snack program should be utilized instead of ordering customized nourishments whenever possible.

#### **Food Services Responsibilities:**

- Food Services will provide Dietitian Practice Leaders the results of the two plate waste audits conducted monthly.
- Food Services will inform dietitians when meal trays have excessive amounts of food and/or supplements on them.
- Food Services will inform dietitians when nourishments and snacks are not being consumed (e.g. left in fridges on the units from the previous day).
- Food Service Workers will observe trends of food and beverages not consumed when picking up trays and/or in dish room and report to Food Service Supervisor. This information will then be communicated to the dietitians and Food Service Manager as appropriate.
- Food Service Workers/Dietary Aide will offer to leave unopened beverages and water at bedside when picking up trays.
- Food Service management will provide the cost for oral nutrition supplements.
- Food Service management will complete regular meal tray audits and address issues identified.

#### **GENERAL REQUIREMENTS:**

Meals will be provided to meet the physiological, cultural, religious and social needs of the patients, residents and clients.

#### **REFERENCES/ASSOCIATED DOCUMENTS:**

[VCH/PHC Diet Writing Guidelines](#)  
[Lower Mainland Nutrition Standards for Meal Service](#)

APPROVALS			
Practice Leader, VCH	Clinical Nutrition, Professional Practice Richmond		February 14, 2018
Practice Leader, VCH	Clinical Nutrition, Professional Practice Vancouver Acute		February 14, 2018
Manager, VCH	Clinical Nutrition, Professional Practice Coastal		February, 2018
Practice Leader, PHC	Clinical Nutrition, Professional Practice, PHC		February 13, 2018
Regional Director	Regional Allied Health Professional Practice, VCH		February 13, 2018
REVISION HISTORY			
Revision#	Description of Changes	Prepared by	Effective Date
00	Initial Release	VCH/PHC Menu Review Committee	April 10, 2018

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