	Standard Operating Procedure Diet Writing Guidelines – Review and Revision	Doc. No.	BD-00-16-40085
		Rev.:	00
		Rev. Date:	N/A

SITE APPLICABILITY:

All VCH & PHC sites – acute, residential

PURPOSE:

Diet writing guidelines provide consistent guidelines for menu development, diet interpretation and meal service at all sites within VCH/PHC. This is a consensus document developed by clinical dietitians representing each service delivery area and is intended for use by care providers and the Food Service provider.

SCOPE:

Diet Writing Guidelines (DWG) are based on the Lower Mainland Nutrition Standards, current evidence and reflect current practice. The Menu Review Committee maintains the VCH/PHC Diet Writing Guidelines.

RESPONSIBILITIES:

Basic Skill: Dietitian, S-LP, OT

PROCEDURE:

1. Change requests are reviewed biannually. Urgent requests of a high risk nature to improve patient safety or to improve efficiency will be reviewed as needed.
2. Change requests can be initiated from any care provider or the Food Service provider, and are submitted to the Menu Review Committee.
3. All change requests are submitted using the VCH / PHC Diet Writing Guideline Revision Request Form ([Appendix A](#)).
4. Decisions will be based on group consensus and documented in the Menu Review Committee Meeting minutes.
5. The Menu Review Committee will communicate decisions related to change requests back to the initiator of the change request.
6. Diet Writing Guideline changes will be incorporated into site menus in a timely manner by the Food Service provider. High-risk changes will be implemented promptly upon receipt of the final diet writing guideline change.
7. Major revisions to the Diet Writing Guidelines can be undertaken at the discretion of the Menu Review Committee.

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


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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Appendix A: Diet Writing Guideline Revision Request Form

Name: Date Submitted: Site: Phone:
Revision Requested: <input type="checkbox"/> New diet to be added : _____ <input type="checkbox"/> Change to existing diet : (please reference page in manual) Specify each of the following if applicable and document the recommended change: <input type="checkbox"/> Change to Purpose or Considerations <input type="checkbox"/> Change to specific Foods Allowed or Foods Not Allowed <input type="checkbox"/> Change to meal pattern <input type="checkbox"/> Change to Menu Selection specification <input type="checkbox"/> Change to standard nourishment pattern <input type="checkbox"/> Diet to be deleted <input type="checkbox"/> Other _____
Reason(s) For Request:
Patient/Client Risk:

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Background Information/Current practice:

Evidence to support request:

All presented evidence must be graded (see below). Provide the highest quality of evidence available.

Procedure:

1. **Attach** all articles cited (PDF or hard copy) or reference articles in PEN.
2. **Clinical Dietitians** - Complete this form electronically and submit via email to the Practice Leader for Clinical Nutrition for your HSDA.
Sodexo - Complete this form electronically and submit to Computrition.Ca@Sodexo.com who will forward to BISS Representative.

Internal Use Only:

☐ **Form incomplete and returned** **Date:** _____

☐ **Request Accepted**
☐ **Request Denied** **Date:** _____

Grades of Evidence¹

A	Consistent level 1 studies
B	Consistent level 2 or 3 studies or extrapolations from level 1 studies
C	Level 4 studies or extrapolations from level 2 or 3 studies
D	Expert opinion

Level 1:	Systematic Reviews of randomized controlled trials (RCT), Individual RCTs.
Level 2:	Systematic Reviews of cohort studies, Individual cohort studies, low quality RCTs (<80% follow-up, wide confidence intervals), “outcomes” research, ecological studies.
Level 3:	Systematic Reviews of case-control studies, individual case control studies
Level 4:	Case series and poor quality cohort/case-control studies.

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