Food & Nutrition Safety Directive

Change and Challenges!

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Statewide Foodservices QH
Content: Directive

- **Purpose**
- To ensure that food services in Queensland Hospital and Health Service facilities meet food safety and nutritional requirements to ensure the safety and health of patients/residents/clients.
Content: Directive  

Principles

Patient/resident/client meals shall be provided in accordance with the following principles:

- **Safety**: food provided to patients is safe and meets their particular nutritional requirements
- **Best practice and continuous quality improvement**: food production and supply in hospital and health service facilities continue to adapt to reflect current evidence and industry best practice
- **Value for money**: menus are provided to maximise value for money
- **Equity**: food and nutrition is provided at the same nutritional and safety standard to all patients.
Outcomes

Hospital and Health Services shall achieve the following outcomes:

- Food produced by Hospital and Health Service facilities meet standards and practices equivalent to that of the private sector, including compliance with the Australian and New Zealand Food Standards Code and the *Food Act 2006 (Qld)*
- Food provided to patients meets patient dietary requirements and minimises the risk of allergic reactions and malnutrition
- Food services demonstrate a focus on continuous improvement, quality and efficiency.
Mandatory requirements

- Comply with requirements equivalent to the *Food Act 2006 (Qld)* and the Australia New Zealand Food Standards Code including having in place for relevant facilities (refer to Queensland Health guideline – Management of food safety in Hospital and Health Service facilities):
  - a food safety program
  - staff training
  - food safety supervisors
  - adequate design, construction and maintenance of food service facilities and equipment
  - adequate food labelling

- Auditing and reporting processes

- procure food for Hospital and Health Service Facilities only from entities that can demonstrate compliance with the requirements of the *Food Act 2006 (Qld)* (private entity) or requirements equivalent to the *Food Act 2006 (Qld)* (public entity)
Mandatory Requirements

- have menus reviewed biennially, or following a major menu change, by a dietitian and food service manager. These reviews may include a focus on:
  - Microbiological safety of food
  - Minimising allergic food reactions
  - Minimising malnutrition
  - Access to texturally and culturally appropriate foods

• ensure menus are developed and assessed regularly by an appropriately qualified practitioner to minimise patient risk by:
  • reviewing microbiological safety risk of meals and menus in relation to identified patient groups (eg. Listeria risk for pregnant patients)
  • identifying common food allergens in menu items and allergen free menu options
  • ensuring food and menus meet the nutritional requirements of the majority of patients, residents, consumers and clients
  • ensuring access to texturally correct and culturally appropriate foods
Related or governing legislation, policy and agreements

- *Food Act 2006* (Qld)
- Australia New Zealand Food Standards Code
- ACHS Equip National Standard 12 Element 2
Support documents

- Queensland Health guideline – Control of Listeria in Queensland Health facilities
- Queensland Health guideline – Management of food safety programs
- Queensland Health Nutrition Standards for Meals and Menus
- Queensland Health Foodservice Guidelines
- Queensland Health Foodservice Key Performance Indicators
- Australian Standardised Terminology and Definitions for Texture Modified Food and Fluids 2007
Content: Impact of Directive on patient care

- Focus of menu and foodservices is on addressing patient safety through food safety including allergen management and meeting patient needs (esp wrt malnutrition).

- It is a requirement that the menu is assessed on a regular basis for allergens and that it meets the nutritional needs of the client population ie if there is a major menu review, new suppliers (SOA reviewed), change in patient/client population

- Nutrition Training rolled out through TAFE for cooks and foodservice supervisors aims to improve accuracy of plated meals especially diets and raise awareness of Foodservice staff of allergies and nutrition.
Implementation through Statewide Foodservices

- Established SOAs (food contracts) to meet Nutrition Standards for Meals and Menus (SOA 66 & 67). Reduces Dietetic workload in assessing menus for allergens and nutritional value.

- Statewide workshops on policy/directive and nutrition standards with dietitians, foodservices and corporate services (March to June 2012)

- Completed gap analysis against nutrition and menu standards mid 2012

- Support dietitians and foodservices to implement changes to menus and meet food safety standards.

- Barriers (2012 workshops)
  - cost of new menus! (this is a perceived cost increase)
  - meeting infrastructure requirements for kitchens (rolling out trial to reduce infrastructure costs for small rural kitchens)
  - Lack of dietitian resources (particularly in rural areas).
# Chances: How is implementation going? Survey April 2013

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Response Rate</th>
<th>Short stay menus</th>
<th>42 hot choices/cycle</th>
<th>Grp 1 or 2 hot meal avail/day</th>
<th>HP Mid meals</th>
<th>Hot B/ Fast avail</th>
<th>HP soup avail</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;100 beds</td>
<td>16/20</td>
<td>2</td>
<td>3</td>
<td>All</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 100 beds</td>
<td>28/85</td>
<td>0</td>
<td>4</td>
<td>11 (8 unsure)</td>
<td>9</td>
<td>8 (2 NH only)</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>33%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential</td>
<td>5/15</td>
<td>NA</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>33%</td>
<td></td>
<td></td>
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</table>
Enablers and Barriers to implementation (2013)

<table>
<thead>
<tr>
<th>ENABLERS</th>
<th>&gt; 100 beds N=16</th>
<th>&lt; 100 beds N=28</th>
<th>Residential Care N = 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval of Food &amp; Nutrition Policy</td>
<td>12</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Nutrition Standards for Meals and Menus</td>
<td>12</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Food &amp; Nutrition Safety Directive</td>
<td>11</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Impact of Malnutrition on PI and cost</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>BARRIERS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of new menu items</td>
<td>13</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Lack of Dietitian resources</td>
<td>5</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>Lack of suitable items on SOA</td>
<td>Redundancies in kitchen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Difficulty identifying LOS</td>
<td>Support for remote areas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of support of management</td>
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</tbody>
</table>
Case Study – 325 bed Metro Acute Hospital

3.0 ADULT: ACUTE (SHORT STAY PATIENTS)

Aim: An additional menu may be provided for patients staying less than seven days. The menu offered shall meet average requirements for protein and energy for the patient group.

BACKGROUND/RATIONALE

Patients who are in hospital less than seven days are considered short stay. These individuals if not assessed as being at nutritional risk do not require extensive choice on the menu or high energy/high protein options at all mid-meals.

Nutrition screening will be carried out to identify those patients at risk and needing the standard menu. (Refer to Queensland Health Nutrition Screening, Assessment and Support Policy)

Assessment of LOS at seven QH hospitals indicate that between 77% and 95% of patients admitted to these hospitals stay less than seven days (refer to Appendix 1 pp 50 for detailed LOS data and analysis).

A short stay menu (refer to p 47 for definition) provides an opportunity to offset increased costs associated with the standard menu against a lower cost menu. In this instance the standard menu is intended to be targeted to patients/residents that have the highest nutritional needs.

STANDARDS

3.1 An alternative menu for short stay patients (less than seven days) shall have minimum choices across the menu cycle as outlined in Table 1.0 Adult Acute Minimum Choice (pp 27 – 30) to meet the average requirement for non-nutritionally compromised adults.
Case Study

• Length of Stay – 44.7% Occupied Beds pts who stay > 7 days
  - 45% pts HP menu
  - 55% pts short stay menu

• Assumptions – 15% patients not eating, 10% on special diets
  - 110 pts HP menu
  - 135 pts short stay menu
### Case study - Cost comparison

<table>
<thead>
<tr>
<th>Current menu</th>
<th>Short Stay menu 135 pt</th>
<th>Cost difference/day</th>
<th>High Protein menu 110 pt</th>
<th>Cost difference/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continental b/fast</td>
<td>Continental b/fast</td>
<td>Nil</td>
<td>Hot B/fast for 75%</td>
<td>$0.90 x 82 pts = $73.80</td>
</tr>
<tr>
<td>HP Porridge</td>
<td>Nil</td>
<td>55 pts</td>
<td></td>
<td>$0.02 x 55 pts = $1.10</td>
</tr>
<tr>
<td>Hot lunch</td>
<td>Sandwich</td>
<td>$1.85 x 128 pts = $236.80 (90% order)</td>
<td>Hot lunch</td>
<td>Nil</td>
</tr>
<tr>
<td>HP Dessert</td>
<td>Dessert</td>
<td>$0.08 x 128 pts = $10.24 (90% order)</td>
<td>Dessert</td>
<td>$0.08 x 99 pts = $7.92 (90% order)</td>
</tr>
<tr>
<td>Hot Dinner</td>
<td>Hot Dinner</td>
<td>$0.19 x 128 pts = $24.32 (90% order)</td>
<td>Hot Dinner</td>
<td>$0.19 x 99 pts x 2 = $37.62 (90% order)</td>
</tr>
<tr>
<td>Fruit &amp; custard</td>
<td>Fruit &amp; custard</td>
<td>Nil</td>
<td>Fruit &amp; Custard</td>
<td>Nil</td>
</tr>
<tr>
<td>Soup</td>
<td>Soup</td>
<td>Nil</td>
<td>HP Soup</td>
<td>$0.55 x 66 pts = $36.30 (60% order soup)</td>
</tr>
<tr>
<td>Mid meal x 3 Pkt bisc</td>
<td>HP x 1</td>
<td>$0.55 x 128 pts = $55.34 (90% uptake)</td>
<td>HP x 2</td>
<td>$0.55 x 99 pts x 2 = $108.90 (90% uptake)</td>
</tr>
<tr>
<td>B/rolls x 3</td>
<td>Bread x 3</td>
<td>$0.33 x 128 pts = $42.47 (90% order)</td>
<td></td>
<td>$0.33 x 99 pts = $32.67 (90% order)</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td>- $ 209.85/day</td>
<td></td>
<td>$217.13/day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Net Cost</strong></td>
</tr>
</tbody>
</table>
Where are we now?

- Review of all Directives currently in progress
- Outcome of review end of June
- Review of implementation status in July 2014
Questions?