I. **PURPOSE:** To establish guidelines to ensure meal distribution and/or request and receive special event service.

II. **POLICY:** To provide nutritionally adequate meals, supplemental food supplies, and food supplies for special patient events or hospital activities as approved by appropriate management.

III. **DEFINITIONS:** None

IV. **RESPONSIBILITIES:**

A. Dietary Services will be responsible for meal distribution.

B. Licensed Independent Practitioners (LIP) are responsible for patient diet orders.

C. Staff coordinating special events is responsible for adhering to this policy (ten (10) day advance notice is required).

V. **PROCEDURE:**

A. **General Meal Distribution**

1. A meal will be offered to each patient three (3) times daily. These meals will be identified as breakfast, lunch and dinner.

2. Patient meals will be prepared and served according to LIP order and dietitian formulated menu. General diets will be procured and served to appropriate patients and for all staff. Therapeutic diets will be prepared by trained diet cooks and served correspondingly.

3. Meals are packaged according to service requirement. These include, but are not limited to, individualized trays, cafeteria style and suitable packaging for night shift staff.

4. The most critical elements of food distribution are time and temperature. Foods will be transported and served as close to preparation/ rethermalization time as possible. Maximum cold food temperatures will be 41° F and minimum hot food temperatures will be 135° F at time of service.

5. Meals will be served at the Central Dining Room, transported directly to D Unit, or transported to other units depending on patient need.
B. Supplemental Food Orders
1. Each unit may submit a weekly store order to request additional food supplies. This order will be received by Dietary Services by each Friday and deliveries will occur on assigned days the next week via teamsters which are:
   - Saturday – Spratt Building
   - Sunday – A Unit
   - Monday – B Unit
   - Wednesday – Mental Health Group Homes
   - Thursday – D Unit
   - Friday – E Unit

   Food supplies will be provided as available through purchase. Quantities will be determined by unit census. These food supplies include but are not limited to:
   - a. graham crackers
   - b. saltine crackers
   - c. fresh fruit
   - d. decaffeinated coffee
   - e. tea bags
   - f. sugar
   - g. sugar substitute
   - h. salt
   - i. fruit juice

2. Requests for alternative food supplies will be considered on an individual basis.
3. Requisitioned food supplies for Living Skills and Transitional Care Units will be furnished as feasible.

C. Special Events
1. Food items/supplies for patient meals, parties, special events, etc. procured from Dietary Services will ensure prescribed diet compliance as well as minimize food-borne illness.
   a. Birthday Parties
      1) One birthday party per unit, per month is authorized
      2) A bakery item and a beverage will be made available for these parties.

   b. Meal Parties
      1) One meal party per unit, per month is authorized
      2) Food supplies for meal parties may be selected from the current day’s menu (exceptions may be necessary) or chosen from the party menu as follows:
         - hamburgers
         - salads (only if on menu)
         - buns
         - fresh fruit
         - baked beans
         - dessert
         - condiments
         - beverage
c. Off-Campus Trips
   1) Day Outings – Sack lunches consisting of two sandwiches, fresh fruit, vegetables, potato chips, dessert, and an appropriate beverage will be provided upon request.
   2) Medical Leave/Discharge – Quantity of sack lunches will be dependent upon duration of leave/distance of travel

2. Ordering food from outside sources is limited.
   a. Food prepared by Dietary Services will ensure hospital security and confirm food safety.
   b. Food items provided by family and/or friends must be pre-approved by the treatment team.
   c. Food items provided outside of Dietary Services should preferably be store bought and sealed.

3. The following guidelines apply to birthday parties, meal parties, off-campus trips and/or special events:
   a. Each request will be reviewed on an individual basis. Arrangements will be made to comply with each request as much as possible.
   b. Special events may include holidays, dances, barbecues, and in-house catering.
   c. Each request will be signed by the unit Program Manager or designee.
   d. Each request will be submitted to Dietary Services at least ten (10) days prior to the event date. Use the Special Event/Meal/Party Request form printed on yellow paper.
   e. Appropriate arrangements will be made to ensure patients requiring modified diets, including double portions, receive correct food items in compliance with LIP’s orders and MSH policy.
   f. The quantity of food supplies requested will be dependent upon the participating unit’s census.
   g. Meal party/special event participants will partake of provided meal in lieu of their regular authorized fare.
   h. Each request must include the date and time of delivery. Each unit or department must make arrangements with the teamster dispatcher to have the food supplies picked up from Dietary Services and delivered to the unit/department.
   i. Paper supplies (plates, napkins, cups, plastic utensils) must be ordered from the warehouse.
   j. Substitutions may be made at the discretion of Dietary Services based upon the availability of certain food items and the availability of time and personnel to accumulate and package all requested items.
   k. Appropriate serving equipment/tools will be provided and will be returned to Dietary Services. A sign in/out log is required.
   l. CANCELLATIONS should be made as soon as possible to avoid possible spoilage and/or waste of food items. In the event all the
requested food items have been accumulated and packaged, it is expected that the unit will proceed with the event.

m. Only employees are authorized to acknowledge receipt for food supplies.

4. Food Safety and Sanitation Course
   a. The course is offered at intervals to provide MSH staff (i.e. nursing and rehabilitation staff) with appropriate food safety and sanitation training to ensure safe food handling at special events.
   b. At least two staff members must meet the qualifications provided by the course at each special event or party.

5. Requesting Special Event
   a. A Special Event Meal/Party Request form will be used to request special events, including monthly birthday parties, day outings, holidays, dances, carnivals, barbecues, and in-house catering. Please list only one food supply item per line.
   b. Telephone requests will be made for sack lunches for medical leave or discharge.

D. Non-Patient Events
   1. Non-patient events will be reviewed and authorized as appropriate by Dietary Services management.
      a. Administration will be allocated coffee and related condiments as requested via store order.
      b. In-house catering must follow previously listed guidelines.

VI. REFERENCES: JCAHO Care of Patients (TX) Standards

VII. COLLABORATED WITH: Clinical Service Committee Chairperson, Program Managers, Lead Rehabilitation Therapist, Facility Maintenance Manager, and Director of Treatment and Rehabilitation Services.


IX. DISTRIBUTION: All hospital policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per M.C.A. § 307-106-330.
XI. FOLLOW-UP RESPONSIBILITY: Dietary Services Manager.

XII. ATTACHMENTS:

Attachment A -- MSH Dietary Services SPECIAL EVENT MEAL/PARTY REQUEST form

___________________________/___/__  _________________________/___/__
John W. Glueckert              Date           Thomas Gray, MD     Date
Hospital Administrator          Medical Director
MSH Dietary Services
SPECIAL EVENT / MEAL / PARTY REQUEST

UNIT: ______ CENSUS: _____ Patient _____ Staff  EVENT DATE: _____  TIME/LOCATION: ________

Please send the original request to Dietary Services 10 DAYS PRIOR to DATE of PARTY.

IS THIS PARTY INTENDED TO REPLACE A MEAL? YES NO

DIETARY ONLY: RECORDED _____ APPROVED BY: ______

Date Received: ________  Date Approved: ________

QUANTITY/FOOD ITEMS

_____ Entrée_______________
_____ Bread_______________
_____ Vegetable (e.g. Baked Beans)___________
_____ Salad (only if on menu)
_____ Seasonal Fresh Fruit (1/per person)
_____ Tomatoes _____ Onions _____ Lettuce
_____ Condiments: ___Catsup ___Mustard ___Mayo ___Pickles ___ Relish

ALTERNATE MENU REQUESTS:

_____ ________________________________
_____ ________________________________
_____ ________________________________
_____ ________________________________

Qualifying Food Safety/Sanitation Staff

1. __________________________
2. __________________________
3. __________________________

_____ Beverage: (Iced Tea/Coffee)

_____ Bakery Item: __________________________ OR _____ Cake

Brownies, Cinnamon Rolls, etc (1/person)
Cookies (2/person)

1. Dietary Standards will determine the portions of foods per event.

2. Each unit must complete an equipment/tool sign in-out sheet provided by Dietary.

3. Units in The New Building will transport their own supplies from Dietary; teamsters will deliver to satellite areas.

4. Each unit will be responsible for ordering paper plates and cups, plastic utensils and napkins from the Warehouse.

5. Units will be informed when requested items are not available. Call the Food Service Manager @7132 with any questions.

________________________________________
Contact Employee & Extension Number

________________________________________
Unit Supervisor

Date Submitted___________________  Date Approved__________________