



DEPARTMENT OF THE NAVY

NAVAL MEDICAL COMMAND  
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

NAVMEDCOMINST 10110.2  
MEDCOM-31  
6 Dec 88

NAVMEDCOM INSTRUCTION 10110.2

From: Commander, Naval Medical Command

Subj: MEDICAL FOOD SERVICE PROGRAM

Ref: (a) DOD 1338.10-M  
(b) NAVMEDCOMINST 5450.1  
(c) NAVMED P-5010  
(d) SECNAVINST 4061.1C  
(e) NAVMED P-5125  
(f) NAVSUPINST 4061.9T  
(g) NAVMED P-5106  
(h) NAVSUP P-486  
(i) NAVSUP-421  
(j) NAVCOMPT MANUAL  
(k) NAVMED P-5020  
(l) NAVSUP P-7  
(m) NAVMEDCOMINST 10110.1  
(n) DOD 6010.13-M  
(o) COMNAVMEDCOM ltr 10110 Ser 13/1113 of 5 Oct 88

Encl: (1) Administration  
(2) Accounting for Rations  
(3) Subsistence Management  
(4) Food Preparation and Service  
(5) Clinical Nutrition Program

1. Purpose. To issue instructions and guidelines for managing the Medical Food Service Program in naval hospitals; and to amplify guidance contained in references (a) through (o). Detailed guidelines are provided by enclosures (1) through (5).

2. Cancellation. BUMED Instruction 10110.2B.

3. Background. The Medical Food Service Program provides nutritional care to patients and subsistence to authorized persons. Commanding officers must operate this Program following reference (a).

4. Scope. Applicable to naval hospitals which are authorized by the Naval Medical Command (COMNAVMEDCOM) to establish a food management department, as reflected in their command organization manual.

5. Departmental Organization. The food management department is the organizational element of a medical treatment facility (MTF) responsible for management of the Medical Food Service Program. Reference (b) defines the organizational structure of MTFs, including the relationship of the food management department to the hospital organization.

a. Function. The function of the food management department is to administer and coordinate the operation of a cost effective Medical Food Service Program.

b. Organization

(1) The department head's office consists of the department head, an assistant department head when authorized, and administrative staff and clerical personnel as may be assigned. The office conducts and coordinates security, safety, sanitation, training, food conservation, and preventive maintenance programs and procedures for food service equipment; coordinates planning, printing, and distribution of hospital menus; safeguards subsistence items expended from stores accounts; administers duty and liberty schedules for personnel assigned to the department; issues food and nonfood supplies including linen and employee clothing; maintains food service data for local use and reports to higher authority; provides clerical, logistical, and technical assistance in the administration of the program; coordinates and maintains files on sanitation inspections and results of laboratory cultures of food, equipment, and personnel; and arranges for periodic physical examinations of food handlers.

(2) The department has the following divisions:  
administrative dietetics, clinical nutrition, and nutrition education.

(a) The administrative dietetics division operates the kitchen, ingredient room, vegetable preparation unit, supplementary nourishment unit, inpatient meal distribution system, and dining rooms; prepares and serves meals and diets; participates in menu planning and security, safety, sanitation, training, food conservation, and equipment maintenance programs. (Modified diets are prepared and served under the technical supervision of the dietitian in charge of the clinical nutrition division.)

(b) The clinical nutrition division assists in planning regular diet menus; plans modified diet menus patterned after regular diet menus; supervises the technical aspects of preparation and service of modified diets including supplementary nourishments; consults with MTF staff regarding diet regimens; interviews and instructs inpatients requiring diet therapy; conducts dietary training programs for inpatients and staff members; and participates in security, safety, sanitation, on-the-job training of assigned personnel, food conservation, and maintenance programs.

(c) The nutrition education division coordinates outpatient nutrition counseling; conducts dietary training programs for hospital staff members; in conjunction with the clinical nutrition division participates in nationally sponsored nutrition activities; provides nutrition education support for the

MTF's Health and Physical Readiness Program (HAPR); provides regional HAPR support to the hospital's branch MTFs and local line commands; and develops and updates nutrition education materials.

6. Facilities. Facilities administered by the food management department include:

a. All spaces and equipment used to prepare and serve food in the MTF, except the food service facilities of the Navy exchange, private messes, and public quarters located at the activity.

b. Spaces devoted to the short term storage of subsistence items issued from the stores accounts but not yet consumed. (Storage spaces for nonexpended subsistence items, under the cognizance of the materials management department, are not food management facilities. The food management department may provide technical guidance in the proper storage of nonexpended subsistence items to the materials management department.)

7. Responsibilities

a. COMNAVMEDCOM. The Direct Medical Care Division, MEDCOM-31, is responsible for the administration of the Medical Food Service Program. Correspondence pertaining to the program should be addressed to the Commander, Naval Medical Command (MEDCOM-31), Washington, DC 20372-5120.

b. Geographic Naval Medical Commands (GEOCOMs). GEOCOMs must exercise oversight of medical food service operations at MTFs under their cognizance. Reference (b) assigns primary management responsibility for this Program to the Assistant Chief of Staff (ACOS) for Logistics. In executing this responsibility the ACOS for Logistics must ensure that MTFs comply with the requirements of this and related instructions. Oversight may be exercised through the review of Naval Audit Service and internal review audit reports, on-site inspections during periodic site visits to MTFs, and statistical comparison of all medical food service operations within the region noting and taking action on statistical variances.

c. MTFs. MTF commanding officers are responsible for the administration of the Medical Food Service Program at their activity and must designate an officer of the Medical Service Corps to supervise the Program. This officer must be a registered dietitian preferably with experience in both administrative and clinical dietetics. The officer so designated will:

(1) Serve as head of the food management department.

(2) Be responsible to the commanding officer, through the chain of command, for organizing and carrying out the functions prescribed in this instruction and those orders and instructions of other competent authority.

(3) Establish quality assurance (QA) and quality control programs which ensure that all requirements of this instruction and other competent authority are met. Document programs in looseleaf manual format. Submit manuals annually for review and approval by the physician advisor and hospital QA coordinator and periodically thereafter, when significant changes occur. The programs must include, but not be limited to the following components:

(a) Written Instructions and Procedures. Include written work instructions and procedures to complete the work required. These work instructions and procedures must comply with the standards for dietary services established by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

(b) Inspection System. Include an inspection system covering these services. Establish an assessment plan, e.g., survey instruments and audit protocols, that ensure compliance by food management employees with approved instructions and procedures. Furnish these assessment files to inspecting officials, such as the JCAHO or Naval Inspector General when requested.

(c) Method of Detection. Include a method of early detection and correction of conditions adversely affecting the quality of service to include procedures for detecting discrepancies, e.g., customer complaints, and causes of defects and action plans to correct recognized discrepancies. Include a method for providing timely written documentation of corrective action taken.

(d) Maintenance Procedures. Records are considered one of the principal forms of objective evidence of current and past quality assurance and quality control surveillance. Retain assessments of findings, deficiencies identified, and corrective action plans for a period of 4 years and destroy locally thereafter. Include instructions for maintenance and use of inspection records and assessment documentation. Ensure that departmental records are complete, accurate, and conform to the current standards of the JCAHO and the requirements of this instruction and other competent authority.

(e) Management Action Plan. Include a method for analyzing inspection findings, including records, customer complaints, and assessment results, and for development of corrective management action plans.

8. Intrahospital Relationships. An efficient and cost effective Medical Food Service Program requires the cooperation and support of numerous administrative and professional services. Therefore, the following intrahospital responsibilities are assigned in support of the Medical Food Service Program:

a. The materials management department provides support in the procurement, receipt, inspection, storage, security, and issue of Navy Stock Account subsistence items.

b. The fiscal department, through the collection agent, establishes and administers procedures for the cash sale of meals.

c. The patient administration department provides inpatients with identification wrist bands and furnishes other health care beneficiaries, in residence but not classified as inpatients who are entitled to subsistence-in-kind (SIK), with appropriate identification cards. The patient administration department also provides, by the 10th day of each month, the following patient workload information for the preceding month:

(1) A monthly report of occupied bed-days by uniformed service beneficiary category and for active duty personnel the number of occupied bed-days within each uniformed service component.

(2) A monthly report of attached person days for patients assigned to residential treatment programs by uniformed service beneficiary category and for active duty personnel the number of occupied bed-days within each uniformed service component. Include personnel in the medical holding company.

(3) A monthly report of occupied bed-days by admitting service (department).

d. The personnel support detachment or manpower management department issues and accounts for a system of meal passes that properly identifies authorized staff patrons, including those on SIK. The manpower management department also furnishes, by the 10th day of each month, the following information for the preceding month: a tabulation of attached days by uniformed service component for all staff members assigned to commands routinely authorized to use the hospital mess, including tenant commands.

e. The officer of the day or the administrative duty officer inspects meals served in the mess and to patients.

f. Ward medical and dental officers review the adequacy and quality of meal service provided to patients in their care, keeping modified diets to a minimum consistent with the patient's clinical regimen.

g. Charge nurses ensure that their staff communicate to the food management department timely information concerning diet additions, deletions, and changes which affect patients under their care.

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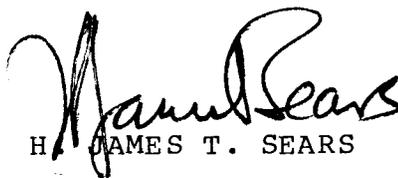
9. Reports and Forms

a. Reports. The Food Service Performance Analysis Report required by enclosure (2) is assigned report control symbol MED 10110-2 and the Hospital Subsistence Report required by enclosure (2) is assigned report control symbol MED 7302-1. These reports have been approved by the Commander, Naval Medical Command for 3 years only from the date of this instruction.

b. Forms

(1) NAVMED 10110/2 (Rev. 10-88), Food Service Performance Analysis and NAVMED 7302/7 (5-80), Reimbursable Subsistence, are available from the Specialty Advisor for Medical Food Service and Clinical Dietetics, Food Management Department (Code 14), Naval Hospital, Bethesda, MD 20814-5011. Submit report MED 10110-2 on NAVMED 10110/2, Food Service Performance Analysis, annually by 1 November for the preceding fiscal year, to the specialty advisor at the above address.

(2) NAVSUP 1090 (5-82), Food Preparation Worksheet, NSN 0108-LF-501-0901; NAVSUP 1105 (7-80), Meal Pass, NSN 0108-LF-501-1050; and NAVSUP 1291 (2-72), Meal Signature Record, NSN 0108-LF-504-6301 are available from the COG II stock points of the Navy Supply System, and can be ordered per NAVSUP P-2002.

  
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ADMINISTRATION

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1. Personnel Administration. The food management department may be jointly staffed by civil service employees and military personnel. Food management department staff will be supervised by the department head through subordinate military and civilian supervisors. The following paragraphs clarify existing instructions and policies:

a. Manpower Authorizations. Staffing levels are dictated by rations served and are defined by the Shore Requirements Standard and Manpower Planning System (SHORSTAMPS). Location specific requirements such as patient and nonpatient feeding ratios, physical plant size and configuration, and funding may indicate the need for variances to authorized manning levels. Forward requirements that vary from those authorized by current SHORSTAMPS standards to MEDCOM-312 with detailed justification.

(1) Civil Service Personnel. Prepare position descriptions and performance appraisal standards for all civil service staff members and keep them current. Explain the duties and responsibilities of each position thoroughly and provide a copy of the position description and performance appraisal standards to each civil service incumbent.

(2) Military Personnel. Assign military personnel of the mess management specialist rating, when authorized, in all aspects of hospital feeding, particularly in the area of inpatient meal service, in anticipation of mobilization requirements. Assign Hospital Corps personnel, when authorized, only to nutritional assessment, patient screening, and counseling duties in the clinical nutrition division.

b. Work Schedules. Prepare work schedules following applicable regulations and post approved schedules for all hands in a prominent location. Consider the use of part-time civilian staff when planning schedules.

c. Special Clothing. Food management department staff must normally wear special clothing, such as washable uniforms, caps, and aprons, while on duty for reasons of identification, self-protection, and asepsis. The MTF will provide all required special clothing, except for military clothing items.

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## 2. General Policies

a. Consumer Relations. The head, food management department must develop and implement an on-going program to foster superior consumer relations. Activities may establish a consumer group, comprised of a broad cross section of the hospital staff, to improve and sustain patron satisfaction. Establish procedures for handling complaints concerning meals or service, that ensure prompt resolution of complaints and implement measures to prevent their recurrence.

b. Outpatients. No authority exists for issuing subsistence items to be consumed at home. The exception to this policy is that MTFs may provide outpatients with special amino acid modified nutrient preparations, at no cost to patient, to treat inborn errors of amino acid metabolism. These diseases include phenylketonuria, maple sugar urine disease, homocystinuria, histidinemia, and tyrosinemia. Under all other circumstances medical and dental officers prescribing, for outpatient use, a special food or dietary supplement properly classifiable as food, must advise outpatients that procurement of such items will be at their own expense. The clinical nutrition division may advise such patients concerning the availability of items, but must not recommend a specific source of supply or specific brand name exclusively.

c. Smoking. Prohibit smoking in areas devoted to receiving, storing, issuing, preparing, and serving food. Do not permit smoking at points of service, i.e., cafeteria counters, salad bars, and beverage dispensing equipment. Smoking privileges may be authorized in dining areas, provided that such authority is consistent with hospital safety regulations, and that an adequate area is designated as a "no smoking" section.

d. Disaster Preparedness. Ensure that procedures are established describing food service operations during periods of disaster or other emergency conditions in the hospital's current disaster preparedness instruction. As mandated by the JCAHO, food management department operating procedures must include detailed plans for feeding during periods of major equipment failure, power loss, rapid workload expansion, civil disasters and disturbances, inclement weather, and staff shortages.

3. Continuing Education Programs. The head, food management department must develop, implement, and supervise continuing education programs to ensure that assigned personnel are familiar and competent to comply with applicable instructions and regulations. Examples of such programs, with suggestions as to content, scope, and goals, are listed below:

a. Environmental Sanitation. Indoctrinate and supervise employees in the use of proper cleaning agents and procedures; an orderly cleaning schedule for all food service spaces and

users; and an inspection procedure to detect deficiencies and ensure compliance with established standards. Base the program on the standards and requirements of chapter I of reference (c) and current applicable Navy instructions including training of food service personnel in food sanitation following reference (d).

b. Maintenance. Develop an effective maintenance program to preserve capital investment equipment. An adequate maintenance program requires close liaison between the food management and the public works department. Devise an effective method of communication to report signs of potential equipment breakdown. Post operating and safety instruction conspicuously for the information and guidance of all personnel. At a minimum, the maintenance program shall include:

- (1) Equipment history cards for reporting maintenance or repairs accomplished.
- (2) A schedule for inspection and lubrication of machinery.
- (3) Orderly replacement of worn machinery parts.
- (4) A schedule for the inspection and replacement of valves and other plumbing fixtures.
- (5) A schedule for the inspection and relagging of steam, refrigeration, air conditioning, and water pipes.
- (6) Inspection and repair of the refrigeration plant.
- (7) Inspection of warewashing equipment to assure proper operation.
- (8) Inspection and repair of all electrical systems, including the lighting system.
- (9) Inspection and repair of mobile equipment, food carts, handtrucks, and dish carts.
- (10) Inspection and maintenance of fire fighting equipment.

c. Equipment Replacement Program. Document a replacement plan based on age, physical condition, and degree of obsolescence for each item of equipment, to replace major equipment items in an orderly manner.

d. Safety. Implement a program, integrated with the safety program, to ensure that employees are indoctrinated, trained, and supervised in proper work habits and safe operating procedures.

e. Continuing Education. Develop a food service training program to provide the maximum use of personnel resources. Indoctrinate new employees in Department of the Navy and JCAHO

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policies and local operating procedures prior to being integrated into a work group. Formal on-the-job training sessions, conducted by a competent instructor and reinforced by structured work experience, are considered to be the best method for developing required skills. Make opportunities for self-improvement available to food management department employees, including correspondence and formal classroom courses of instruction. Give all supervisors the opportunity and encouragement to participate in supervisory development programs. An aggressive continuing education program will develop food service skills and prepare employees to perform their job and for advancement.

4. Quality Control. Quality control mechanisms must be established. This must include but not be limited to evaluating menus for adequacy, a means of identifying patients not receiving oral intake, the monitoring of special diets, the provision of between meal supplements, assessment of patients as necessary, and instruction of patients and families with documentation of patient comprehension. Ensure that food served to patients is acceptable and appealing in appearance, quality, and temperature.

ACCOUNTING FOR RATIONS

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1. Hospital Rations. A hospital ration includes all subsistence furnished to persons at a medical treatment facility (MTF), as differentiated from the regular Navy ration furnished by an enlisted dining facility. The hospital ration is 1 day's allowance of food for one person; consisting of either three nutritionally adequate meals, supplemented as medically required, or a modified diet prescribed as necessary for medical treatment. Reference (a) requires the reporting of "weighted rations" for accounting purposes. Weighting factors for various meals are:

- a. Breakfast ----- 0.20
- b. Lunch ----- 0.40
- c. Supper ----- 0.40
- d. Brunch ----- 0.45
- e. Dinner ----- 0.55 the supper meal when brunch is served
- f. Night Meal ---- 0.20 or 0.40 depending on whether a break-  
fast or dinner meal is served
- g. Tube Feedings - 0.40
- h. Box Lunches --- 0.40

2. Persons Authorized To Use Naval MTF Dining Facilities. The following categories of persons are authorized to use naval MTF dining facilities following statutory authority. A mandatory meal sale charge for subsistence furnished is required by reference (a), except as noted below.

a. Categories or Persons Entitled to Subsistence-in-Kind (SIK). The following are entitled to subsist, at no charge:

(1) Enlisted staff members, attached for duty or for training to the hospital or other activities furnished subsistence support, provided they are not receiving commuted rations, basic allowance for subsistence, leave rations, or are absent on temporary additional duty (TAD).

(2) Other nonattached enlisted personnel under special circumstances, e.g., outpatients, blood donors, off-station

ambulance crews, visiting athletic teams, etc. Those whose entitlement to SIK has been canceled must pay cash at the prescribed meal rate.

b. Categories Subsisted on Cash Basis. The following are authorized to purchase meals for cash, subject to the exceptions noted.

(1) Generally, inpatients are not required to purchase a ticket prior to receiving a meal, but are billed for subsistence on discharge. To implement pay checkage for active duty, dependents and retired inpatients refer to reference (e). However, inpatients who are authorized to subsist out, mess separately, or are placed on any form of leave must pay the appropriate cash sale of meal rate prior to receipt of each meal.

(2) Officers of the uniformed services attached for duty, temporary duty, training, or to other activities provided subsistence support.

(3) Enlisted members of the uniformed services attached to the MTF for duty, temporary duty, or training, or to other activities provided subsistence support; and who are receiving a commuted rations allowance.

(4) American Red Cross field representatives attached to the MTF or to commands or units depending on the hospital for subsistence support.

(5) Civilian employees of the hospital, when specifically authorized by the MTF commanding officer. At those hospitals outside the continental United States which employ local nationals, comply with the following guidance:

(a) Assess and document the need for local national employees to use the dining facility, e.g., inadequate alternate feeding capabilities.

(b) Require local national employees, using the hospital dining facility, to pay the current rate prescribed for civilian employees in reference (f), including surcharge. Reference (a) exempts food service employees, on duty, from surcharge collection; this policy may be applied to local nationals who are on duty in the food management department.

(c) Deposit cash collections, for sale of meals to local nationals, to hospital's operations and maintenance account.

(6) Foreign government personnel covered by invitational travel orders (ITO). The enlisted dining facility may claim credit only for those foreign government personnel covered by orders which authorize them rations.

(7) Guests, as prescribed by the commanding officer. As a general policy, guests will be restricted to:

(a) Immediate next of kin of inpatients whose condition is considered serious or very serious.

(b) The immediate next of kin of inpatients who have arrived at the MTF from outside the contiguous limits of the United States via the aeromedical evacuation system for the initial period of their hospitalization, normally 5 days.

(c) Dependents of officer and enlisted personnel reporting to the MTF or other activities, provided subsistence support by the MTF, on permanent change of station orders. These individuals may be granted permission to subsist as a family unit for a period of up to 30 days.

(d) Occasional guests of military personnel attached to the MTF or to other activities provided subsistence support by the MTF.

(e) Members of organized, nonprofit youth groups sponsored at either the local or national level.

### 3. Commuted Rations

a. Rations of staff enlisted personnel and enlisted personnel attached to activities for which subsistence support is provided by the MTF may be commuted when requested by the individual and authorized by the commanding officer of the facility providing subsistence support.

b. The granting of commuted rations must comply with local directives and those of higher authority.

c. Permanently withdraw SIK meal passes at the time the authorization for commuted rations is effective and instruct members as to their responsibility for the purchase of meals at current cash sale of meal rates prescribed in reference (f).

### 4. Identification of Consumers. The following procedures are recommended for identification of consumers:

a. Establish local procedures to ensure that meals and diets are served only to authorized personnel. Identify personnel entitled to consume meals at no cost, i.e., receive SIK, using NAVSUP 1105, Meal Pass, as primary identification. Use patient wristbands to identify inpatients. All other consumers may be identified by a system of activity badges or visitors passes.

b. Strictly account for meal passes, since possession permits the holder to consume meals at Government expense in any Navy enlisted dining facility. Stocks of NAVSUP 1105 must be serially

numbered on receipt in the manpower management department, and the numbers must be listed in a meal pass log when issued. Provide security for all unissued meal passes and keep them secured until issued. Accountability will be checked during inspections and audits.

c. Issue staff enlisted personnel a meal pass when entitled to SIK. Do not issue meal passes to personnel receiving commuted rations, basic allowance for subsistence, or assigned to another command except when a consolidated personnel office services tenant or component commands. Withdraw staff enlisted personnel's meal passes on detachment or when authorized commuted rations. Commanding officers must control meal passes recovered from staff members while on leave or TAD.

d. Provide each inpatient a wristband on admission. Control of wristbands rests with the head, patient administration department. The band will serve as authority to use hospital dining facilities. Remove wristbands when the patient is allowed to subsist out, is granted leave of any form, or is discharged. On discharge the collection agent must ensure that inpatients pay all charges for meals received.

e. Personnel served in dining rooms are required to show proper identification as they enter. Positive identification is established when the name on a meal pass or wristband is verified with the name and picture on the patron's uniformed services identification card, or when the patron presents an identification badge or visitor's pass together with a cash register receipt in the appropriate amount for the meal.

5. Meal Count Procedures. Ration credit is allowed only for meals and diets actually served. Accordingly, establish local procedures to ensure accurate recording of meals and diets served. Develop local procedures for recording meals and diets served to inpatients based on the type of food distribution system in use. Use NAVSUP 1291, Meal Signature Record to document meals served to SIK patrons, and ambulatory inpatients who have meals billed during their hospitalization. Use cash register receipts collected from authorized cash sale patrons as the basis for claiming ration credit for cash sale meals. Whenever possible, assign masters at arms (MAAs) from the security division or from watch bills administered by the manpower management department. Hold MAAs responsible for checking authorization to enter the dining facility and meal counting procedures, rather than personnel assigned to the food management department.

6. Records

a. Maintain meal count records on a daily and cumulative month-to-date basis to support ration data reported monthly on NAVMED 10110/2, Food Service Performance Analysis, and to provide

historical data useful in ensuring effective food service management.

b. Make legible entries on NAVSUP 1291 and meal count records in ink or indelible pencil to prevent fraud and ensure permanent records for future audits.

c. Retain signature and meal count records for a period of 2 years or until audited. Mark or deface cash register receipts at the point of collection to prevent their reuse and retain them and cash register audit tapes under lock and key until completion of the monthly collection agent audit, after which defaced receipts must be destroyed.

7. Food Service Performance Analysis Report, MED 10110-2. The head, food management department is responsible for preparing the monthly Food Service Performance Analysis Report on NAVMED 10110/2. Line numbers referenced in subsequent paragraphs may be found on the sample NAVMED 10110/2 in appendix A of this enclosure.

a. Section A. Rations Served

(1) Ration Defined. Weighted rations must be used in this report. Refer to paragraph 1 of this enclosure for weighting factors. Rations are defined as the sum of the result of multiplying the number of meals served during each meal period by the appropriate weighting factors.

For example: Hospital "A" serves

1200 Breakfast Meals
2300 Lunch Meals
800 Supper Meals
300 Night Meals of a Breakfast Type
75 Tube Feedings
30 Box Lunches

Rations are computed as	1200 x 0.20 =	240
	2300 x 0.40 =	920
	800 x 0.40 =	320
	300 x 0.20 =	60
	75 x 0.40 =	30
	30 x 0.40 =	12
	Rations =	<u>1582</u>

Round fractions to the nearest whole number.

(2) Meal Count. Determine the number of meals and diets served daily by actual count following the procedures in paragraph 5. (Count individuals taking second helpings at a meal only once for ration credit at that meal.) Do not take ration credit for supplementary nourishments served between meals.

(3) Lines A-1 and A-2, Distribution of Rations Served. Complete lines A-1 and A-2 in section A entering the number of weighted rations served, by type and location.

b. Section B. Analysis of Rations

(1) Attached. Enter in this column, by category, the number of rations that would have been served had all persons eligible to subsist at the MTF taken full subsistence during the reporting period.

(a) Line B-1, Staff and Support Personnel. Enter total personnel days attached for all enlisted staff and support personnel attached who are entitled to SIK. Exclude those whose entitlement to SIK was canceled because of leave, TAD, commuted rations, or for other reasons.

(b) Line B-2, Inpatients. Enter total occupied bed-days, by admission, attributable to inpatients and members of residential treatment programs, excluding newborns and patients of the neonatal nursery.

(c) Line B-3, Others. Enter no figure.

(d) Line B-4, Officers and Civilians. Enter total personnel days attached for staff officers and civilians who were eligible to purchase meals at the standard meal rate with or without surcharge. Include only those civilian employees who have specific authority to purchase meals for cash. Exclude leave and TAD days.

(e) Line B-5, Officers and Civilians (Per Diem Rate). Enter total personnel days attached for officers and civilians drawing a per diem allowance who were eligible to purchase meals for cash.

(f) Line B-6, Enlisted Personnel Receiving Commuted Rations. Enter total personnel days attached for enlisted staff and support personnel who were eligible to purchase meals for cash. Exclude leave and TAD days.

(g) Line B-7, Adult Guests. Enter no figure.

(h) Line B-8, Child Guests. Enter no figure.

(2) Served. Enter opposite each category (lines B-1 through B-8) the number of weighted rations served during the month, separating on line B-4 meals served with or without surcharge.

c. Section C. Expenditures. Enter the dollar value of expenditures accumulated during the same period used to determine workload figures.

(1) Line C-1, Subsistence. Enter the dollar value of subsistence used to serve the meals reported in sections A and B. This value should include the beginning inventory of expended subsistence (ending inventory reported the previous period) and the total value of subsistence expended during the period as shown in cost account number EIB (per references (j) and (n)), less the value of expended subsistence remaining at the end of the period.

(2) Line C-2, Nonsubsistence Supplies. Enter the value of the expended nonfood supplies used during the period as shown on NAVCOMPT 2171 (Subactivity Group/Functional Category/Expense Element Report), subfunctional category "YF," expense element "T," minus the value in cost account EIB.

(3) Line C-3, Military Salaries. Enter the value as shown on NAVCOMPT 2171, subfunctional category "YF," expense element "A." Exclude that portion of military salaries involved exclusively with the purchase, receipt, control, and issue of stores held in the Navy Stock Account.

(4) Line C-4, Civilian Salaries. Enter the value obligated during the period as shown on NAVCOMPT 2171, subfunctional category "YF," expense element "U." Exclude that portion of civilian salaries involved exclusively with the purchase, receipt, control, and issue of stores held in the Navy Stock Account.

(5) Line C-5, Contract Expenses. Enter the value of monthly production and service contract expenses which may include meal preparation, service, or scullery functions.

d. Section D. Management Data

(1) Line D-1, Inventory Value of Expended Subsistence Items. Enter the inventory value of expended subsistence items (not including leftover foods) on hand as of the last day of the reporting period. Compute this value from the aggregate of the beginning inventory and expended subsistence when deriving the value of line C-1. This value also serves as the beginning inventory for the following period.

(2) Line D-2, Cost of Supplementary Nourishments. Enter the total value of supplementary nourishments issued during the month. Supplementary nourishments are defined as any food issued for consumption by patients in addition to normal meals or modified diets prescribed by attending medical or dental officers.

(3) Line D-3, Meals Served per Man-Hour. The value of this entry serves as a general measure of labor productivity. Meals, for the purpose of this computation, are defined as three times the total of weighted rations reported in the "Total" line of section A. Divide the computed number of meals served by the aggregate number of productive work-hours required to produce them. Include in work-hours, the total number of hours worked by all staff, full-

and part-time, including overtime. Exclude hours of leave and TAD and those involved in the purchase, receipt, control, and issue of stores. Round the entry to the nearest hundredth.

(4) Line D-4, Average Food Cost per Ration. Determine the value of this entry by dividing total subsistence expenditures by total weighted rations. Round the result to the nearest cent.

(5) Line D-5, Average Total Cost per Ration. Determine the value of this entry by the "Total" line of section C by the "Total" line of section A. Round the result to the nearest cent.

e. Section E. Patient Visits. Enter the number of patient visits (clinical consultations) made, by category, during the reporting period.

f. Section F. Comments Section. Use this space and attach a continuation sheet if necessary, to enter corrections to previous reports or to summarize significant factors affecting the food management department during the current reporting period.

8. Subsistence Reimbursement. The head, food management department must submit to the MTF comptroller a report of reimbursable SIK rations served during the reporting period, using NAVMED 7302/7. Reimbursement claimed for rations served to patrons entitled to SIK, reported on lines B-1 and B-2 of NAVMED 10110/2, must be based on an actual head count of rations served, by uniformed service category. Weighted rations are computed from signature counts recorded on NAVSUP 1291. The value of rations served is derived by applying the food cost per ration to weighted rations served to all uniformed service categories. The Navy Comptroller Manual stipulates that a request for reimbursement in amounts less than \$100 per quarter need not be processed. Since the report is submitted monthly, accumulate requests for reimbursement for categories representing less than \$100 and submit quarterly, if the value meets the minimum requirements.

9. Cost Standards. MTFs incur intrinsic costs which exceed the basic daily food allowance (BDFA) authorized for enlisted dining facilities. Intrinsic costs result from feeding inpatients and include costs of individual packaging for inpatient tray service, dietetic foods, nourishments, and defined formula diets. Reference (f) prescribes hospital meal rates. Cash sale of meal rates establish the maximum ration costs at which MTFs will receive direct cash reimbursement for subsistence. Expenditures above these rates must be paid for from medical operations and maintenance funds. Therefore, cash sale of meal rates provide a ration cost goal that may be modified by intrinsic hospital ration costs. Intrinsic costs for naval MTFs have been determined to be 30 percent of the BDFA published in reference (f). Addressees must:

- a. Establish procedures which ensure that ration costs for dining facilities under their command do not exceed 110 percent of the current BDFA.
- b. Explain ration costs which exceed 110 percent of the BDFA in the "Remarks" section of NAVMED 10110/2.

ACTIVITY			PERIOD COVERED		
<b>A. RATIONS SERVED</b>			DINING ROOM	PATIENT TRAYS	TOTAL
TYPE					
A-1	REGULAR DIET				
A-2	MODIFIED DIET				
TOTAL SECTION A.					
<b>B. ANALYSIS OF RATIONS</b>			ATTACHED	SERVED	
1. SUBSISTENCE IN KIND					
B-1	STAFF AND SUPPORT PERSONNEL				
B-2	INPATIENTS				
B-3	OTHERS				
2. CASH SALES					
B-4	OFFICERS AND CIVILIANS	A. SURCHARGE			
		B. SURCHARGE EXEMPT			
B-5	OFFICERS AND CIVILIANS (PER DIEM RATE)				
B-6	ENLISTED PERSONNEL RECEIVING COMMUTED RATIONS				
B-7	ADULT GUEST				
B-8	CHILD GUEST				
TOTAL SECTION B.					
<b>C. EXPENDITURES</b>			VALUE	% OF TOTAL	
C-1	SUBSISTENCE		\$		%
C-2	NONSUBSISTENCE SUPPLIES				%
C-3	MILITARY SALARIES				%
C-4	CIVILIAN SALARIES				%
C-5	CONTRACT EXPENSES				%
TOTAL SECTION C.			\$		100%
<b>D. MANAGEMENT DATA</b>					
D-1	INVENTORY VALUE OF EXPENDED SUBSISTENCE ITEMS				\$
D-2	COST OF SUPPLEMENTARY NOURISHMENTS				\$
D-3	MEALS SERVED/MAN HOUR	MAN HOURS WORKED:			
D-4	AVERAGE FOOD COST/RATION				\$
D-5	AVERAGE TOTAL COST/RATION				\$
<b>E. PATIENT VISITS</b>			<b>F. COMMENTS</b>		
INPATIENTS _____ OUTPATIENTS _____ HAPR SUPPORT _____					
SIGNATURE (HEAD, FOOD MANAGEMENT DEPARTMENT)					
			APPROVED (SIGNATURE OF COMMANDING OFFICER)		

SUBSISTENCE MANAGEMENT

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1. Definitions

a. Subsistence. Food and food products required for the Medical Food Service Program classified in the Department of Defense section of the Federal Supply Catalog containing Federal Supply Classification Group 89, Subsistence; cognizance symbol M material in the Navy Supply System classification; or listed in reference (g), NAVMED P-5106.

b. Subsistence Support. All functions relating to the procurement, receipt, inspection, storage, inventory, and issue of subsistence material as defined above.

c. Subsistence Stock. All subsistence items carried in the Navy Stock Account for issue to the food management department or to other end use.

d. Preexpended Subsistence. All subsistence material expended from the Navy Stock Account to end use, but not yet served or consumed.

2. Direction and Control. The Defense Supply Agency through the Defense Personnel Support Center directs and controls all assigned subsistence supply management functions for the Department of Defense. The Naval Supply Systems Command (COMNAVSUPSYSCOM) exercises supply management of Navy-owned retail stocks of subsistence items. Subsistence support procedures and management of subsistence stocks at MTFs must follow instructions and regulations issued by COMNAVSUPSYSCOM and other competent authorities.

3. NAVMED P-5106, Federal Hospital Subsistence Guide. The guide was developed to achieve maximum standardization of subsistence items used in Federal hospitals. It recognizes that there is a degree of commonality between general troop and hospital feeding requirements. NAVMED P-5106 allows flexibility in the procurement of subsistence items to provide medical food service programs the resources needed to fully accomplish their assigned function.

Local purchase authority is provided for those items in the guide where central procurement is not logistically feasible. All medical food service program officers are requested to provide comments and suggestions to MEDCOM-312 on items currently contained in the guide and provide information relative to new items desired for inclusion in the catalog.

#### 4. Local Responsibilities

a. Materials Management Department. The head, materials management department is responsible and accountable for subsistence support functions and the management of MTF subsistence stock.

b. Food Management Department. The head, food management department is responsible for the proper and efficient management of preexpended subsistence items undergoing preparation or awaiting service; for initiating requests for procurement of subsistence items required for the Medical Food Service Program; and for providing technical assistance and advice, as required, in subsistence support functions.

c. Assignable Responsibilities. The assistant head, food management department, when assigned, may be designated as assistant head, materials management department (for provisions). The officer so designated is directly responsible to the head, materials management department for the detailed management and operation of designated spaces and materials related to subsistence support functions. When an assistant is not assigned, the head, food management department may perform these functions. Assignment of responsibilities and administration of controls must follow applicable COMNAVSUPSYSCOM and other competent authority instructions and procedures.

5. Subsistence Support. The position and functions of the head, materials management department, with respect to subsistence support and management of subsistence stock at MTFs is analogous to that of other supply officers ashore who maintain a stock of subsistence for issue and transfer, but who do not operate an enlisted dining facility. The officer renders monthly returns combining all classes of Navy Stock Account material including cognizance symbol 9M following applicable COMNAVSUPSYSCOM instructions and guidelines.

6. Preexpended Subsistence. Keep the amount and value of preexpended subsistence items on hand in the food management department at the lowest level consistent with the requirements of the menu, the physical location of subsistence stock, and the extent of fabrication or preliminary preparation required to prepare items for service. The head, food management department must establish local procedures for effective control and authorized use of subsistence items issued to food service from the stores account or purchased and expended to end use upon

receipt. Recommend that, at a minimum, NAVSUP 209, Stock Tally Card be completed for each item held beyond the day of issue in preexpended status.

7. Management of Subsistence Stock in End Use

a. General. Develop local procedures to ensure that a suitable record of all transactions is maintained when the MTF does not maintain bulk subsistence in the Navy Stock Account. Where installed, the Medical Inventory Control System (MICS) is to be used to record items issued from Navy Stock Account inventory. Navy Stock Account inventory must be physically separated from pre-expended materials. When necessary, custody of Navy Stock Account stocks may be assigned to the food service officer as indicated in reference (h).

b. Records of Receipts and Expenditures. Record the value of receipts and expenditures for all subsistence items. Refer to Navy Comptroller Manual, reference (i), volume 8, chapter 5, for required information and procedures. Records must include:

- (1) Value of opening inventory.
- (2) Receipts from purchase.
- (3) Issues to the MTF dining facility.
- (4) Value of closing inventory.
- (5) Value of surveys.
- (6) Value of summary price adjustments.

c. Receipt Document File. File one copy of all receipt documents signed, acknowledging receipt and responsibility for custody and use.

d. Expenditures Document File. File one copy of all issue documents, signed, acknowledging receipt and responsibility for custody and use.

e. Inventory Control

(1) Maintain inventories at a level consistent with the operating requirements of the MTF dining facility, based on delivery schedules and usage rates for subsistence items.

(2) Complete an inventory at the close of the last business day of each month to ease computation of ration costs and funded reimbursable billings. Record and retain inventory counts signed by the person responsible for the inventory and validated by the head, food management department.

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f. Pricing, Price Adjustments, and Recording Material Receipts. Consult Navy Comptroller Manual, volume 8, for procedures on pricing, price adjustments, and recording of material receipts. The MICS performs these procedures following reference (j).

g. Reporting Requirement. Compute the monthly food cost per ration as described in paragraph 7d(4) of enclosure (2).

h. Surveys. Institute appropriate survey action when circumstances warrant, following applicable COMNAVSUPSYSCOM regulations. Do not include the dollar value of items surveyed in expenditures for the period nor reflect them in the monthly ration cost. Report the dollar value of items surveyed in the "Remarks" section of NAVMED 10110/2, Food Service Performance Analysis. Keep a copy of the survey with the expenditure document file.

FOOD PREPARATION AND SERVICE

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1. Hospital Menu

a. Definition. The hospital menu is the food management department operating plan and the basis for the procurement, preparation, and serving of food to persons authorized to subsist at the MTF. The menu includes regular and modified diet meals.

b. Requirements. Plan the menu in advance to meet procurement leadtime, ensure delivery of the items planned for service, and meet predetermined standards of adequacy, acceptability, cost, and execution.

(1) Adequacy and Acceptability. Plan the regular diet menu to ensure the service of well-balanced, nutritionally adequate meals of high consumer acceptance following chapter 7, part A of reference (k). Plan modified diets following reference (e) and considering the requirements of the patient's dietary regimen.

(2) Cost. Plan the menu to ensure execution within acceptable cost limitations. Refer to paragraph 8 of enclosure (2) for cost standards. Commonality between regular diet and modified diet menus is essential to control food and labor costs. Planning should permit maximum use of standard subsistence items obtainable through the Defense Personnel Support Center and should always consider seasonal availability and market price fluctuations. As a general rule, plan menus so that the average food cost per ration, after removal of costs considered intrinsic to hospital operations, approaches the basic daily food allowance published by the Navy Food Service Systems Office.

(3) Execution. In planning the menu consider the capabilities of food service personnel, the type and capacity of equipment and utensils available, and the time required to prepare the items. A properly planned menu will equitably use all employees, make full use of the culinary disciplines, reasonably distribute the workload among functional units, consider the time of preparation, and anticipate any serving problems resulting from unusual delivery factors or temporary lack of suitable equipment and supplies.

c. Responsibility. The head, food management department must prepare and sign the hospital menu. The head, clinical nutrition division must certify the nutritional adequacy of the menu and serve as an adviser, to ensure the highest degree of commonality between the modified and regular diet menus. The head, food management department may make necessary changes to the approved menu to meet unforeseen circumstances. Do not make changes that compromise the nutritional adequacy or quality of meals.

d. Cycle Menus. As an aid to effective management, cycle menus are desirable. Consider the average length of patient stay and domiciliary support for hospital staff members when determining cycle length.

e. Format. The menu may be prepared in any format suited to local requirements. The menu must present a neat, clean appearance and be easily read and understood by the consumer and by food service employees. Take extreme care to avoid ambiguity, foreign language, and geographically oriented phraseology. If such terminology is used to enhance the esthetic presentation of the menu, give a short descriptive note following the item, e.g., "Reuben Sandwich - Corned beef on rye with sauerkraut, swiss cheese, and spread."

f. Distribution and Posting. Distribute sufficient copies of the menu to ensure adequate notification throughout the MTF, including inpatient care areas. Post the menu for the current regular diet meal at serving lines and dining room entrances.

## 2. Special Feeding Requirements

### a. Night Meals

(1) Furnish a nutritionally balanced meal to those personnel assigned to duty between the hours of 2100 and 0700. If cafeteria service is provided, breakfast and dinner components may be offered. Consider substantial box lunches and prepackaged meals, to be reheated at time of service, as viable alternatives. If the meal is of a breakfast nature, a midshift snack may be offered.

(2) For planning and control, maintain a daily list of staff personnel assigned to night duty. Do not furnish night meals to other persons, except on written order of the commanding officer or designee.

(3) Maintain a night meal count record on NAVSUP 1291, Meal Signature Record. Record the meal pass number of patrons entitled to SIK or the serial number of the cash register receipt for patrons not so entitled.

(4) The cash sale rates for night meals must conform to reference (f).

(5) Night meals must be inspected by the officer of the day or by a qualified watch officer so designated.

b. Special Meals. Provide meals appropriate to the observance of national and religious holidays to authorized personnel, within the limitations of available resources and facilities. Consult the MTF chaplain with respect to religious holidays requiring abstinence from certain foods by members of various faiths.

c. Picnics and Recreational Support. On written authorization of the commanding officer or designee, MTFs may furnish subsistence, cooked or uncooked, for picnics or other forms of recreation, provided the basic function of the food management department is not impaired. Implement control measures to ensure collection of monies from those personnel drawing commuted rations or otherwise required to purchase meals. Document appropriate ration credit based on actual head count of patrons served.

d. Special Functions. At those commands where suitable nonappropriated fund food services are not available, limited support may be rendered to command sanctioned special functions such as symposia, lectures, and ceremonies. Authority to provide such support must be in writing and signed by the commanding officer. The cost of all provisions supplied must be reimbursed by the host and must not be reported as a subsistence expense on NAVMED 10110/2, Food Service Performance Analysis in the average cost per ration.

e. Blood Donor Support. Reference (1) provides financial guidance in support of the blood donor program. Do not include nourishments, other than complete meals, in workload data or food cost, when determining average cost per ration. The costs are chargeable against operating funds of the medical activity drawing the blood.

### 3. Food Preparation

a. General. Prepare food under the supervision of qualified personnel, exercising the utmost care to ensure meals and diets that will receive good consumer acceptance. Take every precaution to prevent contamination of food and to prepare food under proper sanitary conditions, as prescribed in reference (c). The head, food management department must institute procedures to achieve economies in the preparation of food.

b. Forecasting. Accurate forecasting is critical to the prevention of over or under production and subsequent subsistence procurement. Document historical usage of selective menu items to estimate food preferences in future menu cycles.

c. Recipes. Use accurate standard recipes as the basis for production and subsistence procurement. Maintain a file of

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standard recipes to inform and guide all employees engaged in food preparation. At a minimum, use standard recipes in references (k) and (m).

d. Security. Maintain security measures, consistent with local threat conditions, for all food undergoing fabrication or preparation.

e. Diet Modifications. Coordinate modified diet requirements with those of the regular diet menu to avoid duplication of effort when preparing common use items.

f. Time Factor. Hold the length of time between food preparation and serving to a minimum. Employ batch cooking, timed to effect freshly prepared replenishment during the service period. Minimize time lags between preparation and serving to maintain nutritive value, consumer acceptance, and prevent outbreaks of foodborne illnesses and diseases. Frequently check serving points to ensure that hot food is served at a temperature of at least 140°F and cold food below 40°F.

g. Production Worksheets. Use food production worksheets to communicate the elements listed above. The use of NAVSUP 1090, Food Preparation Worksheet, described in chapter 6, part B of reference (h), is highly recommended.

#### 4. Food Service

a. General. Instruct and supervise persons assigned to serve food in the proper performance of their duties and require them to present a neat, clean appearance at all times while on duty. Serve food courteously and properly and make every effort to ensure a pleasant atmosphere in dining rooms and patient care areas during meal hours. Do not make any distinction in the quality or quantity of the ration in favor of any consumer or group of consumers.

b. Meal Hours. The commanding officer must establish appropriate meal hours for patients and staff members. Dining room facilities and workload will determine the length of the serving period. Discourage the subsisting of individuals at other than regular meal hours, but allow hold or late meals for patients receiving treatment, when bona fide reasons exist, e.g., surgery.

c. Meal Charges. The following paragraphs prescribe guidelines for the cash sale of meals to patrons authorized to use the MTF dining facility.

(1) Surcharge. A charge established to comply with statutory requirements to recover operating expenses in appropriated fund food service activities from officer and

- civilian personnel authorized meals on a reimbursable basis and from all officers, civilians, and enlisted personnel when authorized the per diem subsistence allowance.

(2) General. There are two types of meal service which MTFs may offer to personnel authorized to use the food service dining facility: traditional and a la carte. Personnel authorized meals on a reimbursable basis, using the traditional meal system, pay the food charge and the surcharge as specified in reference (f) without regard to the menu items taken. Personnel authorized meals on a reimbursable basis, using the a la carte meal service, pay only the cost of the food items selected plus the surcharge.

(3) Charges for Meals Sold. Reference (j) establishes charges for meals sold. All persons must be charged the full meal rate (basic rate plus surcharge) unless they have a SIK meal card, hold orders officially authorized by their commanding officer giving some other entitlement, or are in one of the exemptions listed below. Under either a traditional or a la carte system, one or two separate charges apply. One charge recovers the cost of food and, when applicable, another charge, a surcharge, recovers operating expenses. Reimbursement rates for the traditional food service system are provided in reference (j). Reimbursement rates for food items under the a la carte system must recover the cost incurred for the food item sold and the surcharge.

(a) Generally, each food item is priced separately (at actual cost or rounded to the nearest 5 cents) based on its cost. However, price averaging of certain salads, vegetables, and other food categories is authorized.

(b) A surcharge must be applied, except as noted in the paragraph below, to item food costs at actual cost or rounded to the nearest 5 cents. The surcharge is computed based on a ratio of the total daily surcharge to the daily food charge. Thus, if the daily surcharge under the traditional system is \$5.40 and the food charge is \$3.80, the surcharge rate under the a la carte system would be calculated as  $\$5.40 / \$3.80 = 142$  percent.

(4) Exemption from Surcharges. Per reference (o), the following exemptions are to be applied strictly and consistently.

(a) Spouses and dependent children of enlisted members in pay grades E-1 through E-4.

(b) Members of organized nonprofit youth groups.

(c) All patients in hospitals.

(d) Officer candidates, cadets and midshipmen, Reserve Officer Training Candidate students, and International Military

Educational Training students. (Surcharge is recovered through tuition charges.)

(e) Students in DOD dependent schools overseas where alternative student meal facilities are not available.

(f) Red Cross personnel.

(g) A commanding officer or a designated representative who consumes a meal to determine the quality and quantity of food served; personnel performing food service assignments; when no other feeding facility is available and the nature of the individual's duty assignment, as a matter of mission essentiality, requires his or her immediate availability thereby precluding the individual from eating except in the appropriated fund dining facility. For medical facilities, this specifically refers to the medical officer of the day and administrative officer of the day and includes certain health care personnel, enacted by the MTF commanding officer in writing, to remain on board the MTF due to potential medical emergencies to which they must respond; this determination must be made for specific individuals, not classes or groups of personnel.

(h) Personnel being fed as a result of an act of Providence when no other dining facilities are available.

d. Dining Room Service

(1) Subject to the effective use of available facilities, the commanding officer may authorize separate dining areas for certain groups such as handicapped patients, staff officers and ambulatory officer patients, senior petty officers, and students under instruction at Hospital Corps schools.

(2) Guests and staff personnel subsisting at the MTF must normally eat in the MTF dining rooms. The head, food management department must approve the subsisting of guests or staff personnel in patient care areas.

(3) The food management department is responsible for all functions relating to the service of food in dining rooms, except those assigned to the collection agent.

e. Ward Service. The food management department is responsible for all functions relating to the food distribution system in use. Guidelines for assigning responsibility are provided below:

(1) Centralized Food Service

(a) A centralized food distribution system integrates all food service activities under the immediate supervision of the head, food management department. Normally, food service

personnel assemble patients trays in a central kitchen, transport trays to care sites, return them to central dishwashing, and sanitize dishes and carts.

(b) In a centralized system, nursing service personnel, under the supervision of the ward or charge nurse, prepare patients to receive trays and deliver the trays to them, feed or assist patients who need help, and remove soiled trays from the bedside and place them in tray carts for return to the central dishwashing room.

(2) Decentralized Food Service. In a decentralized food distribution system, food is plated in a chilled state in the central kitchen and is stored under refrigeration at the serving location. At the time of service, food management department personnel bring chilled foods, to be served hot, to the proper serving temperature for distribution to patients. Where such a system is in use, the head, food management department is responsible for all facets of service, from tray assembly to and including delivery of finished trays to nursing personnel.

(3) Isolation. When isolation is indicated, nursing service personnel assume patient tray delivery, retrieval, and subsequent disinfecting of any contaminated material.

f. Liaison with Patient Care Areas. The head, food management department must coordinate liaison with patient care areas as may be required to carry out the Medical Food Service Program effectively, including establishment of procedures to start, stop, and change diets; the ordering and control of supplementary nourishments; the processing of individual selective menu forms; and reporting of meals served.

5. Food Conservation. The head, food management department must establish and conduct a food conservation program designed to ensure an economical food service operation by eliminating waste and maximizing the use of food byproducts. The Program should provide for the continuing instruction and guidance of employees and consumers in food conservation practices.

CLINICAL NUTRITION PROGRAMS

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1. General. Clinical nutrition programs include the preparation and service of modified diets to inpatients as prescribed by staff medical and dental officers; outpatient counseling and instruction; participation in the Health and Physical Readiness Program; and professional and inservice training.

2. Personnel. A clinical dietitian must serve as the head of the clinical nutrition division. All clinical dietitians must be fully qualified as recognized by the JCAHO and must be credentialed as a clinical dietitian at the MTF. Clinical nutrition programs may be staffed as follows:

a. Military. Military dietitians must be members of the Medical Service Corps. Hospital Corps personnel may be assigned to perform nutritional assessment, patient screening, and counseling functions.

b. Civilian. Civilian positions may be established for clinical dietitians and health (dietary) technicians. Position descriptions for these positions should clearly indicate the requirement for therapeutic as differentiated from administrative qualifications. Grades are determined by the application of the appropriate Office of Personnel Management standard. The commanding officer may establish part-time or intermittent clinical positions.

3. Program Scope. The scope of the program is necessarily broad and modifications may be tailored to meet the needs of the individual MTF and the changing modes of health care delivery.

a. Inpatient. The nutritional needs of the inpatient population are the primary focus of the program. Diet orders must be recorded in the patient's medical record by a credentialed health care provider prior to the diet being served. Diets must be structured on a basic food plan selected to provide the essentials of good nutrition and modified in consideration of the disease under treatment. Standards for nutritional care are specified in the Diet Manual, reference (e). This includes provisions for nutritional assessment and counseling, diet

instruction, and the preparation, distribution, and storage of special feedings. Professional relationships between the dietitian and medical and dental staff are maintained through effective communication, both personal consultation and medical record notes. When dietary modification is an integral part of treatment, the dietitian and attending medical or dental officer work together; the treating officer contributes pertinent medical and dental background, and the dietitian provides information on current diet therapy compatible with the patient's general condition and food preferences. Frequent ward visits maintain close contact with patients and liaison with medical, dental, and nursing personnel. Participation in nutrition support or nutrition care committees supports quality nutritional care. Also, the use of a physician advisor for clinical nutrition programs aids in communication, problem identification, and problem solving.

b. Support of Operational Units. Direct efforts toward providing support to Operating Forces. Seven special nutrition education centers have been established in the nutrition education division of food management departments at the following Naval Hospitals: Bethesda, Camp Lejeune, Camp Pendleton, Great Lakes, Oakland, Portsmouth, and San Diego. These centers provide the following support to regional line health and physical readiness programs:

(1) Onsite visits to enlisted dining facilities serving members of operational units to review nutritional adequacy of menus and preparation techniques.

(2) Structured inservice presentations to enlisted dining facility staff in areas of normal nutrition, menu writing, caloric modification, and nutrient retention.

(3) Review of the nutritional aspects of weight control and health promotion with members having weight problems, through individual or group instruction.

(4) Nutritional assessment support to fleet medical officers who are following patients with nutrition related problems.

c. Outpatient Clinics. Outpatient clinical nutrition services will depend on the extent of the MTF's outpatient medical and dental services. If MTFs find it desirable to establish an outpatient nutrition clinic, this clinic typically offers the following services to individuals and groups: prenatal, diabetic, hypertensive, and weight control.

d. Nutrition Education. Nutrition education refers to the training of medical and paramedical personnel.

(1) Professional staff training programs should emphasize the nutritional aspects of patient care. Medical school curricula are primarily concerned with diagnosis and specific therapy.

Knowledge of clinical nutrition is generally gained by physicians and dentists during internship and residency training. Clinical dietitians should be made a part of such programs to provide clinicians with information on the latest advances in diet therapy. It is appropriate to include the dietitian in grand rounds where diet modifications are used as a part of patient treatment.

(2) Hospital Corps inservice training should present material relating to normal and modified diets. Hospital Corps personnel are most intimately associated with direct patient care and should have an understanding of the physiological and psychological aspects of patient feeding.

4. Nutrition Program References. Reference (e) is the standard diet manual for use in naval hospitals. It provides details of modified diets and serves as an effective source of communication between the medical or dental officer and the food management department. Modifications may be made by the head, clinical nutrition division for local use when required. Standards for nutritional care are prescribed in reference (m). An MTF specific nutritional supplement formulary must be established for each facility and must be reviewed and approved annually by the executive committee of the medical staff and physician advisor.

5. Mutual Support. When MTFs are located within a reasonable distance of each other, the military dietitian at larger MTFs may serve in a consultant capacity to smaller MTFs, to ensure that clinical nutrition programs are offered at smaller MTFs. Under these circumstances visits must include liaison with hospital administration, medical and nursing staff, patient and family counseling as needed, approval of menus, nutritional assessment, development of policies and procedures, continuing education, and quality assurance evaluation of dietetic services.

6. Quality Assurance. Quality assurance is a systematic process that monitors, evaluates, and corrects problems with patient care, to meet MTF standards for quality and appropriateness of patient care. A qualified dietitian or representative will supervise the nutritional aspects of the Medical Food Service Program and ensure that nutritional care meets the standards for dietary services established by the JCAHO. Conclusions and recommendations from monitoring departmental criteria and the status of action to resolve problems must be documented in monthly departmental quality assurance minutes.