

Chapter 14 – Required Nutrition and Food Service Audit Tools

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NUTRITION CARE PLAN AUDIT

(Refer to Chapter 3 – Nutrition Care for Background Information)

Purpose of Audit:

To audit whether nutrition care plans are developed within two weeks of the resident's admission, reviewed within 14 weeks of admission, reviewed as set out in the resident's care plan, revised in response to resident need and monitored to ensure implementation.

Minimum Acceptable Audit Score:

100%

Minimum Audit Frequency:

- If the minimum acceptable audit score is met, complete the Nutrition Care Plan Audit once per year.
- If the minimum acceptable audit score is not met, repeat the audit until the concern is addressed.

Responsible Staff:

Member of the interdisciplinary team. In many facilities, the Registered Dietitian Nutritionist does not audit their own charting of residents. Instead they work with other members of the team and trade auditing tasks. This requires development of an interdisciplinary policy and educational support.

Procedure:

1. Complete the audit.

- Randomly choose 10% (maximum of 20, minimum of 4) charts. Charts can be chosen by taking every Xth chart, alphabetically or by any other random sample. Charts can be selected for type of diagnosis, nutrition risk or acuity of illness, but then results will only be valid for the specific parameter chosen and not applicable to the resident population as a whole.
- Audit charts. Use one nutrition care plan audit form for each resident or use the nutrition care plan audit summary form for all residents.

Remember that the Adult Care Regulations were revised in January 1997 and that there were significant changes to the requirements for nutrition care plans at this time. The facility should not be expected to comply with these regulations prior to January 31, 1997. For each resident, review the following items:

- Nutrition care plan developed within two weeks of admission. Check the date of admission. The initial nutrition care plan should be dated within two weeks of the admission date.
- Nutrition care plan documented in the resident's overall care plan. Check that the nutrition component of the care plan is documented in the overall care plan. In some facilities, the overall care plan may cross-reference the nutrition care plan.

- Nutrition care plan reviewed within 14 weeks of admission. Check the date of admission. The review of the initial nutrition care plan should be dated within 14 weeks of the admission date.
 - Nutrition care plan reviewed as set out in the resident’s care plan. For example, if the overall care plan indicates that all components of the care plan will be reviewed every 6 months then the nutrition care plan should be reviewed within this time frame.
 - Nutrition care plan revised in response to resident’s needs. Resident needs include the presence of new or changed conditions that have a strong influence on an individual’s nutrition status, such as:
 - permanent loss of ability to ambulate freely or use the hands to grasp small objects;
 - deterioration in behaviour, mood or relationships;
 - deterioration in resident’s health status, e.g. weight loss, abnormal lab values, dysphagia;
 - marked or sudden improvement in the resident’s health status; and/or
 - significant changes in medication.
 - Nutrition care plan monitored to ensure implementation. Evaluate whether the facility is actually following the action plan specified for the resident in the nutrition care plan.
 - Nutrition care plan completed by the Registered Dietitian Nutritionist. Check that the nutrition care plan is signed by a Registered Dietitian Nutritionist.
 - Appropriate intervention (suitable professional advice e.g. RDN, physician) when a resident experiences a significant weight change. Review the weight record of the resident for significant weight change. If there was a significant change, determine whether there was appropriate intervention for the resident.
- For each item, put a tick (✓) mark in the appropriate column.
 - Yes indicates that the nutrition care plan was appropriate for this item of the audit.
 - No indicates the nutrition care plan was inappropriate for this item of the audit.
 - N/A indicates that this item was not applicable.

2. Score the audit.

- Use the nutrition care plan audit summary form to collate the results of the audit.
- Audit score (%) = $\frac{\text{Total \# Yes} + \text{Total \# N/A}}{\text{Total \# charts audited}} \times 100$

3. Determine whether the minimum audit score is met or not met for all items.

4. Document any problems identified, corrective actions taken, and date for re-audit.

NUTRITION CARE PLAN AUDIT

NAME OF AUDITOR	DATE OF AUDIT
NUTRITION CARE PLAN AUDIT #	RESIDENT INITIALS
ADMISSION DATE	

ISSUE	YES	NO	N/A	COMMENTS
Nutrition care plan developed within two weeks of admission				
Nutrition care plan documented in the resident's overall care plan				
Nutrition care plan reviewed within 14 weeks of admission				
Nutrition care plan reviewed as set out in the resident's care plan				
Nutrition care plan revised in response to resident's needs				
Nutrition care plan monitored to ensure implementation				
Nutrition care plan completed by the Registered Dietitian Nutritionist				
Appropriate intervention (suitable professional advice e.g. RDN, physician) when a resident experiences a significant weight change (> 5%/one month, > 7.5%/3 mos., >10%/ 6 mos.)				

NUTRITION CARE PLAN AUDIT SUMMARY

FACILITY NAME	# NUTRITION CARE PLANS AUDITED
DATE OF AUDIT	NAME OF AUDITOR

Y = YES N = NO N/A = NOT APPLICABLE

ISSUE	NUTRITION CARE PLAN AUDIT NUMBER										AUDIT SCORE (%) = $\frac{Y + N/A}{\# \text{ CHARTS}} \times 100$	
	1	2	3	4	5	6	7	8	9	10		
Nutrition care plan developed within two weeks of admission												
Nutrition care plan documented in the resident's overall care plan												
Nutrition care plan reviewed within 14 weeks of admission												
Nutrition care plan reviewed as set out in the resident's care plan												
Nutrition care plan revised in response to resident's needs												
Nutrition care plan monitored to ensure implementation												
Nutrition care plan completed by the Registered Dietitian Nutritionist												
Appropriate intervention (suitable professional advice e.g. RDN, physician) when a resident experiences a significant weight change (> 5%/one month, > 7.5%/3 mos., >10%/ 6 mos.)												

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

NUTRITION CARE PLAN AUDIT

*Note: Only Audit for one Resident provided as sample.
Refer to Audit Instructions for Min. Number to Audit*

NAME OF AUDITOR <i>R. Smith</i>	DATE OF AUDIT <i>November 15, 2001</i>
NUTRITION CARE PLAN AUDIT # <i>1</i>	RESIDENT INITIALS <i>AA</i>
ADMISSION DATE <i>October 30, 2000</i>	

ISSUE	YES	NO	N/A	COMMENTS
Nutrition care plan developed within two weeks of admission	✓			
Nutrition care plan documented in the resident's overall care plan	✓			
Nutrition care plan reviewed within 14 weeks of admission	✓			<i>Reviewed January 15, 2001.</i>
Nutrition care plan reviewed as set out in the resident's care plan	✓			<i>Nutrition care plan indicates to review at minimum annually. Annual review completed October 15, 2001.</i>
Nutrition care plan revised in response to resident's needs			✓	<i>No change in resident need noted.</i>
Nutrition care plan monitored to ensure implementation	✓			
Nutrition care plan completed by the Registered Dietitian Nutritionist	✓			<i>Nutrition care plan signed by RDN.</i>
Appropriate intervention (suitable professional advice e.g. RDN, physician) when a resident experiences a significant weight change (> 5%/one month, > 7.5%/3 mos., >10%/ 6 mos.)			✓	<i>Weight was stable since admission.</i>

NUTRITION CARE PLAN AUDIT SUMMARY

FACILITY NAME <i>Facility A</i>	# NUTRITION CARE PLANS AUDITED <i>10</i>
DATE OF AUDIT <i>November 15, 2001</i>	NAME OF AUDITOR <i>R. Smith</i>

Y = YES N = NO N/A = NOT APPLICABLE

ISSUE	NUTRITION CARE PLAN AUDIT NUMBER										AUDIT SCORE (%) = $\frac{Y + N/A}{\# \text{ CHARTS}} \times 100$
	1	2	3	4	5	6	7	8	9	10	
Nutrition care plan developed within two weeks of admission	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	100
Nutrition care plan documented in the resident's overall care plan	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	100
Nutrition care plan reviewed within 14 weeks of admission	Y	Y	Y	Y	Y	Y	Y	N/A	Y	Y	100
Nutrition care plan reviewed as set out in the resident's care plan	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	100
Nutrition care plan revised in response to resident's needs	N/A	Y	Y	Y	N/A	Y	Y	N/A	Y	Y	100
Nutrition care plan monitored to ensure implementation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	100
Nutrition care plan completed by the Registered Dietitian Nutritionist	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	100
Appropriate intervention (suitable professional advice e.g. RDN, physician) when a resident experiences a significant weight change (> 5%/one month, > 7.5%/3 mos., >10%/ 6 mos.)	N/A	Y	N/A	Y	N/A	N/A	Y	N/A	N/A	Y	100

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

COMMENTS		
CONCERNS IDENTIFIED	CORRECTIVE ACTION (INCLUDE DATE OF EACH ACTION)	STAFF RESPONSIBLE
<i>No concerns identified by audit.</i>		
DATE OF NEXT AUDIT <i>November 2002</i>		<i>R. Smith</i>

WEIGHT RECORD AUDIT

(Refer to Chapter 4 – Weight Records for Background Information)

Purpose of Audit:

To audit whether weights are documented for each resident on a monthly basis.

Minimum Acceptable Audit Score:

100%

Audit Frequency:

- If the minimum acceptable audit score is met, complete the Weight Record Audit once per year.
- If the minimum acceptable audit score is not met, repeat the audit until the concern is addressed.

Responsible Staff:

Member of the interdisciplinary team.

Procedure:

1. Complete the audit.

- Choose 10% of charts to a maximum of 20 charts (minimum of 4 charts). Charts can be chosen a variety of ways, but avoid choosing charts based on acuity of diagnosis.
- Review the weight records for the previous 12 months.
- Column definitions:

Column A = the number of months the resident has been in the facility to a maximum of 12.

Column B = the total number of months that either:

- the resident's weight is recorded in the resident chart; or
- there is a reason documented why a resident's weight is not recorded
e.g. resident on holidays, resident refused.

For example:

- if there are 7 months where the weight is recorded and 5 months where weight is not recorded with no documented reason why the weight was not taken, B= 7;
- if there are 7 months where the weight is recorded and 5 months where the weight was not recorded but the weight record notes that the resident was in hospital then B= 12.

2. Score the audit.

- Total Audit score (%) = $\frac{\text{Total of column B}}{\text{Total of column A}} \times 100$

- 3. Determine whether the minimum acceptable audit score is met or not met.**
- 4. Document any problems identified, corrective actions taken, and date for re-audit.**

WEIGHT RECORD AUDIT

NAME OF AUDITOR	DATE OF AUDIT
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RESIDENT INITIAL	A. NUMBER OF MONTHS RESIDENT IN FACILITY (MAXIMUM 12)	B. TOTAL NUMBER OF MONTHS RESIDENT WEIGHT RECORDED OR REASON FOR MISSING WEIGHT RECORDED	COMMENTS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
TOTALS =			

TOTAL AUDIT SCORE = $\frac{\text{TOTAL COLUMN B}}{\text{TOTAL COLUMN A}} \times 100 = \underline{\hspace{2cm}} \%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

COMMENTS

CONCERNS IDENTIFIED	CORRECTIVE ACTION (INCLUDE DATE OF EACH ACTION)	STAFF RESPONSIBLE
DATE OF NEXT AUDIT		

WEIGHT RECORD AUDIT

NAME OF AUDITOR <i>L. Scott</i>	DATE OF AUDIT <i>August 1, 2001</i>
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RESIDENT INITIAL	A. NUMBER OF MONTHS RESIDENT IN FACILITY (MAXIMUM 12)	B. TOTAL NUMBER OF MONTHS RESIDENT WEIGHT RECORDED OR REASON FOR MISSING WEIGHT RECORDED	COMMENTS
1. <i>AB</i>	<i>12</i>	<i>12</i>	
2. <i>BC</i>	<i>12</i>	<i>12</i>	<i>In hospital May and June 2001</i>
3. <i>CD</i>	<i>12</i>	<i>12</i>	
4. <i>DE</i>	<i>6</i>	<i>6</i>	<i>Resident admitted February 5, 2001</i>
5. <i>EF</i>	<i>12</i>	<i>12</i>	
6. <i>FG</i>	<i>12</i>	<i>10</i>	<i>Missing March and April 2001 weights</i>
7. <i>GH</i>	<i>12</i>	<i>12</i>	
8. <i>HI</i>	<i>8</i>	<i>8</i>	<i>Resident admitted December 10, 2000</i>
9. <i>IJ</i>	<i>12</i>	<i>12</i>	
10. <i>JK</i>	<i>12</i>	<i>12</i>	
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
TOTALS =	<i>110</i>	<i>108</i>	

TOTAL AUDIT SCORE = $\frac{\text{TOTAL COLUMN B}}{\text{TOTAL COLUMN A}} \times 100 = \underline{\quad 98 \quad} \%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

COMMENTS		

CONCERNS IDENTIFIED	CORRECTIVE ACTION (INCLUDE DATE OF EACH ACTION)	STAFF RESPONSIBLE
<i>Missing two weights for resident FG. Resident on Unit 2.</i>	<ul style="list-style-type: none"> • Discussion at interdisciplinary team meeting occurred on August 4, 2001 	<i>L. Scott</i>
	<ul style="list-style-type: none"> • To discuss documentation of weights with Unit 2 staff on August 15, 2001 	<i>Director of Care</i>
	<ul style="list-style-type: none"> • Repeat audit in Sept. 2001 	<i>L. Scott</i>
	DATE OF NEXT AUDIT <i>September 2001</i>	<i>L. Scott</i>

DIET ORDER IMPLEMENTATION AND CONSUMPTION AUDIT

(Refer to Chapter 5 - Preparation and Service of Food for Background Information)

Purpose of the Audit:

To audit whether resident meals are served in compliance with the diet order in the overall care plan and to audit whether residents actually consume the food provided as indicated by their diet order.

Minimum Acceptable Audit Score:

Diet Order Implementation – 100%

Diet Consumption – 100%

Audit Frequency:

- If the minimum acceptable audit score is met, complete the Diet Order Implementation and Consumption Audit once per year.
- If the minimum acceptable audit score is not met, repeat the audit until the concern is addressed.

Responsible Staff:

Member of the interdisciplinary team.

Procedure:

1. Complete the Audit.

- Consider assigning two members of the interdisciplinary team to complete the audit - one team member to record the information in Column 1 – 5 and another team member to record the information in Column 6. This will facilitate an interdisciplinary approach to auditing diet order implementation and diet consumption.
- Randomly select 10% of residents or select residents who are at high nutrition risk to a maximum of 20 (minimum of 4), prior to meal service. Do not select residents who are in the hospital.
- In column 1 (Resident Initials) record the resident's initials.
- In column 2 (Resident Location) record the location of the resident during meal time (room number, dining room and/or seating arrangements in the dining area).
- In column 3 (Care Plan Diet Order) record the diet order from the care plan. Review the care plan to determine the most current diet order (including portion sizes, texture modification, therapeutic diet, dietary restrictions and any other special instructions).
- In column 4 (Diet Kardex) determine whether the diet order in the kitchen (i.e. diet kardex) corresponds to the diet order in the care plan (including portion sizes, texture modification,

therapeutic diet, dietary restrictions and any other special instructions). Put one tick (✓) under Y (Yes), N (No) or E (Exception).

- If the diet order in the care plan and diet kardex does match then put a tick (✓) under Y (Yes).
 - If the diet order in the care plan and diet kardex does not match then put a tick (✓) under N (No).
 - If there is a valid reason for inconsistency between the diet order in the care plan and diet kardex (e.g. diet order changed in the 24 hours prior to the meal service) then put a tick (✓) under E (Exception). Document the reason for the exception in the comments area of the audit.
- In column 5 (Diet Provided) determine whether the food provided to the resident corresponds to the diet order in the care plan. Put one tick (✓) under Y (Yes), N (No) or E (Exception).
 - If the diet order in the care plan and diet provided to the resident does match then put a tick (✓) under Y (Yes).
 - If the diet order in the care plan and diet provided to the resident does not match then put a tick (✓) under N (No).
 - If there is a valid reason for inconsistency between the diet order in the care plan and the diet provided to the resident (e.g. resident refusal to follow diet order in care plan, resident has stomach flu and served alternate diet) then put a tick (✓) under E (Exception). Document the reason for the exception in the comments area of the audit.
- In column 6 (Diet Consumed) determine whether the resident actually consumes at least 75% of the food provided. Put one tick (✓) under Y (Yes), N (No) or E (Exception).
 - If at least 75% of the food is consumed by the resident then put a tick (✓) under Y (Yes).
 - If less than 75% of the food is consumed by the resident then put a tick (✓) under N (No). If the resident consumes less than 75%, try to determine why the resident did not finish their meal (e.g. discuss with care staff, talk to resident).
 - If there is a valid reason for the resident not consuming the food provided (e.g. resident out for meal, resident refusal to eat meal, resident has stomach flu and served alternate diet) then put a tick (✓) under E (Exception). Document the reason for the exception in the comments area of the audit. If the resident refuses to consume their meal then this information should be communicated to the Registered Dietitian Nutritionist.

2. Score the audit.

- Diet Order Implementation

- Under column 4 (Diet Kardex), total the number of tick marks under Y and total the number of tick marks under E.

– Under column 5 (Diet Provided) total the number of tick marks under Y and total the number of tick marks under E.

– Total Audit Score (%) = $\frac{\text{Column 4 (Y + E)} + \text{Column 5 (Y + E)}}{\# \text{ Resident Diet Orders Audited} \times 2} \times 100$

• Diet Consumption

– Under column 6 (Diet Consumed) total the number of tick marks under Y and total the number of tick marks under E.

– Use the formula on the audit form to determine the Total Audit Score.

– Total Audit Score (%) = $\frac{\text{Column 6 (Y + E)}}{\# \text{ Resident Diets Audited}} \times 100$

3. Determine whether the minimum audit score is met or not met.

4. Document any problems identified, corrective actions taken, and date for re-audit.

DIET ORDER IMPLEMENTATION AND CONSUMPTION AUDIT

NAME OF AUDITOR	DATE OF AUDIT
LOCATION / UNIT	

Y = YES E = EXCEPTION N = NO

1. RESIDENT INITIALS	2. RESIDENT LOCATION	3. CARE PLAN DIET ORDER	4. DIET KARDEX			5. DIET PROVIDED			6. DIET CONSUMED (AT LEAST 75% OF MEAL)		
			Y	E	N	Y	E	N	Y	E	N
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
					+						

DIET ORDER IMPLEMENTATION TOTAL AUDIT SCORE = $\frac{\text{COLUMN 4 (Y+E)} + \text{COLUMN 5 (Y+E)}}{\# \text{ RESIDENT DIET ORDERS AUDITED X 2}} \times 100 = \underline{\hspace{2cm}} \%$

DIET CONSUMPTION TOTAL AUDIT SCORE = $\frac{\text{COLUMN 6 (Y+E)}}{\# \text{ RESIDENT DIET ORDERS AUDITED}} \times 100 = \underline{\hspace{2cm}} \%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

DIET ORDER IMPLEMENTATION AND CONSUMPTION AUDIT

NAME OF AUDITOR <i>I. Turner and L. Robb</i>	DATE OF AUDIT <i>October 5, 2001</i>
LOCATION / UNIT <i>Main Floor</i>	

Y = YES E = EXCEPTION N = NO

1. RESIDENT INITIALS	2. RESIDENT LOCATION	3. CARE PLAN DIET ORDER	4. DIET KARDEX			5. DIET PROVIDED			6. DIET CONSUMED (AT LEAST 75% OF MEAL)		
			Y	E	N	Y	E	N	Y	E	N
1. AA	Main	General	✓			✓			✓		
2. BB	Main	General, Minced	✓				✓		✓		
3. CC	Main	General, Pureed	✓			✓			✓		
4. DD	Main	Diabetes Diet	✓			✓			✓		
5. EE	Main	General, Pureed Thick Fluids	✓			✓				✓	
6. FF	Main	General	✓			✓			✓		
7. GG	Main	General, Minced	✓			✓			✓		
8. HH	Main	General, Cut Up	✓			✓			✓		
9. II	Main	General, Minced	✓			✓			✓		
10. JJ	Main	General, Pureed	✓			✓			✓		
			10	0	+	9	1		9	1	

DIET ORDER IMPLEMENTATION TOTAL AUDIT SCORE = $\frac{\text{COLUMN 4 (Y+E)} + \text{COLUMN 5 (Y+E)}}{\# \text{ RESIDENT DIET ORDERS AUDITED} \times 2} \times 100 = \underline{100} \%$

DIET CONSUMPTION TOTAL AUDIT SCORE = $\frac{\text{COLUMN 6 (Y+E)}}{\# \text{ RESIDENT DIET ORDERS AUDITED}} \times 100 = \underline{100} \%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

NOURISHMENT ORDER IMPLEMENTATION AND CONSUMPTION AUDIT

(Refer to Chapter 5 - Preparation and Service of Food and Chapter 7 - Nutrition Supplements, Tube Feedings, Eating Aids and Assistance/Supervision for Background Information)

Purpose of the Audit:

To audit whether resident nourishments are served in compliance with the nourishment order documented in the residents' care plan and to audit whether residents actually consume the nourishment provided as indicated by their nourishment order.

Minimum Acceptable Audit Score:

Nourishment Order Implementation – 100%

Nourishment Consumption – 100%

Audit Frequency:

- If the minimum acceptable audit score is met, complete the Nourishment Order Implementation and Consumption Audit once per year.
- If the minimum acceptable audit score is not met, repeat the audit until the concern is addressed.

Responsible Staff:

Member of the interdisciplinary team.

Procedure:

1. Complete the audit.

- Consider assigning two members of the interdisciplinary team to complete the audit - one team member to record the information in Column 1 – 5 and another team member to record the information in Column 6. This will facilitate an interdisciplinary approach to auditing nourishment order implementation and nourishment consumption.
- Randomly select 10% residents or select residents who are at high nutrition risk to a maximum of 20 (minimum of 4), prior to nourishment service. Do not select residents who are in the hospital.
- Select the nourishment time to be audited – morning, afternoon or evening nourishments
- In column 1 (Resident Initials) record the resident's initials.
- In column 2 (Resident Location) record the location of the resident during nourishment service (room number, dining room and/or seating arrangements in the dining area).
- In column 3 (Care Plan Nourishment Order) record the nourishment order from the care plan. Review the care plan to determine the most current nourishment order (including nourishments

that require texture modification, nourishments for therapeutic diet, and any other special nourishment).

- In column 4 (Diet Kardex) determine whether the nourishment order in the kitchen (i.e. diet kardex) corresponds to the nourishment order in the care plan (including nourishments that require texture modification, nourishments for therapeutic diet, and any other special nourishment). Put one tick (✓) under Y (Yes), N (No) or E (Exception).
 - If the nourishment order in the care plan and diet kardex does match then put a tick (✓) under Y (Yes).
 - If the nourishment order in the care plan and diet kardex does not match then put a tick (✓) under N (No).
 - If there is a valid reason for inconsistency between the nourishment order in the care plan and diet kardex (e.g. nourishment order changed in the 24 hours prior to the meal service) then put a tick (✓) under E (Exception). Document the reason for the exception in the comments area of the audit.
- In column 5 (Nourishment Provided) determine whether the nourishment provided to the resident corresponds to the nourishment order in the care plan. Put one tick (✓) under Y (Yes), N (No) or E (Exception).
 - If the nourishment order in the care plan and the nourishment provided to the resident does match then put a tick (✓) under Y (Yes).
 - If the nourishment order in the care plan and the nourishment provided to the resident does not match then put a tick (✓) under N (No).
 - If there is a valid reason for inconsistency between the nourishment order in the care plan and the food provided to the resident (e.g. resident refusal to follow nourishment order in care plan, resident has stomach flu and served alternate nourishment) then put a tick (✓) under E (Exception). Document the reason for the exception in the comments area of the audit.
- In column 6 (Nourishment Consumed) determine whether the resident actually consumes at least 75% of the nourishment provided. Put one tick (✓) under Y (Yes), N (No) or E (Exception).
 - If at least 75% of the nourishment is consumed by the resident then put a tick (✓) under Y (Yes).
 - If less than 75% of the nourishment is consumed by the resident then put a tick (✓) under N (No). If the resident consumes less than 75%, try to determine why the resident did not finish their nourishment (e.g. discuss with care staff, talk to resident).
 - If there is a valid reason for the resident not consuming the nourishment provided (e.g. resident out for nourishment, resident refusal to consume nourishment, resident has stomach flu and served alternate nourishment) then put a tick (✓) under E (Exception).

Document the reason for the exception in the comments area of the audit. If the resident refuses to consume their nourishment then this information should be communicated to the Registered Dietitian Nutritionist.

2. Score the audit.

• Nourishment Order Implementation

- Under column 4 (Diet Kardex), total the number of tick marks under Y and total the number of tick marks under E.
- Under column 5 (Nourishment Provided) total the number of tick marks under Y and total the number of tick marks under E.
- Use the formula on the audit form to determine the Total Audit Score.

$$\text{Total Audit Score (\%)} = \frac{\text{Column 4 (Y + E)} + \text{Column 5 (Y + E)}}{\# \text{ Resident Nourishment Orders Audited} \times 2} \times 100$$

• Nourishment Consumption

- Under column 6 (Nourishment Consumed) total the number of tick marks under Y and total the number of tick marks under E.
- Use the formula on the audit form to determine the Total Audit Score.

$$\text{Total Audit Score (\%)} = \frac{\text{Column 6 (Y + E)}}{\# \text{ Resident Nourishments Audited}} \times 100$$

3. Determine whether the minimum audit score is met or not met.

4. Document any problems identified, corrective actions taken, and date for re-audit.

NOURISHMENT ORDER IMPLEMENTATION AND CONSUMPTION AUDIT

NAME OF AUDITOR	DATE OF AUDIT
LOCATION / UNIT	NOURISHMENT TIME (CIRCLE ONE) AM PM HS

Y = YES E = EXCEPTION N = NO

1. RESIDENT INITIALS	2. RESIDENT LOCATION	3. CARE PLAN NOURISHMENT ORDER	4. DIET KARDEX			5. DIET PROVIDED			6. DIET CONSUMED (AT LEAST 75% OF MEAL)		
			Y	E	N	Y	E	N	Y	E	N
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
					+						

NOURISHMENT ORDER IMPLEMENTATION TOTAL AUDIT SCORE = $\frac{\text{COLUMN 4 (Y+E)} + \text{COLUMN 5 (Y+E)}}{\# \text{ RESIDENT NOURISHMENT ORDERS AUDITED} \times 2} \times 100 = \underline{\hspace{2cm}} \%$

NOURISHMENT CONSUMPTION TOTAL AUDIT SCORE = $\frac{\text{COLUMN 6 (Y+E)}}{\# \text{ RESIDENT NOURISHMENT ORDERS AUDITED}} \times 100 = \underline{\hspace{2cm}} \%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

NOURISHMENT ORDER IMPLEMENTATION AND CONSUMPTION AUDIT

NAME OF AUDITOR <i>D. Parker and M. Smith</i>	DATE OF AUDIT <i>December 1, 2001</i>
LOCATION / UNIT <i>Unit 4</i>	NOURISHMENT TIME (CIRCLE ONE) AM PM HS

Y = YES E = EXCEPTION N = NO

1. RESIDENT INITIALS	2. RESIDENT LOCATION	3. CARE PLAN NOURISHMENT ORDER	4. DIET KARDEX			5. DIET PROVIDED			6. DIET CONSUMED (AT LEAST 75% OF MEAL)		
			Y	E	N	Y	E	N	Y	E	N
1. AA	Unit 4	General	✓			✓			✓		
2. BB	Unit 4	General	✓			✓			✓		
3. CC	Unit 4	General	✓			✓			✓		
4. DD	Unit 4	4 oz milk		✓			✓			✓	
5. EE	Unit 4	Pureed Fruit	✓			✓				✓	
6. FF	Unit 4	General	✓			✓			✓		
7. GG	Unit 4	General	✓			✓			✓		
8. HH	Unit 4	2 digestives	✓				✓			✓	
9. II	Unit 4	1/2 meat sandwich	✓			✓			✓		
10. JJ	Unit 4	General	✓			✓			✓		
			9	1	+	8	2		7	3	

NOURISHMENT ORDER IMPLEMENTATION TOTAL AUDIT SCORE = $\frac{\text{COLUMN 4 (Y+E)} + \text{COLUMN 5 (Y+E)}}{\# \text{ RESIDENT NOURISHMENT ORDERS AUDITED X 2}} \times 100 = \frac{100}{2} \% = 50\%$

NOURISHMENT CONSUMPTION TOTAL AUDIT SCORE = $\frac{\text{COLUMN 6 (Y+E)}}{\# \text{ RESIDENT NOURISHMENT ORDERS AUDITED}} \times 100 = \frac{100}{10} \% = 10\%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

COMMENTS		
<i>Resident DD - exception for diet kardex - nourishment order changed this afternoon</i>		
<i>-exception for nourishment provided - resident has stomach flu</i>		
<i>- exception for nourishment consumed - resident has stomach flu</i>		
<i>Resident EE - exception for nourishment consumed - resident out with family</i>		
<i>Resident HH - exception for nourishment provided - resident refusal to follow nourishment order in care plan</i>		
<i>- exception for nourishment consumed - resident refusal to consume nourishment.</i>		
<i>Refer issue to Registered Dietitian Nutritionist for follow-up.</i>		
CONCERNS IDENTIFIED	CORRECTIVE ACTION (INCLUDE DATE OF EACH ACTION)	STAFF RESPONSIBLE
<i>No concerns identified by audit.</i>		
	DATE OF NEXT AUDIT <i>December 2002</i>	<i>I. Turner and M. Smith</i>

Adapted from *Food and Nutrition for Quality Care: A Policy and Procedure Manual*

MEAL SERVICE AUDIT

(Refer to Chapter 5 - Preparation and Service of Food for Background Information)

Purpose of the Audit:

To audit the meals served to residents including the appropriateness of the food served, the accuracy of the place setting, and the taste and temperature of the food served.

Minimum Acceptable Audit Score:

Part 1 Accuracy = 100%

Part 2 Food Evaluation = 100%

Audit Frequency:

- If the minimum acceptable audit score is met, complete the Meal Service Audit twelve times per year. Select therapeutic diet and/or texture modified foods every second audit.
- If the minimum acceptable audit score is not met, repeat the audit until the concern is addressed.

Responsible Staff:

Member of the interdisciplinary team.

Procedure:

1. Complete the audit.

Part 1 Accuracy – Answer the 4 questions by ticking (✓) either Yes or No.

- Evaluate whether tables are set to the facility and dining area standard prior to the start of meal service.
- Obtain a copy of the cycle menu to determine if foods offered to residents correspond to the menu.
- Obtain a copy of information on portion sizes from the food service department. Observe the service of the meal to audit portion sizes.
- Observe the meal service to audit the overall presentation of meals.

Part 2 Food Evaluation

- Determine menu items to be audited.
- Order menu items from the food service department. Ensure that audited menu items are the same as the menu items served to the residents. Every second audit must focus on either menu items for texture modified foods (minced, pureed or thickened), and/or a menu items specific to a therapeutic diet.

- For each menu item selected tick (✓) on the audit whether the aroma, temperature, appearance, taste and texture is acceptable or unacceptable.
 - A menu item with an acceptable aroma has pleasant odor. Food modified for texture or therapeutic diets should smell similar to food that has not been modified in texture.
 - A menu item with an acceptable temperature is served at a temperature that is appropriate i.e. hot foods should be served hot and cold foods should be served cold.
 - A menu item that is acceptable in appearance will look appetizing. The appearance of cut up, minced or pureed items is acceptable when the items are separated on the plate and when they are the same colour as the food that has not been modified in texture.
 - A menu item with an acceptable taste will taste good. Food modified for texture or therapeutic diets should taste similar to food that has not been modified in texture.
 - A menu item with an acceptable texture will feel appropriate in the mouth when tasted. Some examples of acceptable texture include: a salad that is crunchy, mashed potatoes that are smooth without lumps, roast beef that is easy to chew and pureed foods that have a smooth, semiliquid texture. Some examples of unacceptable texture include: a salad that is limp and soggy, mashed potatoes that are lumpy, roast beef that is tough and pureed foods that are lumpy.

2. Score the audit.

$$\text{Part 1 Accuracy (\%)} = \frac{\text{Total \# Yes}}{4} \times 100$$

$$\text{Part 2 Food Evaluation (\%)} = \frac{\text{Total \# Acceptable}}{\# \text{ menu items audited} \times 4} \times 100$$

3. Determine whether the minimum audit score is met or not met.

4. Document any problems identified, corrective actions taken, and date for re-audit.

MEAL SERVICE AUDIT

NAME OF AUDITOR	DATE OF AUDIT
MEAL	DINING AREA / LOCATION
DIET / TEXTURE	

PART 1 ACCURACY

	Yes	No
1. Is table set to facility and dining area standard (cutlery, dishes, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are foods offered correct according to the menu?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are portion sizes correct according to facility standard?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is overall presentation of meal acceptable (clean, tableware intact, attractive)?	<input type="checkbox"/>	<input type="checkbox"/>

PART 2 FOOD EVALUATION

Menu Items Selected	Aroma		Temperature		Appearance		Taste		Texture	
	Acceptable	Unacceptable	Acceptable	Unacceptable	Acceptable	Unacceptable	Acceptable	Unacceptable	Acceptable	Unacceptable
1.										
2.										
3.										
4.										
5.										
Total # Acceptable =		+		+		+		+		

PART 1 ACCURACY AUDIT SCORE = $\frac{\# \text{ YES}}{4} \times 100 = \underline{\hspace{2cm}} \%$

PART 2 FOOD EVALUATION AUDIT SCORE = $\frac{\text{TOTAL \# ACCEPTABLE}}{\# \text{ OF MENU ITEMS AUDITED X 4}} \times 100 = \underline{\hspace{2cm}} \%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

MEAL SERVICE AUDIT

NAME OF AUDITOR <i>C. James</i>	DATE OF AUDIT <i>July 15, 2001</i>
MEAL <i>Lunch</i>	DINING AREA / LOCATION <i>Special Care Unit</i>
DIET / TEXTURE <i>General Diet</i>	

PART 1 ACCURACY

	Yes	No
1. Is table set to facility and dining area standard (cutlery, dishes, etc)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are foods offered correct according to the menu?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are portion sizes correct according to facility standard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is overall presentation of meal acceptable (clean, tableware intact, attractive)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PART 2 FOOD EVALUATION

Menu Items Selected	Aroma		Temperature		Appearance		Taste		Texture	
	Acceptable	Unacceptable	Acceptable	Unacceptable	Acceptable	Unacceptable	Acceptable	Unacceptable	Acceptable	Unacceptable
1. <i>Beef Stew</i>	✓		✓		✓		✓		✓	
2. <i>Mashed Potatoes</i>	✓		✓		✓		✓			✓
3. <i>Peas</i>	✓		✓		✓		✓		✓	
4. <i>Canned Peaches</i>	✓		✓		✓		✓		✓	
5.										
Total # Acceptable =	4	+	4	+	4	+	4	+	3	

PART 1 ACCURACY AUDIT SCORE = $\frac{\# \text{ YES}}{4} \times 100 = \underline{100} \%$

PART 2 FOOD EVALUATION AUDIT SCORE = $\frac{\text{TOTAL \# ACCEPTABLE}}{\# \text{ OF MENU ITEMS AUDITED X 4}} \times 100 = \underline{95} \%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

MEAL SERVICE AUDIT

NAME OF AUDITOR <i>D. Bruce</i>	DATE OF AUDIT <i>August 15, 2001</i>
MEAL <i>Supper</i>	DINING AREA / LOCATION <i>2nd Floor</i>
DIET / TEXTURE <i>General Diet; Pureed Foods</i>	

PART 1 ACCURACY

	Yes	No
1. Is table set to facility and dining area standard (cutlery, dishes, etc)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are foods offered correct according to the menu?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are portion sizes correct according to facility standard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is overall presentation of meal acceptable (clean, tableware intact, attractive)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Menu Items Selected	Aroma		Temperature		Appearance		Taste		Texture	
	Acceptable	Unacceptable	Acceptable	Unacceptable	Acceptable	Unacceptable	Acceptable	Unacceptable	Acceptable	Unacceptable
1. <i>Beef Stew</i>	✓		✓		✓		✓		✓	
2. <i>Mashed Potatoes</i>	✓		✓		✓		✓		✓	
3. <i>Peas</i>	✓		✓		✓		✓		✓	
4. <i>Canned Peaches</i>	✓		✓		✓		✓		✓	
5.										
Total # Acceptable =	<i>4</i>	+	<i>4</i>	+	<i>4</i>	+	<i>4</i>	+	<i>4</i>	

PART 1 ACCURACY AUDIT SCORE = $\frac{\# \text{ YES}}{4} \times 100 = \underline{100} \%$

PART 2 FOOD EVALUATION AUDIT SCORE = $\frac{\text{TOTAL \# ACCEPTABLE}}{\# \text{ OF MENU ITEMS AUDITED X 4}} \times 100 = \underline{100} \%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

COMMENTS		
CONCERNS IDENTIFIED	CORRECTIVE ACTION (INCLUDE DATE OF EACH ACTION)	STAFF RESPONSIBLE
<i>No concerns identified by audit.</i>		
DATE OF NEXT AUDIT <i>September 15, 2001</i>		<i>L. Hart</i>

EATING AIDS AND ASSISTANCE AUDIT

(Refer to Chapter 7 - Nutrition Supplements, Tube Feedings, Eating Aids and Assistance/Supervision for Background Information)

Purpose of Audit:

To audit the provision of eating assistance and supervision to residents.

Minimum Acceptable Audit Score:

100%

Audit Frequency:

- If the minimum acceptable audit score is met, complete the Eating Aids and Assistance Audit twice per year.
- If the minimum acceptable audit score is not met, repeat the audit until the concern is addressed.

Responsible Staff:

Member of the interdisciplinary team.

Procedure:

1. Complete the audit.

- With interdisciplinary staff, discuss how audit will be conducted to respect both residents' and staffs' sensitivity to being observed. Inform residents and staff.
- Select up to four residents who require eating aids, assistance and/or supervision with feeding. Note residents' initials on audit form.
- Check care plan for each resident to determine level of assistance and/or supervision and type of eating aids required.
- Put one tick (✓) under Y (Yes), N (No) or N/A (Not Applicable).

2. Score the audit.

$$\text{Total Audit Score} = \frac{\text{Totals (Y + N/A)}}{\# \text{ Residents audited} \times 20} \times 100$$

3. Determine whether the minimum audit score is met or not met.

4. Document any problems identified, corrective actions taken, and date for re-audit. If eating aids, skills or assistance behaviors are scored "no", identify education and training needs for staff and develop an education plan to address those needs.

EATING AIDS AND ASSISTANCE AUDIT

NAME OF AUDITOR	DATE OF AUDIT
DINING AREA / LOCATION	MEAL

Y = YES N/A = NOT APPLICABLE N = NO

	RESIDENT 1			RESIDENT 2			RESIDENT 3			RESIDENT 4		
	INITIALS			INITIALS			INITIALS			INITIALS		
	DIET			DIET			DIET			DIET		
	COMMENTS			COMMENTS			COMMENTS			COMMENTS		
CRITERIA	Y	N/A	N	Y	N/A	N	Y	N/A	N	Y	N/A	N
1. Resident treated with dignity												
2. Resident not rushed												
3. Resident prepared (clothing protector, groomed, etc)												
4. Resident seated at correct place												
5. Resident positioned according to care plan												
6. Eye and/or physical contact made with resident appropriate												
7. Conversation directed to resident as appropriate												
8. Assistant seated while assisting												
9. Assistant's tone of voice friendly and pleasant												
10. Fluids encouraged verbally as appropriate												
11. Fluids given according to care plan												
12. Safe feeding skills encouraged according to care plan												
13. Food prepared and appropriate to care plan (cut up, condiments used appropriately, etc)												
14. Eating aids and utensil present according to care plan												
15. Beverages placed within reach												
16. Spill, dribbles cleaned up courteously												
17. Seconds offered if appropriate												
18. Alternate food provided if requested												
19. Pureed foods served separately (not mixed together by assistant)												
20. Resident provided with safe/timely supervision and assistance												
Totals =			+			+			+			

TOTAL AUDIT SCORE = $\frac{\text{TOTALS (Y + N/A)}}{\text{\# RESIDENTS AUDITED X 20}} \times 100 = \underline{\hspace{2cm}} \%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

COMMENTS

CONCERNS IDENTIFIED	CORRECTIVE ACTION (INCLUDE DATE OF EACH ACTION)	STAFF RESPONSIBLE
DATE OF NEXT AUDIT		

EATING AIDS AND ASSISTANCE AUDIT

NAME OF AUDITOR <i>D. Webb</i>	DATE OF AUDIT <i>April 15, 2001</i>
DINING AREA / LOCATION <i>3rd Floor</i>	MEAL <i>Supper</i>

Y = YES N/A = NOT APPLICABLE N = NO

CRITERIA	RESIDENT 1			RESIDENT 2			RESIDENT 3			RESIDENT 4		
	INITIALS <i>AA</i>			INITIALS <i>BB</i>			INITIALS <i>CC</i>			INITIALS <i>DD</i>		
	DIET <i>General</i>			DIET <i>Pureed Foods/ Thick Fluids</i>			DIET <i>Pureed Foods</i>			DIET <i>Minced Foods</i>		
	COMMENTS <i>Cut Up Foods Special Utensils</i>			COMMENTS <i>Nosy Cup</i>			COMMENTS <i>Requires Total Assistance. Nosy Cup</i>			COMMENTS <i>Special Utensils</i>		
	Y	N/A	N	Y	N/A	N	Y	N/A	N	Y	N/A	N
1. Resident treated with dignity	✓			✓			✓			✓		
2. Resident not rushed	✓			✓			✓			✓		
3. Resident prepared (clothing protector, groomed, etc)	✓			✓			✓			✓		
4. Resident seated at correct place	✓			✓			✓			✓		
5. Resident positioned according to care plan	✓			✓			✓			✓		
6. Eye and/or physical contact made with resident appropriate	✓			✓			✓			✓		
7. Conversation directed to resident as appropriate	✓			✓			✓			✓		
8. Assistant seated while assisting	✓				✓		✓			✓		
9. Assistant's tone of voice friendly and pleasant	✓			✓			✓			✓		
10. Fluids encouraged verbally as appropriate	✓			✓			✓			✓		
11. Fluids given according to care plan	✓			✓			✓			✓		
12. Safe feeding skills encouraged according to care plan	✓			✓			✓			✓		
13. Food prepared and appropriate to care plan (cut up, condiments used appropriately, etc)	✓			✓			✓			✓		
14. Eating aids and utensil present according to care plan		✓		✓			✓			✓		
15. Beverages placed within reach	✓			✓			✓			✓		
16. Spill, dribbles cleaned up courteously	✓			✓			✓			✓		
17. Seconds offered if appropriate	✓			✓			✓			✓		
18. Alternate food provided if requested	✓			✓			✓			✓		
19. Pureed foods served separately (not mixed together by assistant)		✓		✓			✓				✓	
20. Resident provided with safe/timely supervision and assistance	✓			✓			✓			✓		
Totals =	<i>18</i>	<i>2</i>	<i>+</i>	<i>19</i>	<i>1</i>	<i>+</i>	<i>20</i>	<i>0</i>	<i>+</i>	<i>19</i>	<i>1</i>	

TOTAL AUDIT SCORE = $\frac{\text{TOTALS (Y + N/A)}}{\text{\# RESIDENTS AUDITED X 20}} \times 100 = \frac{100}{200} = 50\%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

COMMENTS

CONCERNS IDENTIFIED	CORRECTIVE ACTION (INCLUDE DATE OF EACH ACTION)	STAFF RESPONSIBLE
<i>No concerns identified by audit.</i>		
	DATE OF NEXT AUDIT <i>October 2001</i>	<i>D. Smith</i>

ENTERAL FEEDING IMPLEMENTATION AUDIT

(Refer to Chapter 7 - Nutrition Supplements, Tube Feedings, Eating Aids and Assistance/Supervision for Background Information)

Purpose of Audit:

To audit the provision of enteral feeding to residents.

Minimum Acceptable Audit Score:

100%

Audit Frequency:

- If the minimum acceptable audit score is met, complete the Enteral Feeding Implementation Audit once per year.
- If the minimum acceptable audit score is not met, repeat the audit until the concern is addressed.

Responsible Staff:

Member of the interdisciplinary team.

Procedure:

1. Complete the audit.

- With interdisciplinary staff, discuss how audit will be conducted to respect both residents' and staffs' sensitivity to being observed. Inform residents and staff.
- Select up to three residents who require enteral feeding. Note resident's initials on audit form.
- Check care plan for each resident to determine enteral feeding order (including product, amount to tube feeding, length of time, flushing instructions, weight records, weight goals, positioning instructions).
- Check facility policy and procedure for enteral feeding (including flushing instructions, disposal or washing of feeding bags, instructions regarding leftover product, etc)
- Observe feeding procedure and complete audit.
- Put one tick (✓) under Y (Yes), N (No) or E (Exception). If an exception is ticked, document the reason for the exception in the comments area of the audit.

2. Score the audit.

$$\text{Total Audit Score (\%)} = \frac{\text{Total (Y + E)}}{\# \text{ Residents Audited}} \times 100 =$$

- 3. Determine whether the minimum audit score is met or not met.**
- 4. Document any problems identified, corrective actions taken, and date for re-audit. If questions are scored “no”, identify education and training needs for staff and develop an education plan to address those needs.**

ENTERAL FEEDING IMPLEMENTATION AUDIT

NAME OF AUDITOR	DATE OF AUDIT
-----------------	---------------

Y = YES E = EXCEPTION N = NO

CRITERIA	RESIDENT 1			RESIDENT 2			RESIDENT 3		
	Y	E	N	Y	E	N	Y	E	N
1. Appropriate product used									
2. Correct amount of product administered									
3. Correct length of time of product administered									
4. Tube flushed appropriately									
5. Bag washed or disposed of appropriately									
6. Unused tube feeding disposed of appropriately									
7. Enteral feeding symptoms monitored and documented									
8. Resident weight taken and documented as per care plan									
9. Weight goals achieved									
10. Resident positioned appropriately									
Totals =			+			+			

TOTAL AUDIT SCORE = $\frac{\text{TOTALS (Y + E)}}{\text{\# RESIDENTS AUDITED X 10}} \times 100 = \underline{\hspace{2cm}} \%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

COMMENTS

CONCERNS IDENTIFIED	CORRECTIVE ACTION (INCLUDE DATE OF EACH ACTION)	STAFF RESPONSIBLE

DATE OF NEXT AUDIT	
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Adapted from *Document Basics: Nutrition Forms for Long Term Care*, 1999.

ENTERAL FEEDING IMPLEMENTATION AUDIT

NAME OF AUDITOR <i>A. Ross</i>	DATE OF AUDIT <i>November 20, 2001</i>
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Y = YES E = EXCEPTION N = NO

CRITERIA	RESIDENT 1			RESIDENT 2			RESIDENT 3		
	INITIALS	INITIALS	INITIALS	INITIALS	INITIALS	INITIALS	INITIALS	INITIALS	INITIALS
	<i>AA</i>								
1. Appropriate product used	✓								
2. Correct amount of product administered	✓								
3. Correct length of time of product administered	✓								
4. Tube flushed appropriately	✓								
5. Bag washed or disposed of appropriately	✓								
6. Unused tube feeding disposed of appropriately	✓								
7. Enteral feeding symptoms monitored and documented	✓								
8. Resident weight taken and documented as per care plan	✓								
9. Weight goals achieved	✓								
10. Resident positioned appropriately	✓								
Totals =	<i>10</i>		+			+			

TOTAL AUDIT SCORE = $\frac{\text{TOTALS (Y + E)}}{\text{\# RESIDENTS AUDITED X 10}} \times 100 = \frac{100}{10} = 100\%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

MENU AUDIT

(Refer to Chapter 8 - Menu Planning for Background Information)

Purpose of Audit:

To audit if each day of the cycle menu meets the minimum recommendations of Canada's Food Guide to Healthy Eating.

Minimum Acceptable Audit Score:

100%

Audit Frequency:

- If the minimum acceptable audit score is met, complete the Menu Audit once per year.
- If the minimum acceptable audit score is not met, repeat the audit until the concern is addressed.
- If desired, complete the audit every time a new cycle menu is implemented.

Responsible Staff:

Registered Dietitian Nutritionist or supervisor of food services/Nutrition Manager.

Procedure:

1. Complete the Menu Audit.

- Collect a copy of the facility cycle menu, the nourishment rotation (if not included on the cycle menu) and the standard facility portion sizes.
- Use the Canada's Food Guide to Healthy Eating Serving Size Guidelines table (p. 138) and compare to the standard facility portion sizes to determine the number of servings provided on each day of the menu for the four food groups in Canada's Food Guide.
- For each day of the menu, tick (✓) the number of servings in each food group (M = Milk Products, MA = Meat and Alternatives, VF = Vegetables and Fruit, G = Grain Products). Each cell in the table represents one (1.0) Canada's Food Guide serving of a food or menu item.
- If the menu is selective, use first choice items only. If the menu is non-selective, use all offered menu items (Note: on occasion, a resident may receive less than the offered items on the menu if the resident's nutrition care plan so indicates). For an "a la cart system", use the equivalent of first choice or use a rotation of entrée choices, documenting which choice is used. Total the number of servings for each of the four food groups for each day.
- For each day of the menu determine if the minimum recommendations of Canada's Food Guide are met

Food Group	Minimum number of recommended servings
MILK PRODUCTS (M)	2 SERVINGS
MEAT AND ALTERNATIVES (MA)	2 SERVINGS
VEGETABLES AND FRUIT (VF)	5 SERVINGS
GRAIN PRODUCTS (G)	5 SERVINGS

2. Score the audit.

$$\text{Total Audit Score (\%)} = \frac{\text{\# Days CFG Met}}{\text{Total \# Days of Menu Audited}} \times 100$$

3. Determine whether the minimum audit score is met or not met.

4. Document any problems identified, corrective actions taken, and date for re-audit.

CANADA'S FOOD GUIDE TO HEALTHY EATING SERVING GUIDELINES FOR USE WITH THE MEAL PATTERN / MENU AUDIT

MILK PRODUCTS		SERVINGS
Milk	4 oz (125 ml)	0.5
Skim Milk Powder	1/3 cup (75 ml)	1.0
Yogurt	6 oz (175 ml)	1.0
Cheese, cheddar or processed	1 1/2 slices (50 g)	1.0
Cheese, Cottage	#8 Scoop (125 ml)	0.25
Cheese, Parmesan	5 Tbsp (75 ml)	1.0
Ice Cream	#8 Scoop (125 ml)	0.25
Milk Pudding, Custard	#8 Scoop (125 ml)	0.5
Cream Soup, made with milk	125 ml	0.25
GRAIN PRODUCTS		SERVINGS
Bread	1 slice	1.0
Cereal, cooked	4 oz (125 ml)	1.0
Cereal, ready to eat	1 oz (30 g)	1.0
Muffin	1	1.0
Muffin, English	1/2	1.0
Biscuit, Baking Powder	1 (30 g)	1.0
Roll, Dinner	1 (30 g)	1.0
Roll, Hamburger, or Wiener	1/2	1.0
Pizza Crust 10"	1/8	1.0
Bagel or Pita	1/2	1.0
Cake	1 1/2" x 1 1/2" piece	1.0
Cookies, plain	2	1.0
Crackers, soda	6 – 8	1.0
Pretzels	1 oz (30 grams)	1.0
Flour	2 1/2 Tbsp (40 ml)	1.0
Popcorn	3 cups (750 ml)	1.0
Pasta, Cooked	4 oz (125 ml)	1.0
Rice, cooked	#8 Scoop (125 ml)	1.0
MEAT AND ALTERNATIVES		SERVINGS
Meats, Fish, Poultry: boneless, cooked	2 oz (50 g)	1.0
Chicken: with bone, cooked	3 1/2 oz (100 g)	1.0
Egg	1 medium	1.0
Beans, Lentils, Dried Peas: cooked	4 oz (125 ml)	1.0
Peanut Butter	2 Tbsp. (30 ml)	1.0
Nuts	1/4 cup (50 ml)	1.0
Tofu	1/3 cup (100g)	1.0
VEGETABLES AND FRUIT		SERVINGS
Potato	#8 Scoop (125 ml) 1 medium whole	1.0
Fruits or Vegetables: cooked, mashed or pureed	#8 Scoop (125 ml)	1.0
Fruits: fresh, whole	1 medium	1.0
Juices	4 oz (125 ml)	1.0
Raisins	2 Tbsp (30 ml)	1.0
Salad: leaf salad	1 cup (250 ml)	1.0
Salad: grated vegetable salad	1/2 cup (125 ml)	1.0
COMBINATION FOODS: <i>(due to recipe variation, these are examples only)</i>		
Beef and Vegetable Stew	6 oz (175 ml) = 1.0 Meat and Alternatives, .5 Vegetables and fruit	
Macaroni and Cheese	6 oz (175 ml) = 1.0 Grain Products, 0.25 Milk Products	
Tuna Noodle Casserole	6 oz (175 ml) = 1.0 Grain Products, 1.0 Meat and Alternatives	
Cream Soup (made with milk)	4 oz (125 ml) = 0.25 Milk Products	

MENU AUDIT

NAME OF AUDITOR <i>W. Clark</i>	DATE OF AUDIT <i>March 10, 2001</i>
---	---

FOOD GROUP	MINIMUM NUMBER OF RECOMMENDED SERVINGS
MILK PRODUCTS (M)	2 SERVINGS
MEAT AND ALTERNATIVES (MA)	2 SERVINGS
VEGETABLES AND FRUIT (VF)	5 SERVINGS
GRAIN PRODUCTS (G)	5 SERVINGS

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
M	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
M	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
M	✓	✓		✓		✓	✓		✓		✓	✓		✓	✓		✓		✓	✓	✓		✓		✓		✓	✓
MA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MA	✓				✓				✓				✓	✓		✓			✓		✓	✓		✓	✓		✓	✓
VF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VF	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VF	✓				✓						✓				✓			✓				✓			✓	✓	✓	✓
VF																												
VF					✓										✓													
VF																												
G	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
G	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
G	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
G	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
G	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
G	✓		✓				✓		✓				✓	✓	✓			✓		✓	✓				✓	✓	✓	✓
G	✓						✓		✓					✓							✓						✓	✓
G	✓													✓														✓
G																												
G																												
G																												
CFG MET	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

TOTAL AUDIT SCORE = $\frac{\# \text{ DAY CFG MET}}{\text{TOTAL \# DAYS OF MENU AUDITED}} \times 100 = \underline{100} \%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

RESIDENT MEAL QUESTIONNAIRE

(Refer to Chapter 9 – Resident Satisfaction for Background Information)

Purpose of Audit:

To audit the satisfaction of residents with the nutrition and food service.

Minimum Acceptable Audit Score:

70%

Audit Frequency:

- If the minimum acceptable audit score is met, complete the Resident Meal Questionnaire once per year.
- If the minimum acceptable audit score is not met, repeat the questionnaire until the concern is addressed.

Responsible Staff:

Member of the interdisciplinary team; trained volunteers, family members or students.

Procedure:

1. Complete the audit.

- Select the group of residents to be surveyed or distribute to all residents.
- Inform residents and care staff how and when questionnaires will be distributed and collected.
Explain how information will be used.
- Consider involving volunteers/family members in assisting residents with completing questionnaires.

2. Score the audit.

- Use the Resident Meal Questionnaire Scoring Form to collate answers.
- For each question (question 1 – 8 only):
 - total the number of residents that responded yes
 - total the number of residents that responded no
 - determine the number of responses by adding a) + b)
- Score each question

$$\text{Score for Question (\%)} = \frac{\# \text{ Yes} \times 100}{\# \text{ responses to question}}$$

3. Determine whether the minimum audit score is met or not met for question 1 - 8.

4. Document any problems identified, corrective actions taken, and date for re-audit.

RESIDENT MEAL QUESTIONNAIRE

We would like to know what you think about the food you are offered and how it is served. Please help us keep improving the food we serve to you. Please answer the questions below, and give it to a staff member or leave it at the nursing desk. If you would like help to fill this out, someone will be happy to help you.

1. Does your food taste good? Yes No

Comments _____

2. Does your food look good? Yes No

Comments _____

3. Are your foods served at the correct temperature? Yes No
(hot foods served hot and cold foods served cold)

Comments _____

4. Are your servings the right size? Yes No

If no, are your servings too small? too large?

5. Do you eat most of the food you receive at each meal? Yes No

Comments _____

6. If you do not like the meal you are served, are you offered another choice? Yes No

Comments _____

7. Do you receive the help you need to eat at your meals? Yes No
(If you do not need help, do not answer this question)

Comments _____

8. Have your meals been served to you in a pleasant manner? Yes No

Comments _____

9. What are your least favourite dishes that we offer? _____

10. What are the favourite dishes that we offer? _____

11. What are your favourite dishes that we do not offer? _____

12. Do you have any other comments? _____

Thank you for completing the questionnaire.

RESIDENT MEAL QUESTIONNAIRE SCORING FORM

NAME OF AUDITOR	DATE OF AUDIT
# QUESTIONNAIRES RETURNED	

QUESTION	# YES	# NO	# RESPONSES TO QUESTION	SCORE FOR QUESTION (%) = $\frac{\# \text{YES} \times 100}{\# \text{RESPONSES TO QUESTION}}$
1. Does your food taste good?				
2. Does your food look good?				
3. Are your foods served at the correct temperature?				
4. Are your servings the right size?				
5. Do you eat most of the food you receive at each meal?				
6. If you do not like the meal served, offered another choice?				
7. Do you receive the help you need to eat at your meals?				
8. Have your meals been served to you in a pleasant manner?				

ACCEPTABLE AUDIT SCORE (70%) FOR QUESTION 1-8

MET NOT MET

RESIDENT MEAL QUESTIONNAIRE SCORING FORM

NAME OF AUDITOR <i>C. Kane</i>	DATE OF AUDIT <i>September 2, 2001</i>
# QUESTIONNAIRES RETURNED <i>100</i>	

QUESTION	# YES	# NO	# RESPONSES TO QUESTION	SCORE FOR QUESTION (%) = $\frac{\# \text{ YES} \times 100}{\# \text{ RESPONSES TO QUESTION}}$
1. Does your food taste good?	<i>84</i>	<i>16</i>	<i>100</i>	<i>84 %</i>
2. Does your food look good?	<i>80</i>	<i>15</i>	<i>95</i>	<i>84 %</i>
3. Are your foods served at the correct temperature?	<i>95</i>	<i>5</i>	<i>100</i>	<i>95 %</i>
4. Are your servings the right size?	<i>78</i>	<i>16</i>	<i>94</i>	<i>83 %</i>
5. Do you eat most of the food you receive at each meal?	<i>72</i>	<i>19</i>	<i>91</i>	<i>79 %</i>
6. If you do not like the meal served, offered another choice?	<i>85</i>	<i>10</i>	<i>95</i>	<i>89 %</i>
7. Do you receive the help you need to eat at your meals?	<i>89</i>	<i>10</i>	<i>99</i>	<i>90 %</i>
8. Have your meals been served to you in a pleasant manner?	<i>87</i>	<i>13</i>	<i>100</i>	<i>87 %</i>

ACCEPTABLE AUDIT SCORE (70%) FOR QUESTION 1-8

MET NOT MET

COMMENTS		
<i>No concerns identified by audit.</i>		
CONCERNS IDENTIFIED	CORRECTIVE ACTION (INCLUDE DATE OF EACH ACTION)	STAFF RESPONSIBLE
<i>No concerns identified by audit.</i>		
	DATE OF NEXT AUDIT <i>September 2002</i>	<i>C. Kane</i>

Chapter 15 - Optional Nutrition and Food Service Audits

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MEAL CONSUMPTION AUDIT

OPTIONAL AUDIT

(Refer to Chapter 3 – Nutrition Care for Background Information)

Purpose of Audit:

To audit the food intake of an individual resident for one or more meals.

Minimum Acceptable Audit Score:

75% for each resident.

Responsible Staff:

Member of the interdisciplinary team.

The Meal Consumption Audit can be used as an optional method of resident nutrition monitoring which can be used in conjunction with the required audits. This audit is used to assess how much of the food served is eaten by the resident and is therefore a measure of the energy and nutrient intake of the resident. The Meal Consumption Audit can be used to monitor the intake of residents who are at moderate or high nutrition risk. An alternate method to determine nutrient intake for an at-risk resident could be a multi-day food record.

This audit should not be used to determine widespread resident acceptance of a single food or menu item; use Plate Waste Audit for this.

Procedure:

1. Complete the audit.

- Choose resident/s and meal/s to be audited. Audit should be “blind”, i.e. Residents must be unaware that their meal is to be audited.
- Instruct staff not to clear tables until audit has been completed, or to clear meal trays to a separate cart until audit can be completed.
- Indicate menu item to be audited for each resident.
- Estimate the portion of food “left over” for each menu item for each resident, and tick (✓) the appropriate cell (F, $\frac{3}{4}$, $\frac{1}{2}$, $\frac{1}{4}$, 0).

F = full portion left

$\frac{3}{4}$ = $\frac{3}{4}$ portion left

$\frac{1}{2}$ = $\frac{1}{2}$ portion left

$\frac{1}{4}$ = $\frac{1}{4}$ portion left

0 = 0 portion left

Note: If a meal appears untouched, investigate and if justified, eliminate it from your audit (e.g. resident out for meal).

2.Score the audit.

- An acceptable score for **each** resident is at least 75%. This indicates that the resident has eaten 75% of the menu items served.
- Score each resident's meal separately.
- Total the number of ticks (✓) in each column.
- Calculate totals
 - Multiply number of ticks in F column by 0.
 - Multiply number of ticks in $\frac{3}{4}$ column by 1.
 - Multiply number of ticks in $\frac{1}{2}$ column by 2.
 - Multiply number of ticks in $\frac{1}{4}$ column by 3.
 - Multiply number of ticks in 0 column by 4.
- Determine audit score for each resident.

$$\text{Audit score for resident (\%)} = \frac{(\text{Total F} + \text{Total } \frac{3}{4} + \text{Total } \frac{1}{2} + \text{Total } \frac{1}{4} + \text{Total 0}) \times 100}{\# \text{ menu items audited} \times 4}$$

3. Determine whether the minimum audit score is met or not met.

4. Document any problems identified, corrective actions taken, and date for re-audit.

MEAL CONSUMPTION AUDIT

NAME OF AUDITOR	DATE OF AUDIT
-----------------	---------------

RESIDENT					
MEAL					
PORTION SIZE					
DIET					
MENU ITEM	FOOD LEFT				
	F	3/4	1/2	1/4	0
TOTAL # OF ✓					
MULTIPLY BY	0	1	2	3	4
TOTALS					
AUDIT SCORE = $\frac{\text{TOTALS} \times 100}{\# \text{ MENU ITEMS} \times 4} = \underline{\hspace{2cm}}\%$					

RESIDENT					
MEAL					
PORTION SIZE					
DIET					
MENU ITEM	FOOD LEFT				
	F	3/4	1/2	1/4	0
TOTAL # OF ✓					
MULTIPLY BY	0	1	2	3	4
TOTALS					
AUDIT SCORE = $\frac{\text{TOTALS} \times 100}{\# \text{ MENU ITEMS} \times 4} = \underline{\hspace{2cm}}\%$					

RESIDENT					
MEAL					
PORTION SIZE					
DIET					
MENU ITEM	FOOD LEFT				
	F	3/4	1/2	1/4	0
TOTAL # OF ✓					
MULTIPLY BY	0	1	2	3	4
TOTALS					
AUDIT SCORE = $\frac{\text{TOTALS} \times 100}{\# \text{ MENU ITEMS} \times 4} = \underline{\hspace{2cm}}\%$					

ACCEPTABLE AUDIT SCORE (75% OR MORE) FOR EACH RESIDENT MET NOT MET

MEAL CONSUMPTION AUDIT

NAME OF AUDITOR <i>C. Bender</i>	DATE OF AUDIT <i>November 22, 2001</i>
-------------------------------------	---

RESIDENT <i>AA</i>					
MEAL <i>Lunch</i>					
PORTION SIZE <i>Regular</i>					
DIET <i>General</i>					
MENU ITEM	FOOD LEFT				
	F	3/4	1/2	1/4	0
<i>Chicken</i>				✓	
<i>Rice</i>					✓
<i>Carrots</i>					✓
<i>Pudding</i>					✓
<i>Milk</i>					✓
TOTAL # OF ✓	<i>0</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>4</i>
MULTIPLY BY	0	1	2	3	4
TOTALS	<i>0</i>	<i>0</i>	<i>0</i>	<i>3</i>	<i>16</i>
AUDIT SCORE = $\frac{\text{TOTALS X 100}}{\# \text{ MENU ITEMS X 4}} = \underline{95} \%$					

RESIDENT					
MEAL					
PORTION SIZE					
DIET					
MENU ITEM	FOOD LEFT				
	F	3/4	1/2	1/4	0
TOTAL # OF ✓					
MULTIPLY BY	0	1	2	3	4
TOTALS					
AUDIT SCORE = $\frac{\text{TOTALS X 100}}{\# \text{ MENU ITEMS X 4}} = \underline{\quad} \%$					

RESIDENT					
MEAL					
PORTION SIZE					
DIET					
MENU ITEM	FOOD LEFT				
	F	3/4	1/2	1/4	0
TOTAL # OF ✓					
MULTIPLY BY	0	1	2	3	4
TOTALS					
AUDIT SCORE = $\frac{\text{TOTALS X 100}}{\# \text{ MENU ITEMS X 4}} = \underline{\quad} \%$					

ACCEPTABLE AUDIT SCORE (75% OR MORE) FOR EACH RESIDENT MET NOT MET

COMMENTS		
CONCERNS IDENTIFIED	CORRECTIVE ACTION (INCLUDE DATE OF EACH ACTION)	STAFF RESPONSIBLE
<i>No concerns identified by audit.</i>		
<i>Repeat audit on Resident AA on November 29, 2001 to assess food intake.</i>		
DATE OF NEXT AUDIT		
<i>Repeat audit on Resident AA on November 29, 2001</i>		<i>C. Bender</i>

DINING PROGRAM CHECKLIST

OPTIONAL AUDIT

(Refer to Chapter 5 - Preparation and Service of Food and Chapter 7 - Nutrition Supplements, Tube Feedings, Eating Aids and Assistance/Supervision for Background Information)

Purpose of Audit:

To audit the meal service in the facility dining program.

Minimum Acceptable Audit Score:

100%

Responsible Staff:

Member of the interdisciplinary team.

Procedure:

1. Complete the audit.

- Observe meals for eating aids, assistance and supervision.
- Complete checklist by ticking (✓) Y, N or E. Y = Yes, N = No, E = Exception. If an exception is ticked, document the reason for the exception in the comments area of the audit.

2. Score the audit.

$$\text{Total Audit Score} = \frac{\text{Total \# Y + \# E Responses}}{14} \times 100$$

An acceptable score is 100%.

3. Determine whether the minimum audit score is met or not met.

4. Document any problems identified, corrective actions taken, and date for re-audit.

DINING ROOM PROGRAM CHECKLIST

NAME OF AUDITOR	DATE OF AUDIT
-----------------	---------------

Y = YES N = NO E = EXCEPTION

	Y	N	E
Inservice training on assisted eating and feeding skills is provided to all relevant staff at least annually.			
Meals are observed to be served at posted times.			
Regular rotation of the service of meals (so no residents are always served last).			
Special occasions, holidays and birthdays are celebrated.			
Residents do not wait more than 10 minutes for assistance with meals.			
Residents who require assistance receive their meals at the appropriate temperature.			
Meals are served at the same time for everyone seated at the same table.			
Dining rooms are homelike, attractive, and provide adequate space for residents to maneuver.			
Lighting in the dining room is appropriate for facility residents.			
Temperature of the dining room is kept at an acceptable level according to resident preferences.			
TVs or loud music is discontinued at meal times.			
Resident preference of soft music is provided at meals.			
Staff who serve food are observed to be polite and respectful to residents.			
Dining room conversations are directed to resident.			
Totals =		+	

TOTAL AUDIT SCORE = $\frac{\text{TOTALS (Y + E)}}{14}$ X 100 = _____ %

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

COMMENTS

CONCERNS IDENTIFIED	CORRECTIVE ACTION (INCLUDE DATE OF EACH ACTION)	STAFF RESPONSIBLE
DATE OF NEXT AUDIT		

Adapted from the North Shore Health Region, 1999.

DINING ROOM PROGRAM CHECKLIST

NAME OF AUDITOR <i>A. Wing</i>	DATE OF AUDIT <i>May 14, 2001</i>
--	---

Y = YES N = NO E = EXCEPTION

	Y	N	E
Inservice training on assisted eating and feeding skills is provided to all relevant staff at least annually.	✓		
Meals are observed to be served at posted times.	✓		
Regular rotation of the service of meals (so no residents are always served last).	✓		
Special occasions, holidays and birthdays are celebrated.	✓		
Residents do not wait more than 10 minutes for assistance with meals.	✓		
Residents who require assistance receive their meals at the appropriate temperature.	✓		
Meals are served at the same time for everyone seated at the same table.	✓		
Dining rooms are homelike, attractive, and provide adequate space for residents to maneuver.	✓		
Lighting in the dining room is appropriate for facility residents.	✓		
Temperature of the dining room is kept at an acceptable level according to resident preferences.	✓		
TV's or loud music is discontinued at meal times.	✓		
Resident preference of soft music is provided at meals.	✓		
Staff who serve food are observed to be polite and respectful to residents.	✓		
Dining room conversations are directed to resident.	✓		
Totals =	<i>14</i>	<i>+</i>	<i>0</i>

TOTAL AUDIT SCORE = $\frac{\text{TOTALS (Y + E)}}{14} \times 100 = \frac{100}{14} \%$

ACCEPTABLE AUDIT SCORE (100%) MET NOT MET

COMMENTS		
<i>No concerns identified by audit.</i>		
CONCERNS IDENTIFIED	CORRECTIVE ACTION (INCLUDE DATE OF EACH ACTION)	STAFF RESPONSIBLE
<i>No concerns identified by audit.</i>		
	DATE OF NEXT AUDIT <i>May 2002</i>	<i>A. Scott</i>

Adapted from the North Shore Health Region, 1999.

PLATE WASTE AUDIT

OPTIONAL AUDIT

(Refer to Chapter 9 - Resident Satisfaction for Background Information)

Purpose of Audit:

To audit the residents' acceptance of specific food or menu items. The audit does not assess an individual's acceptance of a food; it evaluates the overall acceptance of a food or menu item by a group of residents.

Minimum Acceptable Audit Score:

0 - 30%. This indicates how much of the food/menu item was left.

Responsible Staff:

Member of the interdisciplinary team.

Procedure:

1. Complete the audit.

- Select 10% of residents, up to 25 residents (minimum of 4).
- Select one food or menu item to audit.
- With staff, develop a procedure to identify and collect all dishes that contain the food or menu item being audited. This may include the dining room cart or meal trays. Tables should not be cleared.
- Estimate the amount of food or menu item left by the resident and tick (✓) the appropriate column:
F = full portion
 $\frac{3}{4}$ = $\frac{3}{4}$ portion
 $\frac{1}{2}$ = $\frac{1}{2}$ portion
 $\frac{1}{4}$ = $\frac{1}{4}$ portion
0 = Nothing left

2. Score the audit.

- Total the number of times each response has been selected in each column.
- Add the scores for each column
total # F x 4
total # $\frac{3}{4}$ x 3
total # $\frac{1}{2}$ x 2
total # $\frac{1}{4}$ x 1
total # 0 x 0

- Determine the Total Score
(total # F x 4) + (total # 3/4 x 3) + (total # 1/2 x 2) + (total # 1/4 x 1) + (total # 0 x 0)
- Total audit score (%) = $\frac{\text{Total Score}}{4 \times \text{\#plates audited}} \times 100$

3. Determine whether the minimum audit score is met or not met.

4. Document any problems identified, corrective actions identified and taken, and date for re-audit.

PLATE WASTE AUDIT

NAME OF AUDITOR	DATE OF AUDIT
MENU OR FOOD ITEM	MEAL B L S
DINING AREA	

PLATE OR TRAY	AMOUNT LEFT					COMMENTS
	F	3/4	1/2	1/4	0	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
TOTALS						TOTAL THE NUMBER OF UNITS IN EACH COLUMN
MULTIPLY BY	4	3	2	1	0	
COLUMN SCORE						

TOTAL SCORE = (TOTAL # F X 4) + (TOTAL # 3/4 X 3) + (TOTAL # 1/2 X 2) + (TOTAL # 1/4 X 1) + (TOTAL # 0 X 0)

TOTAL AUDIT SCORE = $\frac{\text{TOTAL SCORE}}{4 \times \text{PLATES AUDITED}} \times 100 = \text{_____} \%$

ACCEPTABLE AUDIT SCORE (0 - 30%) MET NOT MET

PLATE WASTE AUDIT

NAME OF AUDITOR <i>R. Dawn</i>	DATE OF AUDIT <i>August 15, 2001</i>
MENU OR FOOD ITEM <i>Macaroni and cheese</i>	MEAL B <u>L</u> S
DINING AREA <i>1st Floor Dining Room</i>	

PLATE OR TRAY	AMOUNT LEFT					COMMENTS
	F	3/4	1/2	1/4	0	
1.					✓	
2.					✓	
3.					✓	
4.					✓	
5.					✓	
6.				✓		
7.				✓		
8.		✓				
9.					✓	
10.					✓	
11.					✓	
12.					✓	
13.					✓	
14.					✓	
15.					✓	
16.				✓		
17.					✓	
18.					✓	
19.					✓	
20.				✓		
21.						
22.						
23.						
24.						
25.						
TOTALS	<i>0</i>	<i>1</i>	<i>0</i>	<i>4</i>	<i>15</i>	TOTAL THE NUMBER OF UNITS IN EACH COLUMN
MULTIPLY BY	4	3	2	1	0	
COLUMN SCORE	<i>0</i>	<i>3</i>	<i>0</i>	<i>4</i>	<i>0</i>	

TOTAL SCORE = (TOTAL # F X 4) + (TOTAL # 3/4 X 3) + (TOTAL # 1/2 X 2) + (TOTAL # 1/4 X 1) + (TOTAL # 0 X 0)

TOTAL AUDIT SCORE = $\frac{\text{TOTAL SCORE}}{4 \text{ X PLATES AUDITED}} \times 100 = \frac{9}{4} \times 100 = 9\%$

ACCEPTABLE AUDIT SCORE (0 - 30%) MET NOT MET

Appendices

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APPENDIX 1 - RESOURCES

1. *Adult Care Regulations and Community Care Facility Act*. Copies available for purchase from Crown Publications, 521 Fort Street, Victoria, B.C., V8W 1E7, phone 250-386-4636, E-mail crown@pinc.com. Copy also available on the internet www.health.gov.bc.ca/ccf but not the official version of the legislation.
2. *Community Care Facilities Programs: Policies and Procedure manual*. Contact your local licensing office in your health authority for a copy of the policies related to nutrition & food services (refer to Appendix 2 – Licensing Contacts).
3. *Food and Nutrition for Quality Care: A Policy and Procedure Manual*. Wong, C. ed. Vancouver/Richmond Health Board. To purchase contact Callie Wong at callie_wong@vrhb.bc.ca or 604-730-7686.
4. *Food Service Policies and Procedures for Health Care Facilities*. Rusch, P. et al. Dietary Directions Publications, Fresno Ca. 1996.
5. *Food Service Policies and Procedures for Residential and Intermediate Care Facilities*. Rusch, P. The American Dietetic Association, 1997.
6. *Foods the Chinese Way, Selected Recipes for Chinese Seniors*. New Horizons Program, Vancouver BC. 1995. (contact Long Term Care Nutritionist of the Vancouver/Richmond Health Board).
7. *Geriatric Nutrition in Care Facilities: A Multidisciplinary Approach*. Gerontology Practice Group. British Columbia Dietitians' and Nutritionists' Association. 1996.
8. *Manual of Clinical Dietetics, developed by the Chicago Dietetic Association*, The South Suburban Dietetic Association and Dietitians of Canada. American Dietetic Association, 2000. Available for purchase, call 1-800-665-1148 for ordering information.
9. *Meals and More: Quality Improvement and Resource Guide for Small Adult Care Facilities (24 beds or less)*. BC Ministry of Health and Ministry Responsible for Seniors. Nutrition, Preventative Health Branch. June 1999. Available on the internet www.health.gov.bc.ca/prevent/nutrition.html or contact your local health unit.
10. Professional Resource: Laura Cullen, MBA, R.D.N. Department Chair, Nutrition and Food Service Management Program. Langara College, Vancouver BC.
11. *Residential Facility Assessment Instrument – Self Assessment Version*. Contact your local licensing office in your health authority for a copy (refer to Appendix 2 – Licensing Contacts).

APPENDIX 2 - LICENSING CONTACTS

Contact information for you local licensing program is available on the Ministry of Health Services, Community Care Facilities Licensing web site www.health.gov.bc.ca/ccf

APPENDIX 3 - FOOD SAFETY CONTACTS

Contact information for you local Environmental Health Officer is available at www.healthplanning.gov.bc.ca/socsec/contacts.html.

APPENDIX 4 - NUTRITION ASSESSMENT AND CARE PLAN SUMMARY

NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	AGE	ROOM NUMBER
M.D.	NEXT OF KIN	ADMISSION DATE		
DIAGNOSIS / MEDICAL CONCERNS				
FOOD ALLERGY / INTOLERANCE / REACTION				
MEDICATIONS				
NUTRITIONAL SUPPLEMENTS		LAXATIVES	NATURAL LAXATIVES	
POSSIBLE DRUG NUTRIENT INTERACTIONS				
SIGNIFICANT LAB DATA				

A ADMIT WEIGHT	ADMIT / CURRENT HEIGHT		COMMENTS																																																																				
CURRENT WEIGHT	USUAL WEIGHT	BMI																																																																					
WEIGHT HISTORY																																																																							
AVERAGE WT./HT./AGE/SEX																																																																							
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NAME

FOOD PREFERENCE

MILK	JUICE	FLUIDS	BREAD	CEREAL	FRUIT LAX	FRUIT
RED MEAT	CHICKEN	FISH	CHEESE	SALAD	VEGETABLE	OTHER

NUTRITIONAL RISK FACTOR

<input type="checkbox"/> Alcohol / Drug / Tobacco Use <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Chewing / Swallowing Difficulties <input type="checkbox"/> Chronic Infection <input type="checkbox"/> Concern re Laboratory Values <input type="checkbox"/> Constipation <input type="checkbox"/> COPD <input type="checkbox"/> Dementia <input type="checkbox"/> Depression <input type="checkbox"/> Drug-Nutrient Interaction <input type="checkbox"/> Edema <input type="checkbox"/> Elimination of One / More Major Food Groups <input type="checkbox"/> GI Disorder <input type="checkbox"/> Inability to Feed Self	<input type="checkbox"/> Major Appetite Change <input type="checkbox"/> On-Going Diarrhea / Nausea / Vomiting <input type="checkbox"/> Poor Appetite <input type="checkbox"/> Poor Fluid Intake (less than 30 ml/kg BW) <input type="checkbox"/> Poor Pain Control <input type="checkbox"/> Pressure Ulcer / Delayed Wound Healing <input type="checkbox"/> Recent Hospitalization (Date _____ / _____ / _____) <input type="checkbox"/> Renal Disease <input type="checkbox"/> Severe Trauma / Fracture / Surgery <input type="checkbox"/> Severe Underweight / Overweight <input type="checkbox"/> Specific Food Intolerance <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Unplanned Weight Loss <input type="checkbox"/> Uncontrolled / Controlled Diabetes Mellitus <input type="checkbox"/> Other
---	---

COMMENT

DIET ORDER	DATE OF ORDER
-------------------	----------------------

RISK LEVEL	DEGREE OF INTERVENTION	SIGNATURE	DATE
-------------------	-------------------------------	------------------	-------------

APPENDIX 5 - SIGNIFICANT WEIGHT LOSS TABLE

This convenient table can be used to quickly calculate significant weight loss.

Initial Weight (kg)	5%	7.5%	10%	Initial Weight (kg)	5%	7.5%	10%	Initial Weight (kg)	5%	7.5%	10%
30	29	28	27	55	52	51	50	80	76	74	72
31	30	29	28	56	53	52	51	81	77	75	73
32	30	30	29	57	54	53	51	82	78	76	74
33	31	31	30	58	55	54	52	83	79	77	75
34	32	31	31	59	56	55	53	84	80	78	76
35	33	33	32	60	57	56	54	85	81	79	77
36	34	33	33	61	58	57	55	86	82	80	77
37	35	34	33	62	59	57	56	87	82	81	78
38	36	35	34	63	60	58	57	88	84	81	79
39	37	36	35	64	61	59	58	89	85	82	80
40	38	37	36	65	62	60	59	90	86	83	81
41	39	38	37	66	63	61	59	91	86	84	82
42	40	39	38	67	64	62	60	92	87	85	83
43	41	40	39	68	65	63	61	93	88	86	84
44	42	41	40	69	66	64	62	94	89	87	85
45	43	42	41	70	67	65	63	95	90	88	86
46	44	43	42	71	67	66	64	96	91	89	87
47	45	44	43	72	68	67	65	97	92	90	88
48	46	44	43	73	69	67	66	98	93	91	88
49	47	45	44	74	70	68	66	99	94	92	89
50	48	46	45	75	71	69	67				
51	48	47	46	76	72	70	68				
52	49	48	47	77	73	71	69				
53	50	49	48	78	74	72	70				
54	51	50	49	79	75	73	71				

Adapted from *Pocket Resource for Nutritional Assessment*, CDHCF 1997; Reprinted with permission from *Food and Nutrition for Quality Care: A Policy and Procedure Manual*

APPENDIX 6 - NUTRITION TRANSFER FORM

TO		NAME OF RESIDENT	
FACILITY / UNIT		DATE OF BIRTH	ADMISSION DATE
CURRENT DIET PROVIDED			
FOOD ALLERGIES / PREFERENCES			
NOURISHMENTS / SUPPLEMENTS RECOMMENDED <input type="checkbox"/> Yes <input type="checkbox"/> No			
TYPE		AMOUNT PER DAY	DURATION
DENTITION			
<input type="checkbox"/> Own <input type="checkbox"/> Denture <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Used			
	Good	Fair	Poor
APPETITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEWING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWALLOWING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLUID INTAKE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOD INTAKE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL NEEDS			
<input type="checkbox"/> Plate Guard <input type="checkbox"/> Deep Dish <input type="checkbox"/> Other			
BOWEL FUNCTIONS		DIETARY INTERVENTION	
<input type="checkbox"/> No Concern <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea			
FEEDING			
<input type="checkbox"/> Self <input type="checkbox"/> Remind <input type="checkbox"/> Assist <input type="checkbox"/> Total Feed			
WEIGHT (ON ADMISSION)		HEIGHT (ON ADMISSION)	
WEIGHT HISTORY			
NUTRITION RISK LEVEL			
<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low			
PERTINENT DIAGNOSIS / MEDICAL CONCERNS			
NUTRITION CONCERNS			
PERTINENT LABORATORY DATA			
DATE		SIGNATURE	
		PHONE	FAX

APPENDIX 7 - MONTHLY WEIGHT GRAPH

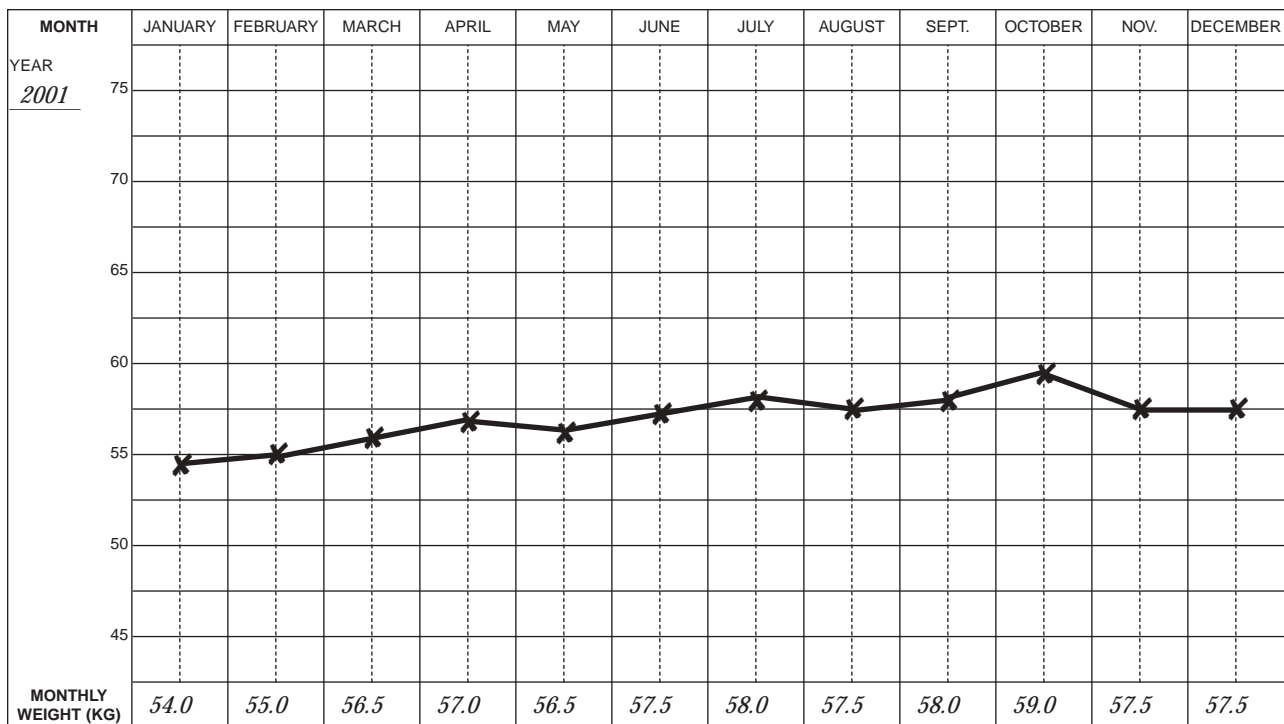
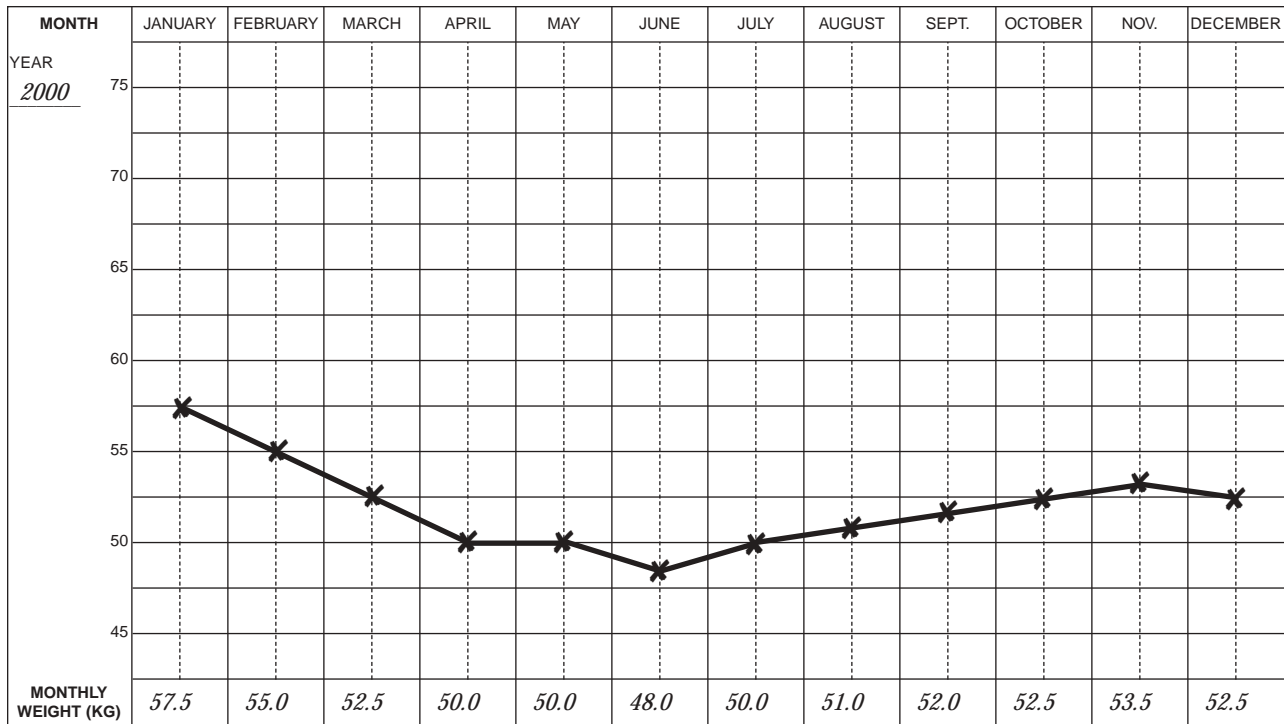
RESIDENT				ROOM NUMBER				ADMISSION DATE			
WEIGHT ON ADMISSION KG		USUAL WEIGHT KGS				HEIGHT KGS		GOAL WEIGHT RANGE KGS			

MONTH	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT.	OCTOBER	NOV.	DECEMBER
YEAR												
75												
70												
65												
60												
55												
50												
45												
MONTHLY WEIGHT (KG)												

MONTH	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT.	OCTOBER	NOV.	DECEMBER
YEAR												
75												
70												
65												
60												
55												
50												
45												
MONTHLY WEIGHT (KG)												

APPENDIX 7 - MONTHLY WEIGHT GRAPH

RESIDENT <i>J. Smith</i>				ROOM NUMBER <i>A 105</i>				ADMISSION DATE <i>October 7, 1999</i>			
WEIGHT ON ADMISSION <i>58</i>		USUAL WEIGHT <i>55 - 60</i>		HEIGHT <i>1.50 metres</i>		GOAL WEIGHT RANGE <i>54 - 65</i>					
		KG				KGS					



APPENDIX 8 - SUGGESTED SERVING SIZES AND CANADA'S FOOD GUIDE EQUIVALENTS FOR ELDERLY RESIDENTS

Menu Item	Average Female		Average Male	
	Serving size	Canada's Food Guide Equivalent	Serving size	Canada's Food Guide Equivalent
Breakfast Items				
Juice	4 oz (125 ml)	1 VF	4 oz (125 ml)	1 VF
Prunes or fruit lax (60 ml pureed prunes + 30 ml juice or 3 whole prunes + 30 ml juice)	3 oz (90 ml)	1 VF	3 oz (90 ml)	1 VF
Cereals, cooked	4 oz (125 ml)	1 G	4 oz (125 ml)	1 G
Bran	1 tbsp (15 ml)		1 tbsp (15 ml)	
Dry cereal	1 oz (30 g)	1 G	1 oz (30 g)	1 G
Brown Sugar	1 tsp (5 ml)		1 tsp (5 ml)	
Toast, whole wheat	1 slice	1 G	2 slices	2 G
Margarine	1 tsp (5 ml)		2 tsp (10 ml)	
Eggs, medium	1	1 MA	1	1 MA
Milk, 1%	4 oz (125 ml)	0.5 M	4 oz (125 ml)	0.5 M
Jam, Jelly, Marmalade	1 Tbsp (15 ml)		1 Tbsp (15 ml)	
Main Dishes				
Meat: lean, boneless, cooked	2 oz (50 g)	1 MA	2 oz (50 g)	1 MA
Fish: cooked, boneless	2 oz (50 g)	1 MA	2 oz (50 g)	1 MA
Chicken: cooked, boneless	2 oz (50 g)	1 MA	2 oz (50 g)	1 MA
Chicken: cooked with bone	3.5 oz (100 g)	1 MA	3.5 oz (100 g)	1 MA
Stews, meat portion only	4 oz (125 ml)	1 MA	8 oz (250 ml)	2 MA
Served on Bun/English Muffin	1/2	1 G	1	2 G
– Hamburger Pattie	1	1 MA	1	1 MA
– Barbequed Beef or Turkey with sauce	2 oz (50 g) 1 oz (30 ml) sauce	1 MA	2 oz (50 g) 1 oz (30 ml) sauce	1 MA
– Eggs Benedict, medium egg sauce	1 – 1 oz (30 ml)	☆	2 – 2 oz (60 ml)	☆
Baked Beans	4 oz (125 ml)	1 MA	6 oz (175 ml)	1 MA
Macaroni & Cheese	6 oz (175 ml)	☆	8 oz (250 ml)	☆
Quiche	2.5 oz (75 g)	☆	4 oz (120 g)	☆
Soup (not broth)	4 oz (125 ml)	☆	6 oz (175 ml)	☆
Sandwich made with	1/2 sandwich	1 G 0.5 MA	1 sandwich	2 G 1 MA
– Whole Grain Bread, 2 slices				
– Margarine, 2 tsp				
– Meat, Fish, 2 oz (50 g)				
– Egg Salad, #12 scoop (80 g)				
– or Cheese (50 g)				
Salad Bowls : Protein Portion				
– Cottage Cheese	4 oz (125 ml)	0.25 M	4 oz (125 ml)	0.25 M
– Sliced Meat	2 oz (50 g)	1 MA	2 oz (50 g)	1 MA

Menu Item	Average Female		Average Male	
	Serving size	Canada's Food Guide Equivalent	Serving size	Canada's Food Guide Equivalent
Other Food				
Biscuit (baking powder)	1 (30 g)	1 G	1 (30 g)	1 G
Beans, Lentils, Dried Peas, cooked	4 oz (125 ml)	1 MA	4 oz (125 ml)	1 MA
Potatoes, whole	1/2 medium(50 g)	0.5 VF	1 medium (120 g)	1 VF
Potatoes, mashed or salad	#8 scoop (125 ml)	1 VF	#8 scoop (125 ml)	1 VF
Rice, cooked	#8 scoop (125 ml)	1 G	#8 scoop (125 ml)	1 G
Vegetables, cooked	#8 scoop (125 ml)	1 VF	#8 scoop (125 ml)	1 VF
Fresh Apple, Banana, Orange, Peach, Pear	1 medium	1 VF	1 medium	1 VF
Plums, canned	2 plus juice	1 VF	2 plus juice	1 VF
Apricots, canned halves	4 plus juice	1 VF	4 plus juice	1 VF
Fruit, other, canned	4 oz (125 ml)	1 VF	4 oz (125 ml)	1 VF
Ice Cream	4 oz (125 ml)	0.25 M	4 oz (125 ml)	0.25 M
Milk Pudding / Custard	#8 scoop (125 ml)	0.5 M	#8 scoop (125 ml)	0.5 M
Cake	1.5" x 1.5" piece	1 G	1.5" x 1.5" piece	1 G
Crisps, Cobblers, and Cake Type Desserts	1 (1.5" cube or 2x2x1")	☆	1 (1.5" cube or 2x2x1")	☆
Snacks				
A.M.Banana or Orange	1 medium or the equivalent in other fresh fruit	1 VF	1 medium or the equivalent in other fresh fruit	1 VF
P.M.Cookie	1 plain	0.5 G	1 plain	0.5 G
Evening: Milk, 1%	4 oz (125 ml)	0.5 M	4 oz (125 ml)	0.5 M
Sandwich	1/2	☆	1/2	☆

Note:

Suggested serving sizes given for meats, fish, and poultry are the weights as served after cooking. (Cooking losses are approximately 1/3.) These serving sizes may be adjusted to meet individual requirements and preferences.

Canada's Food Guide to Healthy Eating Key:

VF = Vegetables and Fruit

G = Grain Products

M = Milk Products

MA = Meat and Alternatives

☆ = Canada's Food Guide equivalent depends on recipe.

Combination Foods (Due to recipe variation, these are examples only):

Beef and Vegetable Stew: 6 oz (175 ml) = 1 MA, 0.5 VF

Macaroni and Cheese: 6 oz (175 ml) = 1 G, 0.25 M

Tuna Noodle Casserole: 6 oz (175 ml) = 1 G, 0.5 MA

Cream Soup (made with milk): 4 oz (125 ml) = 0.25 M

Split Pea Soup: 4 oz (125 ml) = 0.5 MA, 0.5 VF

APPENDIX 9 - SUGGESTED MENU ITEMS

Suggested Menu Items - ENTRÉES		
<p>Beans, Peas and Lentils Baked Beans Bean Casserole Bean Salad Lentil Burgers Mexican Rice and Bean Casserole Split Pea and Lentil Soup Sweet and Sour Soybeans Vegetable Chili</p> <p>Beef Beef Pot Pie Corned Beef Ground Beef Cabbage Rolls Casseroles Chili con Carne Hamburgers Kebabs Lasagna Liver with Onions Meatloaf Steak and Kidney Pie Salisbury Steak Shepherd's Pie Short Ribs, Barbecued Steak – Minute/Swiss/Spanish Meatballs – Sweet & Sour/Swedish Stew Stir Fry Stroganoff Roast – Pot Roast/Baron of Beef/Dip</p>	<p>Chicken à la King Barbecued Crepes Curried Kebabs Oven Baked Pot Pie Stir Fry Roast</p> <p>Fish Cod/Halibut/Sole, Salmon/Red Snapper Baked/Breaded Pan Fried Poached Scalloped</p> <p>Ham (cured) Baked Glazed Steak</p> <p>Lamb Chops Roast Leg Stew, Irish</p> <p>Other Egg Foo Yong Omelette Pizza Cold Plates (e.g. meat) Quiche Pork Chops Cutlets Kebabs Sausages Spare Ribs Stew Stir Fry Sweet and Sour Tourtiere</p>	<p>Sandwiches Beef (hot or cold) Cold Cuts Corned Beef Chicken Egg Salad Ham Peanut Butter Tuna Turkey (hot or cold) Salmon</p> <p>Seafood Fettuccini with Mussels Fish and Chips Fish Burger Tuna Melt</p> <p>Tofu Scrambled Tofu Tofu Bean Salad Tofu Burgers Tofu Fried Rice Tofu Onion Pie Tofu Scalloped Potato Tofu Stirfry Tofu Stroganoff Vegetable Lasagna Vegetable Quiche Vegetarian Chili</p> <p>Turkey à la King Hot Turkey Sandwich Pot Pie Roast</p> <p>Veal Chopped Cutlets Roast Scaloppini</p>

Suggested Menu Items – GRAIN PRODUCTS**NOTE: USE WHOLE GRAIN PRODUCTS WHEN POSSIBLE**

Bagels
Biscuits
Bread – white/whole wheat/rye/sesame/pumpernickel/multi-grain/raisin/egg
Buns
Breakfast Cereals – Five, Seven, Nine, Grains/Oatmeal/Oatbran/Red River®/Sunny Boy®
Cold Breakfast Cereals
Crackers
Noodles – macaroni/linguini/fettuccini/spaghetti
Muffins
Rice and other grains – barley, bulghur, ryes
Polenta
Scones
Tortillas

Suggested Menu Items – SOUPS**Cream Soups**

Asparagus
Broccoli
Carrot
Celery
Chicken
Chowders – Corn, Clam, Fish
Corn
Leek and Potato
Mushroom
Onion
Pea
Potato
Tomato

Other

Bean and Bacon
Beef and Barley
Beef Bouillon
Beef Noodle
Beef Vegetable
Beef with Rice
Chicken Gumbo
Chicken Noodle
Chicken Rice
Creole
French Canadian Pea
Lentil
Mulligatawny
Pea Split
Pepper Pot
Scotch Broth
Tomato Rice
Turkey Vegetable
Turkey Noodle
Turkey Rice
Vegetable

Suggested Menu Items – VEGETABLES

Asparagus
Beans – green, yellow, french cut
Beets
Bok Choy
Broccoli
Brussels Sprouts
Cabbage
Carrot
Cauliflower
Celery
Chard
Chinese Vegetable
Corn
Cucumber
Kale
Onions
Mustard greens
Parsnips
Peas
Peppers – green/red/yellow
Potato – Baked/Boiled/Mashed/Pan Fried/Scalloped
Spinach
Squash
Sui Choy
Sweet Potato
Tomato
Turnip
Vegetable Marrow
Yams
Zucchini

Salads

Asparagus
Beets
Carrot and Raisin
Carrot Strips
Caesar
Celery Strips
Cole Slaw
Cucumber
Gelatin
Green Beans with Dill
Greek
Lettuce
Macaroni
Pasta
Potato
Spinach
Three Bean Salad
Tomato
Tossed Green
Turnip Strip
Waldorf

Suggested Menu Items – FRUIT

Canned Fruit

Applesauce
 Apricots
 Cherries
 Fruit cocktail
 Peaches
 Pears
 Pineapple
 Plums
 Baked Fruit Desserts
 Apple Dumpling
 Baked Apples
 Brown Betty – Apple/Rhubarb
 Cobblers
 Cottage Puddings
 Crisps
 Crumbles – Apple Apricot Cranberry-Apple
 Peach/Pitted Plum/Rhubarb
 Stewed Rhubarb
 Stewed Fruit Compote

Fresh Fruit

Apples
 Bananas
 Blackberries
 Blueberries
 Cherries
 Fresh Fruit Salad
 Grapefruit
 Grapes
 Melon – Cantaloupe/Honeydew/Watermelon
 Oranges
 Peaches
 Pears
 Pineapple
 Plums
 Raspberries
 Strawberries

Suggested Menu Items – DESSERTS

Baked custard
 Cheesecake
 Cranberry Squares
 Date Squares
 Frozen Yogurt
 Fruit Trifle
 Gingerbread with Fruit Sauce
 Ice Cream
 Mincemeat Squares
 Pies

Puddings – vanilla/banana/butterscotch/chocolate
 coconut/Rice/Bread/Tapioca/Lemon
 Sherbet
 Shortcakes
 Tarts
 Upside-Down Cakes
 Yogurt - plain or with Fruit Sauce
 Shortcakes

APPENDIX 10 - CONVERSIONS AND EQUIVALENT

SCOOP SIZES/ VOLUME MEASURE	No. 8	4 ounces	= 125 ml
	No. 12	2 ³ / ₈ ounces	= 70 ml
	No. 16	2 ounces	= 60 ml
	No. 20	1 ⁵ / ₈ ounces	= 50 ml
	No. 24	1 ¹ / ₃ ounces	= 40 ml
	No. 30	1 ounce	= 30 ml
WEIGHTS	1 ounce	= approximately 30 g	
	1 pound	= 16 ounces	= 454 g
	2.2 pounds	= 1 kilogram	
MEASURES	3 teaspoons	= 1 tablespoon	= 15 ml
	2 tablespoons	= 1 fluid ounce	
	16 tablespoons	= 1 cup	= 8 fluid ounce
IMPERIAL MEASURES	1 cup	= 250 ml	
	2 ¹ / ₂ cups	= 1 pint	= 20 ounces = 600 ml
	5 cups	= 1 quart	= 40 ounces = 1200 ml
	4 quarts	= 1 gallon	= 160 ounces = 4800 ml
AMERICAN MEASURES	1 cup	= 250 ml	
	2 cups	= 1 pint	= 16 ounces = .47 litres
	4 cups	= 1 quart	= 32 ounces = .946 litres
	4 quarts	= 1 gallon	= 128 ounces = 3875 ml
SI METRIC UNITS (SYSTEM INTERNATIONAL)	Volume		
	250 ml	= approximately 1 cup	
	1000 ml	= 1 litre	
	Mass		
	25 g	= approximately 1 ounce	
1 kg	= 2.2 pounds		

APPENDIX 11 - EDUCATION AND TRAINING ATTENDANCE FORM

TOPIC/NAME OF PROGRAM:		
PRESENTER/TRAINER:	LENGTH OF EDUCATION SESSION:	
DATE:	LOCATION:	
OBJECTIVES OF EDUCATION/TRAINING SESSION:		
NAME	POSITION	COMMENTS
RESULTS OF EVALUATION:		

Adapted from *Food Service Policy and Procedures for Health Care Facilities*, 1996.

