DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 10110.5
BUMED-M3
31 Mar 2008

BUMED INSTRUCTION 10110.5

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL NUTRITION MANAGEMENT PROGRAM

Ref:
(a) NAVMED Policy 06-002 of 23 Jan 2006
(b) DoD 7000.14-R
(c) DoD 1338.10-M of 22 Nov 1978
(d) NAVMED P-5010-1, Chapter 1
(e) NAVSUP P-486, Volume 1
(f) NAVSUP P-7
(g) NAVSUP Notice 7330 of 25 Jun 2007
(h) OPNAVINST 1700.7E
(i) OPNAVINST 6530.2C
(j) NAVSUPINST 4355.4H
(k) SECNAVINST 7042.7K
(l) BUPERSINST 5300.10A
(m) NAVSUP 4200.85D
(n) American Medical Association's Current Procedural Terminology (CPT) Book, Professional Edition (available for purchase at: https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp?_requestid=10299)
(o) American Dietetics Association Diet Manual (available for purchase at: http://www.nutritioncaremanual.org/index.cfm?Page=Intro&NextPage=Home&CFID=384088&CFTOKEN=64836728)
(p) NAVMED P-117, Change 121, Article 21-5
(q) TRICARE Policy Manual 6010.54-M

Encl:
(1) Administration and Security
(2) Subsistence Management
(3) Production and Services
(4) Human Resources
(5) Special Functions
(6) Automation Systems
(7) Clinical Nutrition Programs
(8) Operational Readiness

1. Purpose. To issue policy and guidelines for managing the Medical Nutrition Management Program at Navy Medical Treatment Facilities (MTFs) with an inpatient census per references (a) through (q) and enclosures (1) through (8).

2. Cancellation. NAVMEDCOMINST 10110.2 and stock number 0510-LD-054-0940.

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

4. Scope. Applicable to Navy MTFs authorized by the Bureau of Medicine and Surgery (BUMED) to establish Combined Food Operations and Clinical Nutrition Departments. MTFs authorized are those with an inpatient census.

5. Departmental Organization. The Medical Nutrition Management Program services are overseen by the Clinical Nutrition Department in the Clinical Support Services Directorate and the Combined Food Operations Department reporting to the Director for Administration. The Combined Food Operations Department Head oversees the food management preparation, service, and stores.

6. Facilities. Includes all spaces and equipment used to prepare and serve food by the MTF, designated Combined Food Operations spaces for short-term and long-term storage, and Clinical Nutrition spaces. Does not include food service facilities of the Navy Exchange, Morale Welfare and Recreation (MWR), private messes, and public quarters.

7. General Responsibilities

a. Bureau of Medicine and Surgery (BUMED). Reference (b) assigns primary management responsibility for this Program to the Assistant Secretary of Defense for (Production and Logistics) (ASD (P&L)), who further reassigns the responsibility to the Secretary of the Navy. The Army currently serves as the Executive Agent for all service related food and nutrition policies. BUMED-M3 is responsible for policy oversight and Regional Commanders ensure that MTFs in their areas of responsibility comply with all requirements.

b. MTF. Commanding officers are responsible for the administration of the Medical Nutrition Management Program and must designate a Registered Dietitian (RD) to oversee the food services and clinical nutrition functions.

8. Duties, Program and Departmental Responsibilities/Intra-Hospital Relationships

a. The commanding officer or directorate level designee must approve the master menu, meal hours, and sign the monthly financial report.

b. The Director for Administration shall notify the Combined Food Operations Department Head of any significant changes in circumstances or the number of personnel to be fed outside of normal meal hours, e.g., disaster feeding.

c. Administrative. Develops and maintains written instructions and standard operating procedures for all functions. Develops a disaster and emergency preparedness plan, orientation and training program, financial reporting procedures, and data management policies. Completes financial, workload, and manpower reports. Establishes, monitors, and documents performance improvement plan according to Joint Commission on Accreditation of Healthcare Organizations (JCAHO) guidelines and command directives. The Combined Food Operations Department Head establishes programs for safety, sanitation, food conservation, short-term and long-term equipment plan, equipment maintenance, and recycling.

d. Clinical Nutrition. Oversees patient meal service and diet office, provides inpatient and outpatient medical nutrition therapy (MNT), operates an outpatient clinic, conducts professional staff education, provides fleet education and health promotion activities as staffing allows. Participates in nationally sponsored nutrition activities; develops, and updates nutrition education materials. Establishes, monitors, and documents performance improvement plans and other JCAHO required programs.

e. Food Production and Meal Service. The Combined Food Operations Department Head assigns someone to complete order requisitions according to the menu, food production worksheets, and acceptability records. Prepare and serve meals to patients and patrons. Prepare and deliver nourishments to inpatient wards. Manage all food preparation spaces, serving lines, dining rooms, pots and pans and scullery areas, and patient tray line. Participate in security, safety, sanitation, on-the-job training of assigned personnel, food conservation, and maintenance programs.

f. Stores. The Combined Food Operations Department Head tasks the Storeroom Custodian for the operation of all dry, chill, and frozen subsistence and non-subsistence (paper goods, chemicals, large, and small equipment) storerooms. Receives and issues stores, procures subsistence and non-subsistence items, and maintains inventories.

g. The Procurement Department/Material Management Department provides support in procurement, contracts, receipt control, equipment, and long-term storage.

h. The Comptroller sets the fiscal year Operating Target (OPTAR) and furnishes periodic reports reflecting OPTAR balance. The Collection Agent establishes procedures for cash sales of meals.

i. The Patient Administration Department provides inpatients with identification wrist bands that allow patients to eat in the dining room without paying the cashier for their meals.

j. The Personnel Support Detachment (PSD) or Human Resources Management Department issues and tracks meal passes for all enlisted personnel on subsistence-in-kind (SIK)/rations-in-kind (RIK).

k. Ward staff must communicate in a timely manner all information concerning patient nutrition care and patient meal service.

l. The Preventive Medicine staff assists in establishing and maintaining a food handler's training program and inspects Nutrition Management spaces per reference (c).

9. Reports, Forms, and Correspondence

a. Reports. The Nutrition Management Monthly Performance and Reimbursement Analysis Report BUMED 10110-2; supporting documentation (worksheets and spreadsheets) and directions for completing and processing the reports are available on the Navy Medicine Online (NMO) Web site at: http://navymedicine.med.navy.mil/ or by contacting the Navy Dietetics Specialty Leader.

b. Forms. NAVSUP Form 335 (Rev. 12-00), Subsistence Ledger (4443) and NAVSUP Form 1282 (Rev. 5-82), Food-Item Request/Issue Document (4400) are available for download from the Navy Forms OnLine Web site at: https://forms.dapsidla.mil/search/.

c. Correspondence. Correspondence concerning the establishment, consolidation, modification, permanent closing, or any other actions affecting Nutrition Management must be staffed through the normal chain of command in consultation with the Navy Dietetics Specialty Leader.

Note: In addition, the MTF must notify Naval Supply Systems Command (NAVSUP) of all MTF meal service openings and closings to adjust the SIK account information. After approval by the Regional Commander of any change, BUMED-M3 must be notified, in writing, prior to implementation.

A. M. Robinson, Jr.

A. M. ROBINSON, JR.

Distribution:
SNDL, C52B (NAVBRHLTHCLINIC GROTON CT)
FA47 (NAVHOSP)
FB58 (NAVHOSP and NAVMEDCEN)
FC17 (NAVHOSP)
FH3 (NAVMED EAST PORTSMOUTH VA and NAVMED WEST SAN DIEGO CA)
FH9 (NAVHEALTHCLINIC)
FH36 (NAVMED NCA BETHESDA MD)
FT108 (NAVHOSP and NAVHEALTHCLINIC)
FW1 (NATNAVMEDCEN)

Distribution is electronic only via the Navy Medicine Web site at:
http://navymedicine.med.navy.mil/default.cfm?selTab=Directives

ADMINISTRATION AND SECURITY

1. Administration

a. Authority. The Nutrition Management Program is organized under the Medical Treatment Facility (MTF) commanding officer. BUMED will establish and disestablish MTF meal service based on changes in status of the MTF's mission to provide inpatient care. Outpatient facilities are not authorized to provide meal service. Inpatient facilities with average daily patient census of less than 20 should consider obtaining patient meals from the base galley or regional MWR. BUMED and NAVSUP issue policies and provide technical guidance concerning clinical care, food service, and supply.

b. General Policies

(1) Consumer Relations. The department head must develop and implement a program to foster customer relations.

(2) Disaster Preparedness. The department head will develop staff and patient meal service procedures for periods of disaster or other emergency conditions as part of the MTF's disaster preparedness instruction. Planning considerations should include detailed plans for feeding during equipment failure, power loss, rapid workload expansion, civil disasters and disturbances, inclement weather, staff shortages, designated alternate supply vendors, and feeding sites.

c. Required Programs

(1) Preventive Medicine and Infection Control. The department head will coordinate with Preventive Medicine and Infection Control to develop and implement policies to meet standards for food service per reference (d) and applicable MTF Infection Control requirements.

(2) Equipment Maintenance and Replacement Program. The department head is responsible for post operating and safety instructions near equipment in clear view of the operators. Implementing a maintenance program to preserve capital investment equipment and monitor signs of potential equipment failure. Establishing a replacement plan based on age and physical condition of each piece of equipment.

(3) Safety. The department head is responsible for implementing a departmental safety program adhering to BUMED, Navy Occupational Health and Safety (NAVOSH) and MTF safety program instructions and guidelines.

2. Security

a. Access. Access to all food preparation, holding and cleaning spaces are restricted to staff to prevent injury to unauthorized personnel, damage to equipment, or contamination of food.

Common use areas such as the dining rooms will be secured before and after meal hours to complete cleaning and preparing meals. Nutrition spaces will be kept locked when not attended by authorized personnel.

b. Key Custody. All department heads are responsible for key control and procedures for issuing keys to staff. No two spaces will have locks that can be opened with the same original or duplicate key except the master key. Additional guidelines are located in paragraph 1202 of reference (e), and local command instructions.

SUBSISTENCE MANAGEMENT

1. Definitions

a. Subsistence. Food and food products required for the Medical Nutrition Management Program are procured through the Subsistence Prime Vendor Program. Micro purchases under $2,500 are procured through approved local vendors using the government purchase card. Dairy and bread products can be purchased on an "Indefinite Delivery Contract" for the contract's life term of 5 years (an initial year with an option to renew each fiscal year for 4 years).

b. Physical Inventory. Process of identifying, counting and evaluating all subsistence on hand at a specified time.

2. Direction and Control. The Defense Logistics Agency (DLA) is the Department of Defense (DoD) Executive Agent for subsistence. Defense Supply Center Philadelphia (DSCP) is responsible for the acquisition of all Class 1 and related supplies and combat rations.

3. Local Responsibilities

a. Combined Food Operations. Responsible for procuring all subsistence items, conducting accurate and timely inventories, and proper documentation.

b. Material Management Department. The Head, Material Management Department is responsible for providing any required subsistence support functions.

4. Management of Subsistence Inventory

a. General. Conducting a physical inventory establishes financial accountability; determines the subsistence dollar value; checks the accuracy of subsistence ledgers (NAVSUP Form 335 or MTF electronic format) and adjusts differences between the subsistence ledgers and the subsistence on hand; determines the dollar value of subsistence shortages due to spoilage, damage, waste, pilferage, or other losses not reflected on subsistence ledgers; serves as a management tool for subsistence inventory controls; and determines financial liability.

b. Inventory Levels. The Storeroom Custodian maintains inventory at a level consistent with the operating requirements of the MTF dining facility, based on delivery schedules, usage rates for subsistence items, and contingency requirements. Suggested inventory levels are 1 to 2 weeks for within the continental United States (CONUS) and 2 to 4 weeks for outside the Continental United States (OCONUS).

c. Inventory Types

(1) End of Month. The Storeroom Custodian completes an inventory at the close of the last business day of each month. Records and retains inventory counts signed by the person responsible for the inventory counts and validated by the department head. The inventory counts will be held in accordance with SECNAV-M 5210.1 Dec 2005.

(2) Spot Inventories. The Storeroom Custodian will conduct weekly spot inventories of 5 percent of high moving subsistence items in the bulk storeroom at unannounced times and compare against electronic inventory, on hand inventory or the subsistence ledgers to ensure inventory accuracy.

(3) Other Inventories. The following occasions require a wall-to-wall physical inventory:

(a) Upon relief of the accountable Department Head.

(b) Upon relief of the storeroom custodian.

(c) When there is evidence of unauthorized entry into a storeroom.

(d) Directed by the Chain of Command.

(4) Breakout Inventories. Inventory the remaining subsistence items after each breakout or issue is made and indicate the balance on hand on an electronic inventory worksheet or on each Food Item Request/Issue Document (NAVSUP Form 1282). The records keeper will compare this balance after decreasing the breakout or issue in the electronic inventory or on the subsistence ledger. Differences will be examined and appropriate entries made.

d. Preparation for Inventories. Ensure all receipts, transfers, surveys, returns, and issues are up to date and appropriately posted. Issues that have been posted should be separated from stocks to be inventoried. Ensure all subsistence items are stocked in an orderly system and that the inventory checklist matches the stocking system.

e. Inventory Procedures. Two teams of two will perform separate inventories and record items using an inventory worksheet form or a blank Food Item Report/Master Food Code List (NAVSUP Form 1059). This form will serve as the rough inventory. Compare separate counts and all items not matching will be counted a third time for validation.

f. Actions after the Inventory

(1) Reconciliation. Compare rough counts with on-hand balances in electronic inventory or on the NAVSUP Form 335. Recount and reconcile discrepancies. Those items with greater than 5 percent of the current on hand balance require department head notification.

(2) Posting the Inventory. After resolving any discrepancies, post corrections to on-hand balance column in Network Management Information System (NMIS) matching the physical count if supported by NAVSUP 1282 paperwork. When unresolved discrepancies occur, an inventory adjustment is required. Quantity differences between the inventory and NMIS or NAVSUP Form 335 balances will be posted to the Issues to Adjustments on the NAVSUP Form 335, verified by the storeroom custodian and approved by the department head.

(3) Smooth Inventory. Smooth inventory sheets will be prepared by the records keeper on the last day of each month (accounting period) using NMIS inventory report or NAVSUP Form 1059. To determine the validity, take the NMIS inventory report and compare it against the physical count. The records keeper maintains the smooth copy with the end of month financial reports.

g. Pricing, Price Adjustments, and Recording Materiel Receipts. Department heads will be expected to maintain an inventory validity of at least 90 percent. Loss of issue, receipt, and expenditure documents, and incorrect records posting will impede the ability to meet the 90 percent accuracy goal.

h. Records of Receipts and Expenditures. Record the value of receipts and expenditures for all subsistence items. Records must include value of opening inventory, receipts from purchase, issues to the MTF dining facility, value of closing inventory, and value of surveys. Develop local procedures to ensure that a suitable record of all transactions is maintained for a period of 3 years. Use MTF designated nutrition management system.

(1) Receipt Document File. File one copy of all receipt documents signed, acknowledging receipt.

(2) Expenditures Document File. File one copy of all issue documents signed, acknowledging receipt.

i. Reporting Requirements. Complete BUMED financial monthly report.

j. Surveys. Institute appropriate survey actions when circumstances warrant, following applicable NAVSUP regulations. Do not include the dollar value of items surveyed in expenditures for the period nor reflect them in the monthly meal day costs. Report the dollar value of items surveyed in column 49, "Spoilage and Surveyed" section of the BUMED 10110/3. Keep a copy of the survey with the expenditure document file.

PRODUCTION AND SERVICES

1. Hospital Menu

a. Definition. The hospital menu is the operating plan and basis for procuring, preparing, and serving food to patients and patrons. It must include a nutritionally adequate therapeutic menu developed and certified by a Registered Dietician (RD).

b. Requirements. Plan the menu in advance to meet procurement lead-time, ensure delivery of the items and meet predetermined standards of adequacy, acceptability, cost, and execution. NAVSUP P-486, reference (e), and NAVSUP P-7 Armed Forces Recipe Service (AFRS), reference (f), are the main references for production and food service operations. The Combined Food Operations Department Head must approve the master and therapeutic menus before forwarding through the chain of command for final approval. The department head may change the approved menu to meet unanticipated circumstances, but will not compromise the nutritional adequacy or quality of meals.

(1) Adequacy and Acceptability. Plan menus to ensure service of well-balanced, nutritionally adequate meals of high consumer acceptance.

(2) Cost. Plan commonality between regular and therapeutic menus to control food and labor costs. Consider seasonal availability and market price fluctuations. Plan menus to meet the Basic Daily Food Allowance (BDFA) listed in the NAVSUP Notice 7330, reference (g).

(3) Execution. Consider personnel capabilities, type and capacity of equipment, and utensils available and time required to prepare food items. Reasonably distribute the workload among personnel, while considering preparation time, unusual delivery factors or temporary lack of suitable equipment and supplies.

c. Cycle Menus. As an aid to effective management, cycle menus are desirable. Consider the average length of patient stay and hospital staff when determining cycle length. Describe menu items clearly.

2. Special Feeding Requirements

a. Night Meals. Furnish nutritionally balanced meals to enlisted RIK personnel assigned to duty between 2100 and 0700. Establish box lunch procedures and maintain a meal count record with RIK meal pass numbers and names. Officers, civilians, and enlisted on commuted rations (COMRATS) are not entitled to night meals.

b. Special Meals. Provide meals appropriate to the observance of national and religious holidays within the limitations of available resources and facilities.

c. Picnics and Recreational Support. The Nutrition Management Department may furnish subsistence for departmental picnics in remote locations without MWR support, if departmental functions are not impaired, and with written authorization by the commanding officer, per reference (h). Local procedures must be developed for RIK meal signature sheets and cash collection from staff. Food will not be issued until departments have provided all cash and RIK sheets.

d. Blood Donor Support. The Laboratory Department sponsors and supports the blood donor program and will maintain an independent Job Order Number (JON) to order, store, and disperse nourishment items. Combined Food Operations Department supports the blood donation effort by providing a complete meal to a staff member who has donated blood. All reimbursements for donor meals will be funded from the Laboratory Department budget, per reference (i). Support of the blood donor program does not include nourishments. Workload data or food costs are not included in food costs when determining the average cost per meal day.

3. Food Preparation

a. General. Prepare food under the supervision of qualified personnel, exercising the utmost care to ensure meals and diets will receive good consumer acceptance. Prevent contamination of food and prepare food following proper sanitary conditions prescribed in references (d) and (j).

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

c. Recipes. The use of the AFRS is strongly encouraged. Other accurate, standard recipes may be used as the basis for production and subsistence procurement. Maintain a file of standard recipes to inform and guide all employees engaged in food preparation.

d. Security. Maintain security measures, consistent with local threat conditions, for all food received, stored, and issued. If the source of subsistence or the delivery of stores is in question, consult with the local Army Veterinary Technician.

e. Time Factor. Minimize the length of time between food preparation and serving. Employ batch cooking, timed to replenish as needed during the meal period. Minimize time lags between preparation and serving to maintain nutritive value, increase consumer acceptance, and prevent outbreaks of food borne illnesses. Frequently check and record serving point temperatures to ensure that hot food is served at a temperature of at least 140 degrees Fahrenheit and cold food below 40 degrees Fahrenheit.

f. Production Worksheets. Use food production worksheets to communicate proper food preparation. The NAVSUP 1090, Food Preparation Worksheet, may be used if the department does not have an electronic information system.

4. Combined Food Operations

a. General. Instruct and supervise personnel 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 both dining rooms and patient care areas. Do not make any distinction in the quality or quantity of the meal day in favor of any customer.

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 late meals for patients receiving treatment, when bona fide reasons exist (i.e., surgery).

c. Dining Room Service. The Combined Food Operations Division is responsible for all dining room functions except those operated by contract or non-appropriated fund organizations.

d. Ward Service

(1) Tray Delivery. The Nutrition staff delivers meal trays to patient wards and may deliver meal trays to the patients in some facilities.

(2) Isolation. When isolation is indicated, inpatient nursing service ward staff assumes patient tray delivery, retrieval, and subsequent disinfecting of any contaminated material.

(3) Liaison with Patient Care Areas. The department head must coordinate liaison with the patient care areas 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 and bulk nourishments; the processing of individual selective menu forms; and reporting of served meals.

5. Food Conservation. The Nutrition Management Department must establish and conduct a food conservation program by eliminating waste and maximizing the use of food byproducts. The program should provide for the continuing instruction and guidance of employees and customers in food conservation practices.

HUMAN RESOURCES

1. General. The Combined Food Operations and Clinical Nutrition may be staffed by military personnel, civil service employees and contract employees. Contract supervisors and an assigned Contracting Officer's Representative (COR) supervise contract employees. The department head is responsible for providing all staff with an accurate position description.

2. Manpower Authorizations. Number of meal days served, Shore Requirements Standard and Manpower Planning System (SHORSTAMPS), efficiency reviews, and operational platforms determine staffing requirements. MTFs may forward requests for manpower changes to BUMED via the Navy Medicine Regional Commander.

a. Military Personnel. Assign culinary specialists (CSs) to Combined Food Operations or Bachelor Housing to ensure CSs maintain in rate proficiency. Assign dietitians to Combined Food Operations or Clinical Nutrition. Coordinate with military manpower, assignment officers, and local chain of command for enlisted and officer personnel issues.

b. Civil Service Personnel. Assign Civil Service employees (wage grade and general schedule) according to Office of Personnel Management (OPM) regulations. Coordinate with local Human Resource Office (HRO) for civilian personnel issues.

c. Contract Personnel. The contract supervisor assigns contract staff per contract specifications. Report contracting issues to the COR.

3. Staff Education and Training. The department must implement an education and training program to include new staff orientation, annual education, and professional continuing education for all staff, as required by each command and the standards of the JCAHO.

4. Health Care Provider Specific Requirements. The department head will coordinate all RD credentialing and peer review requirements with Professional Affairs at each command.

a. Credentialing

(1) Initial staff appointment is granted to dietitians seeking and qualifying for privileges and staff appointment for the first time in the Navy system. This appointment should not exceed 1 year.

(2) Active staff appointment is granted to dietitians who have successfully completed the initial appointment and applied for renewal of privileges. Active staff appointment is not to exceed 2 years. All dietitians must be privileged prior to providing care to patients.

(3) Upon transfer to another MTF, the RD must check out with the professional affairs coordinator to ensure credentialing information is transferred to the gaining command.

(4) Civilian and contract dietitians must be privileged prior to reporting to the MTF.

b. Peer Review. The Nutrition Management Department must implement a peer review process meeting JCAHO and MTF requirements.

5. Special Clothing. Per reference (e), Nutrition Management Department food service employees must wear special clothing (washable uniforms, caps, gowns, aprons) while on duty for identification, self-protection, and asepsis. The MTF will provide all required special clothing for military and civil service civilian employees.

SPECIAL FUNCTIONS

1. General. Commands will purchase food items required for ceremonial events through Navy resale system outlets, MWR, or commercial sources. Use of subsistence appropriation funds to purchase food or non-food items is not authorized. Combined Food Operations cannot supply appropriated funded consumables (e.g., paper plates, cups, plastic ware, etc.) for any event.

2. Official and Unofficial Functions. Commands may have official command functions and ceremonies. However, any reception or event involving food is considered an unofficial part of that function. Reference (e) indicates that the Change of Command ceremony is the official function supported by appropriated funds and manpower, whereas the reception is the unofficial function (i.e., at personal expense). Appropriated funds may not be used for entertainment (including receptions) unless specifically authorized by statute and implementing regulations Official Representation Funds (ORF).

3. Official Representation Funds (ORF). In the Department of the Navy, ORF is used only to maintain the standing and prestige of the United States. The Secretary of the Navy, Chief of Naval Operations, and Commandant of the Marine Corps are granted authorization to approve ORF. There are specific governing regulations regarding the hosting of official functions, the scope, size, and percentage of military and civilian guests. The Comptroller can provide guidance for determining if a function is authorized for ORF to fund the event, per reference (k).

4. Use of Culinary Specialists (CSs). Reference (e) states that CSs may be detailed to duty at official entertainment or social functions held on government property only if the event is financed by ORF. Such assignments will be considered regular military duty and duty hours and liberty times of affected CSs will be adjusted accordingly. Reference (l) states that neither CS personnel nor other enlisted personnel will be detailed to duty for command or other social functions that are not financed by ORF. A CS may volunteer off-duty time and will be paid by the sponsor to work at social events.

5. Use of Space and Equipment. Combined Food Operations is only permitted to prepare or store food purchased through approved sources for dining room and patient meals per Preventive Medicine Regulations, reference (d). Combined Food Operations personnel are not permitted to do any cooking or preparation work for other department social functions. Other departments may not bring food for Nutrition Management to heat, serve, or store.

6. Change of Command Receptions

a. Military Personnel. Given the unofficial, personal nature of the reception for a change of command, there is no statutory or regulatory authority which permits the use of military personnel at such a function. To order an enlisted person to perform a function for the personal benefit of an officer would be an unlawful order and tantamount to a private servant (the United States v. Robinson, 6 U.S.C.M.A. 347, 20 C.M.R. 63 (1955)).

b. Use of Appropriated Funds for Subsistence. In accordance with reference (e), all food entrusted to the Department belongs to the Subsistence Account for which the Support Services Directorate, Food Service Division (NAVSUP 51) is held personally and legally responsible under Title 31, U.S. Code Section 1517, as the operating budget holder. Provisions procured under the Subsistence Account in the custody of the Nutrition Management Department are Appropriated Funds and will not be utilized for such events unless the cost from the provisions are reimbursed in full by the members being honored at the change of command. Another MTF funding source is appropriated funds, Operation & Maintenance, Defense Health Program (O&M, DHP) and this will not be utilized for such events. If the incoming and outgoing commanding officers desire to purchase food items to support an unofficial reception via the Nutrition Management Department, it is recommended they split the cost at the officers' expense. These transactions will be handled as a sale of bulk food items and the Department reimbursed in full (all items will be charged at last receipt price). Changing the menu and inviting the entire staff to participate in this event to circumvent paying for the reception/provisions are not permitted and/or authorized per reference (e), section 2604.

7. Picnics and Recreational Events. MTFs may furnish food items for Mental Health inpatient ward sponsored picnics. Refer to enclosure (3), paragraph 2c.
+
8. Coffee Messes. Nutrition Management may not provide any food or non-food items for coffee messes. Departments must purchase items at their own expense from commercial sources.

9. Light Refreshments. Per reference (m), appropriated funds are not authorized to pay for light refreshments at conferences. Conference fees may not be collected and used to offset the cost of the conference or to reimburse or supplement the appropriation from which the subsistence is funded. Departments may not utilize Nutrition Management staff for conferences.

AUTOMATION SYSTEMS

1. Definitions

a. Medical Food Management. Medical Food Management is quality food production, its management and the service aspects of fulfilling patient dietary orders. Activities include procuring commodities as well as preparing, distributing and serving meals to patients, MTF staff, and their guests.

b. Medical Nutrition Therapy (MNT). Includes nutritional diagnostic therapy and counseling services primarily provided by a RD for the purpose of managing an acute or chronic condition or disease. It is the clinical business of providing nutrition care and promoting lifestyles to prevent disease by being the first line, non-invasive, and value-added and cost effective adjunctive therapy providing an effective and efficient method of preventing inpatient episodes of care, lowering morbidity, and progressing towards optimal health outcomes. Guidance for coding MNT encounters is contained in reference (n).

2. Nutrition Management Information System (NMIS). The Army is the Executive Agent for the food service and clinical information system, NMIS, that supports Nutrition Management operations at MTFs worldwide.

a. Functions. NMIS supports conventional and ala carte (itemized priced) facilities and nutrition care which entails four primary functions: quality assurance, planning nutritional care and services, nutrition intervention, and business analysis of operations. This system includes data maintenance, table maintenance, training database, security administration, system administration, purchase orders, inventory management (receipts and issues), menu management, forecasting, production planning, nutrition management accounting, Composite Health Care System (CHCS) interface, inpatient cardex, and MNT outcomes data collection and reports.

b. Business Process Improvement. Enables food service personnel to reduce redundant and repetitive administrative work. Performs all necessary calculations automatically from recipe conversions to issue quantities. Reduces error and automates daily records. Streamlines time spent and common errors with inventory, subsistence ordering, recipe conversion, and accounting. NMIS captures how MNT enables dietary personnel to efficiently accomplish the mission of providing preventive and therapeutic nutrition therapy and medical food management with the goal of achieving a healthier population and slowing disease progression. Outcome data collection management analyzes nutrition intervention, records clinical outcomes, and trends data. Business analysis and operations include ration accounting, budgeting of resources, and the evaluation of cost-saving benefits based on therapeutic and preventive care to decrease further costly hospitalizations or the need for higher levels of care and medication.

c. Support and Training. For NMIS training and support, contact the Defense Medical Logistics Standard Support (DMLSS) Clinical office at (703) 681-3901 extension 1030 or go to the Web site at http://www.tricare.osd.mil/dmlss/DMLSS-Clinical.cfm.

3. Food Service Management System (FSM). FSM is the automation system for afloat and ashore general messes certified by NAVSUP. The system provides food service officers and culinary specialists with an automated accounting processing and other functions associated with the operation of a NAVSUP general mess.

4. Composite Health Care System – Dietetics Module (CHCS-DTS). CHCS-DTS is a module within the CHCS system that contains general diet order information that allows dietary personnel to maintain and track inpatient diet orders. The DTS function incorporates admission data and diet order information. CHCS contains a complete diet type file used by MTFs. It is developed after the American Dietetics Association Diet Manual, reference (o). The diet types listed in this file are the only allowable diet types for the tri-service MTFs.

CLINICAL NUTRITION PROGRAMS

1. General. The Nutrition Management Department is responsible for Clinical Nutrition Programs, including oversight of inpatient meal service; diet office functions; inpatient and outpatient MNT; professional staff nutrition education; and fleet education and health promotion activities, as staffing allows.

2. Personnel. RDs are responsible for the Clinical Nutrition Program. Staffing billets are dictated by the scope and practice of Clinical Nutrition and productivity. RDs and dietetic technicians (DT) must meet American Dietetic Association and command professional affairs qualifications for clinical practice.

3. Definitions

a. Medical Nutrition Therapy (MNT). Assessment of patient nutritional status followed by therapy ranging from diet modification and counseling to administration of specialized nutrition therapies such as enteral/parenteral feedings. In the direct care system, MNT is available when patients are referred to registered dietitians per reference (n).

b. Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Accrediting body for health care organizations.

c. Standards of Care. A consistent process for the delivery of nutrition care to individual patients or in groups that are recognized by the dietetics profession. Examples include MNT protocols published by the American Dietetic Association (ADA).

d. Screening Policy. Nutrition screening must be completed within 24 hours of inpatient admission per JCAHO standards. The facility must have a seamless policy for nutrition assessment of patients determined to be at nutritional risk.

e. Food-Drug Nutrient Interaction Policy. Each facility must have written policy that provides for patient education for potential food-drug interactions, per JCAHO standards. This does not specify that dietitians are solely responsible for drug-nutrient education. Depending on the mechanism of medication dispensing, pharmacy may provide this counseling.

f. Coding. Services rendered should be coded in the Ambulatory Data Module (ADM) of the Composite Health Care System (CHCS) to capture workload. DoD coding instructions can be found in the Military Health System Coding Guidance: Professional Services and Specialty Coding Guidelines available online at: http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm.

4. Program Scope

a. Inpatient. The nutritional needs of the inpatient population are the primary focus of the program. This includes provisions for nutritional assessment and counseling, diet instruction, meal preparation, distribution, and storage of special feedings. Medical and dental officers must order diets, which will be documented in the patient's medical record prior to serving. Diets and nutrition supplements must support standards of care for the specific diagnosis as noted in the Diet Manual, reference (o).

b. Outpatients

(1) Outpatient nutrition clinic services will meet command-directed standards of care. Clinics will implement tools necessary to meet access to care standards for patients with high volume diagnoses such as group classes.

(2) Outpatients are not entitled to hospital meal service or outpatient supplements unless they are active duty enlisted personnel on rations-in-kind (RIK). Nutritional supplements and tube feedings are for inpatient use only. Eligibility guidelines for dispensing enteral nutrition solutions are defined in reference (p). Outpatients who require nutritional supplements or feedings as the sole source of nutrition should contact the closest TRICARE Management Activity (TMA) for reimbursement information.

c. Staff Nutrition Education. Dietitians will provide medical nutrition therapy training to medical staff. This may include nursing staff, ward personnel, residents, and providers.

d. Support to Branch Clinics. Dietitians will provide MNT to patients at Branch Clinics as allowed by staffing and space. Upon request, RDs may provide occasional assistance to Health Promotion activities if MTF patient care is not impacted. The Clinical Nutrition Department is not responsible for implementing Navy Environmental Health Center (NEHC) programs.

e. Support to Other Commands. Upon request, RDs will provide nutrition training to general messes and other commands. Refer all menu review requests from enlisted dining facilities to NAVSUP.

f. Mutual Support. Large MTFs will serve as consultants for smaller MTFs. Dietitians who serve in a solo practice must contact the Specialty Leader for Navy Dietetics to assist with location and coordination of an MTF to perform peer review. MTFs which do not have a staff RD may contact the Navy Dietetics Specialty Leader to assist with coordinating support for inpatient and outpatient care.

5. Nutrition Program References. Reference (n) is the only approved diet manual for use in each MTF and must be available for medical staff. Reference (p) provides nutrition standards and education for military meal service. Each MTF will develop a command-directed nutrition supplement/enteral formulary, which must be approved by the Executive Committee of the Medical Staff (ECOMS). JCAHO provides guidance on clinical nutrition standards and practice.

6. Process Improvement. The Department Head will ensure the Process Improvement Plan meets JCAHO requirements.

7. Committees. At some MTFs, an RD may serve on the Pharmacy and Therapeutics Committee or sub-committee and Nutrition Support Team or other committees as applicable.

8. Disaster Feeding. As part of the Departmental Emergency Management Plan, an RD of the MTF will develop a patient menu to meet the nutritional needs of patients and staff during a disaster.

OPERATIONAL READINESS

1. General

a. Billets. Military dietitians are assigned to operational platform billets on USNS MERCY (T-AH 19), USNS COMFORT (T-AH 20) and fleet hospital platforms at Naval Hospital Bremerton, Naval Hospital Camp Lejeune, Naval Hospital Jacksonville, Naval Hospital Camp Pendleton, Naval Hospital Pensacola, and Naval Medical Center Portsmouth.

b. Responsibilities. Primary responsibilities are to administer the patient meal service program; maintain and update the diet manual and all standard operation procedures for food service and clinical nutrition; provide MNT to patients and advise the Food Service Officer (FSO) on all nutrition related issues. Secondary responsibilities are to provide nutrition education to staff and assist the Health Promotion Coordinator with nutrition related activities.

2. Hospital Ship and Fleet Hospital Programs

a. Patient Meal Service

(1) Develop house and therapeutic menus taking into account any specific cultural considerations and feeding limitations.

(2) Prepare consumable and non-consumable orders.

(3) Inventory ward kitchen equipment ensuring all equipment is maintained. Prepare kitchens and nourishment areas for use with environmental sanitation guidelines.

(4) Coordinate documentation procedures of patient meals with recordskeeper.

(5) Advise FSO on ward staffing requirements, consumable and non-consumable orders, equipment maintenance, and replacement status.

(6) Provide education to food service and required ward nursing personnel on patient meal service procedures and medical staff on MNT to include diet order procedures and formulary.

b. Medical Nutrition Therapy (MNT). Review formulary on Authorized Medical Allowance List (AMAL) and coordinate revisions with supply officer. Provide MNT to patients interacting with medical staff and nursing personnel. Maintain and have a Diet Manual accessible for medical staff.

c. Health Promotion. Assist Health Promotion Coordinator as required with staff programs such as weight control, smoking cessation, etc.

3. Operations Other Than War

a. Dietitians participate in Joint Service humanitarian missions, which include clinical nutrition assessment of indigenous populations.

b. Deployment of both hospital ships and fleet hospital platforms may include a humanitarian or prisoner of war component. Dietitians must review patient meal service procedures and menus for cultural concerns and safety requirements.

4. Medical Nutrition Supplements. Medical Nutrition Rations are available through DSCP. Rations include meal components for clear and full liquid diets, a basic nutrition supplement, and small bags, cups, and straws. This medical ration does not provide specific tube feedings found in AMALs.