



Nutrition Standards for Adult Inpatients and Residential Aged Care Policy

1. Background

The [WA Health Nutrition Standards for Adult Inpatients](#) (referred to as Nutrition Standards in this document) was released in 2012 and was mandated by a WA Health operational directive and compliance strategy which was rescinded in 2018.

The Nutrition Standards were reviewed in 2018 and act as a best practice guideline for catering and dietetic services to assist in menu design, planning and assessment. The aim of the Nutrition Standards is to ensure all WA public hospital patients have the opportunity to meet their nutritional requirements during their inpatient admission.

The Nutrition Standards provide recommendations that need to be used in conjunction with the [International Dysphagia Diet Standardisation Initiative \(IDDSI\)](#) to ensure safe and appropriate menu options are available for patients and residents on modified texture diets. Standardised definitions for modified texture foods have been outlined by IDDSI and these have been endorsed by Speech Pathology Australia and Dietitians Australia (refer to [Appendix 5](#)).

WA Country Health Service (WACHS) is unique in that it has a large number of sites with low bed numbers, facilities where length of stay can vary considerably, from infrequent short stay inpatients to long term rehabilitation patients and residential aged care patients; and varying cultural needs which provides unique challenges for menu planning and meeting the nutritional requirements of all patients.

WACHS Residential Aged Care Facilities (RACF) are also required to be compliant with this policy, and these have been considered for menu planning in regards to minimum menu choices, portions and use of nourishing foods to meet residents' needs. Ensuring adequate intake of diet and fluids from the menu is crucial for the nutritional status of residents, regardless of their nutritional status on admission.

The National Safety and Quality Health Service (NSQHS) Standards has added a Comprehensive Care Standard including Nutrition and Hydration (Action 5.27 and 5.28) which requires health service organisations to have systems based on current evidence and best practice for nutrition care. This policy will assist all sites to achieve relevant audit requirements to support the NSQHS Standards and Aged Care Quality Standards.

2. Policy Statement

This policy outlines the implementation of the Nutrition Standards and IDDSI to all facilities in WACHS that provide meals for admitted adult inpatients and residents. This policy ensures that WACHS services offer nutritious menus to enable adequate intakes, promote recovery and good health outcomes.

This policy outlines:

- Implementation of the standards
- Modifications of the Nutrition Standards for RACF
- Implementation of IDDSI
- Compliance and audit requirements
- Role of Multidisciplinary Catering and Nutrition Committees (MDCNC)

2.1 In Scope

This policy is designed to be appropriate for most adult inpatients and residents, including the nutritionally well and the nutritionally at risk.

The standards within this policy apply to modified texture diets (Level 6 soft and bite size, Level 5 minced and moist and Level 4 pureed). Additional specifications for Level 5 minced and moist and Level 4 pureed diets include information on fortification and serving sizes (refer to [Appendix 5](#)).

2.2 Out of Scope

- Patients with special nutritional needs (those requiring therapeutic diets) and long stay patients requiring weight loss may have different nutrient goals and/or may require different food choices to those outlined by the Nutrition Standards. For information on appropriate options for specific therapeutic diets, refer to local Food Service Manuals and local dietitian.
- Meals on Wheels clients and day centre clients who access meals from hospital catering services.
- Paediatric populations. For guidance on providing appropriate options for paediatric menus, refer to local Food Service Manuals and local dietitian.
- Admitted day stay patients (e.g. renal dialysis and chemotherapy) and day surgery patients will be offered suitable choices from the standard menu as per local site guidelines (please refer to local Food Service Manuals).
- External (non-WACHS) facilities that receive their meals from a WACHS facility (i.e. local nursing home or hostel).

2.3 Food First Approach to Meeting Nutritional Needs

WACHS endeavours to meet inpatient and resident nutritional needs through the provision of nourishing foods. Menus compliant with the Nutrition Standards are to meet the nutritional requirements for the majority of patients. For those who have increased nutrition requirements, it is recommended that a food first approach is provided, in consultation with a local dietitian, such as:

- Larger portions and/or additional choices at meal times.
- Fortified dishes and high energy/protein snacks.

The use of oral nutritional supplements should only be considered once first line intervention strategies have been trialled.

For more information, please refer to WACHS Nutrition Clinical Practice Standard.

3. Overarching Principles

1. WACHS has a duty of care to ensure adult inpatients and residents have access to safe, appropriate and adequate food and fluids.
2. Hospital menus are to offer a variety of food choices that are appealing and which patients and residents will enjoy.
3. Menu design is to be based on the needs of the broader population, taking into account social, cultural and religious needs.
4. Menu design and choices are to allow patients and residents to consume the recommended number of serves from each of the Core Food Groups.
5. The Nutrient Reference Values for Australia and New Zealand are to be the basis for developing menu standards.
6. Menus should enable all patients and residents to meet their Recommended Dietary Intakes (RDI) targets.
7. Hospital meal services are to enable access to additional food options for patients and residents with high nutritional needs.
8. Patient and resident nutrition requirements should be provided from food where possible while the use of oral supplements is reserved for clear clinical indications.
9. Modified texture diets and thickened fluids are to comply with IDDSI.
10. All patients and residents on Level 4 pureed and Level 5 minced and moist are to receive fortified food options.
11. There is a process to provide menus to accommodate patient and resident food preferences within the sites resources and food service systems.
12. All sites participate in Multidisciplinary Catering and Nutrition Committees (MDCNC) for implementation of this policy and collaboration on food services.

4. Procedure

All WACHS facilities are to provide menus that meet the following criteria as outlined in this policy:

- Meet the nutritional goals
- Classify menu items based on band definitions
- Meet the minimum menu choice
- Have standard recipes for all meal components
- Provide nutritional analysis of all recipes
- Have been reviewed by local dietitian and approved by the MDCNC
- Have undergone regular auditing based on this policy

Please refer to Appendices for details of Nutrition Standards guidelines for

- Nutrient Goals ([Appendix 1](#))
- Band Definitions ([Appendix 2](#))
- Minimum Menu Choices ([Appendix 3](#))

Resources to support the implementation of this policy are available on the [WACHS Food Service Information Space](#).

4.1 Minimum Menu Choice at Smaller Hospitals

All WACHS health facilities are to make every effort to be compliant with the Nutrition Standards. The larger WACHS sites (i.e. Bunbury Hospital, Albany Health Campus, Geraldton Health Campus and Kalgoorlie Health Campus) must be compliant with all components of the Standards.

WACHS acknowledges sites with smaller bed numbers (generally less than 50) may have challenges in meeting components of the Standards; in particular the minimum menu standards and patient needs may be better met with a more flexible menu design.

The modified menu design for smaller hospitals is recommended for all other WACHS sites at the discretion of the MDCNC (refer to [Appendix 3](#)).

Modified menus must still meet the overarching principles and nutrition goals as outlined in this policy.

4.2 Texture Modified Diets

Patients with dysphagia are at greater risk of malnutrition due to reduced food and fluid intakes, have difficulties with eating, often fatigue during meals, and are offered less appealing food due to the cooking modifications required.

To address these concerns, specific serve sizes and nutrition specifications for Level 4 pureed and Level 5 minced and moist diets have been developed (refer to [Appendix 5](#)).

All **Level 4 pureed and Level 5 minced and moist** meal and snack items provided to inpatients and residents must be fortified using the following options:

- Ingredients such as skim milk powder, butter or margarine, and nutrition supplements (e.g. glucose polymer, protein powder) should be added to meal components to ensure they meet the nutrition specifications (rather than just increasing the portion sizes of the meals).
- Sauces and gravies should be nutritionally fortified and offered with main meals to ensure appropriate consistency.
- Three appropriate modified textured snacks are to be offered per day (minimum of 2 snack options offered per snack occasion).

In some circumstances nutritional supplementation may also be required to meet higher nutritional needs. These patients should be referred to a dietitian for nutritional assessment.

Level 6 soft and bite sized meals are expected to be compliant with the nutritional requirements of standard menu (Level 7 regular) as outlined in this policy.

4.3 Meeting the Nutritional Needs for Residential Aged Care

Food and nutrition play a major role in meeting the physical and functional needs of residents and contributes significantly to their quality of life. WACHS has the responsibility to provide menus that maximise food enjoyment and minimise poor nutrition for this patient group.

It is well known that older adults have reduced appetites and often consume smaller serves, regardless of their nutritional status. Residents can be offered smaller serves of nourishing meals and snacks that will meet their nutrition needs with considered menu planning.

WACHS RACFs must be compliant with this policy with the modified menu design considerations as outlined in [Appendix 4](#). Compliance with this policy ensures RACF

meet the National Aged Care Quality Standards for nutrition and hydration and the Aged Care Quality Standards.

4.4 Food Service Monitoring and Compliance Audits

Compliance monitoring of the Nutrition Standards and modified texture meals will be governed by MDCNCs. It is required that regular Food Service Audits will be completed at all sites by dietitians, speech pathologists and catering staff.

Several auditing tools have been developed for sites to ensure they remain compliant with Nutrition Standards requirements and IDDSI criteria. These include:

1. [Weighted Meal Audit](#)
2. [Taste Evaluation Audit](#)
3. Modified texture meal audits
 - o [Level 4 Pureed Audit Tool](#)
 - o [Level 5 Minced and Moist Audit Tool](#)
 - o [Level 6 Soft and Bite-Sized Audit Tool](#)
4. [Customer Satisfaction Survey](#)
5. Annual Compliance Audit (WACHS wide)

Audit results will be discussed at the MDCNC and reported to executive via the Safety and Quality Committee.

Refer to [Appendix 6](#) for Food Service Auditing Requirements including the minimum frequency of audits based on facility bed numbers.

4.5 Multidisciplinary Catering and Nutrition Committee (MDCNC)

All regional hospital sites shall maintain a hospital MDCNC. All other sites may participate in a regional or district MDCNC. Membership of these MDCNCs should include representatives from: catering, dietetics, speech pathology, nursing, safety and quality, operation managers, business support managers, consumer liaison officers and consumers. MDCNC will be required to consult with an Aboriginal representative/ALO if Aboriginal inpatients and residents make up greater than 30% of the adult inpatient and resident population at that hospital site.

The role of this committee includes the monitoring, discussion and governance of:

- General operational issues related to food service, food safety and nutrition.
- Compliance with Nutrition Standards and IDDSI.
- Completion of Food Service Audits, identify risks from audits, implement strategies to address these and monitor for compliance.

It is recommended that the MDCNC meet at a minimum quarterly and include Executive Sponsorship.

5. Definitions

Dysphagia	Difficulty in swallowing. Swallowing is defined as the movement of a bolus of food, fluid or saliva from the mouth to the stomach.
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International Dysphagia Diet Standardisation Initiative (IDDSI)	The IDDSI framework provides a common terminology to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and all cultures.
Nutrition Standards	A guide for food producers and providers to assist menu design, planning and assessment to ensure West Australian public hospital patients have the opportunity to meet their nutritional requirements during their inpatient admission.

6. Roles and Responsibilities

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

Dietitian	<ul style="list-style-type: none"> • Support catering with menu development • Analyse all recipes using Food Works • Coordinate food service audits with catering • Participate/coordinate MDCNC • Support training to catering and nursing staff on Nutrition Standards.
Catering Services	<ul style="list-style-type: none"> • Menu development • Coordinate menu reviews with MDCNC and dietitian • Coordinate food service audits with dietitian/speech pathologist • Participate in MDCNC.
Speech Pathologist	<ul style="list-style-type: none"> • Review of modified texture recipes to ensure compliance with IDDSI • Support catering to complete required IDDSI audits • Participate in MDCNC • Support training to catering and nursing staff on modified texture diets and fluids.
Operation Managers	<ul style="list-style-type: none"> • Ensure compliance with Nutrition Standards and IDDSI at their site • Participate in MDCNC.

7. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

8. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

9. Evaluation

The WACHS Allied Health Leadership & Governance Team is to undertake review of this policy as per the WACHS policy review schedule.

10. Standards

[National Safety and Quality Health Service Standards](#) (5.27, 5.28)
[Aged Care Quality Standards](#) (3F)

11. Legislation

Nil

12. References

- Bartl R, Bunney C. Best Practice in Food and Nutrition Manual for Aged Care, Ed 2. NSW Health: Gosford. 2015.
- Department of Health Western Australia. [Nutrition Standards for Adult Inpatients in WA Hospitals](#). 2018.
- National Health and Medical Research Council. Australian Dietary Guidelines. Canberra: National Health and Medical Research Council. 2013.
- National Health and Medical Research Council. Nutrient Reference Values for Australia and New Zealand. Canberra: Australian Government. 2006
- NSW Nutrition Network. Nutrition Standards for Adult Inpatients in NSW Hospitals. Chatswood NSW: Agency for Clinical Innovation. 2011.
- Nutrition and Menu Work Group, State-wide Foodservices. Queensland Health Nutrition Standards for Meals and Menus. State of Queensland Department of Health. 2008.
- Royal Perth Bentley Group. [Nutrition Standards Policy](#). 2019.
- SA Health Hospital Nutrition & Menu Standards Working Party. Menu and Nutritional Standards for Public Hospitals in South Australia. Government of South Australia (SA Health). 2014.

13. Related Forms

[RC15 WACHS Dietary Preference Form](#)

14. Related Policy Documents

WACHS [Nutrition Clinical Practice Standard](#)
WACHS [Adult Dysphagia Screening and Assessment Clinical Practice Standard](#)

15. Related WA Health System Policies

Nil

16. Policy Framework

[Clinical Governance, Safety and Quality](#)

17. Appendices

- Appendix 1: [Nutrient Goals](#)
- Appendix 2: [Band Definitions](#)
- Appendix 3: [Minimum Menu Choice](#)
- Appendix 4: [Meeting the Needs of Residents](#)
- Appendix 5: [IDDSI - Modified Texture Diets and Fluids](#)
- Appendix 6: [Food Service Auditing Requirements](#)

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Appendix 1: Nutrient Goals

Most of the nutrient goals outlined in Table 1 are based on the Recommended Dietary Intake (RDI) or Adequate Intake (AI) targets for a 76kg male aged 51 to 70 years. A male reference person has been chosen to account for the greater energy and protein needs of this gender group and the age bracket of 51 to 70 has been chosen as it reflects the median age range of WA public hospital inpatients. Due to a lack of data on body weight for WA inpatients 76kg has been chosen and is consistent with the Nutrient Reference Values (NRV) data for a male aged 19 and over. Table 1 sets out targets for specific nutrients that need to be provided by the standard menu, as well as strategies to help meet the targets. Menus should be capable of meeting the nutrient goals as follows:

- Energy and protein on a daily basis
- Vitamins and minerals averaged on a weekly basis.

The rationale for set nutrient goals is described in the ‘Nutritional standards for adult inpatients in NSW hospitals (2011)’.

Table 1: Nutrient Goals

Nutrient	Goal	Notes/Strategies
Energy	8000–9500kJ/day (105–125kJ/kg /day)	<ul style="list-style-type: none"> • Provide a choice of energy dense menu items. Suggestions for high energy needs patients include: <ul style="list-style-type: none"> • larger or additional meal serves • access to nourishing snacks
Protein	90g/day (1.2g/kg)	<ul style="list-style-type: none"> • As per high energy needs patients above.
Fat*	<10% energy from trans & saturated fat	<ul style="list-style-type: none"> • Use monounsaturated and polyunsaturated fats in food preparation where appropriate. • Provide monounsaturated and polyunsaturated spreads.
Fibre	30g/day	<ul style="list-style-type: none"> • At least 50% of cold breakfast cereals offered are to provide >3g fibre per serve. • Provide high fibre white/wholemeal/wholegrain breads. • Provide a minimum of 5 serves of vegetables and 2 serves of fruit daily.
Fluid	2.1 – 2.6L/day	<ul style="list-style-type: none"> • Water to be available at bedside for all clinically suitable patients. • Offer a selection of beverages at meals and mid meals.
Vitamin C	45mg/day	<ul style="list-style-type: none"> • Include sources of Vitamin C (fruit, juices, salads) daily. • Provide a minimum of 5 serves of vegetables and 2 serves of fruit daily.
Folate	400ug/day	<ul style="list-style-type: none"> • Bread to be available at each meal. • Provide a minimum of 5 serves of vegetables and 2 serves of fruit daily.
Calcium	1000mg/day	<ul style="list-style-type: none"> • Provide milk-based desserts and milk beverages. • Women over 50 years of age and men over 70 years of age require 1300mg/day. Provide high calcium snacks to these groups.
Iron	11mg/day	<ul style="list-style-type: none"> • Offer red meat in at least one hot main per day.
Zinc	14mg/day	<ul style="list-style-type: none"> • Providing sufficient energy and iron will assist in providing adequate zinc.
Sodium	≤ 2000mg/day	<ul style="list-style-type: none"> • Allow inclusion of some high salt, nutrient dense foods (e.g. cheese, ham). • Ideally high salt foods (providing more than 575mg of sodium per serve) should make up no more than 10% of main hot menu choices or be at the discretion of the Dietitian.

* Menus should not be routinely low in fat. The goal for sodium is based on recommendations outlined in the NRVs 2017 revision. This Suggested Dietary Target (SDT) of 2000mg/day has been adopted for the purpose of this Policy.

Appendix 2: Band Definitions

Certain meal components are categorised into 'Bands'. The concept of Bands is a method of classifying menu items with respect to nutritional content and density. These Bands define nutritional profiles for each menu item listed below:

- Soups
- Hot mains - meat
- Hot mains - vegetarian
- Sandwiches
- Salads
- Desserts

As well as grouping dishes by common nutrient profile, the Bands attempt to reflect foods typically used in the Australian diet to ensure a range of menu items are able to be offered to all patient groups.

The portion size specifications are for medium/regular serve sizes required to meet the nutrient goals outlined in [Appendix 1](#). It is recommended that a range of portion sizes should be offered for all main meals to account for patient's individual appetites, energy and nutrient requirements and to ensure meals are appealing.

The examples provided below are based on a specific recipe. Each recipe used will determine which Band a meal will fit into and facilities need to analyse their recipes to determine Band compliance.

Appendix 3 (Minimum Menu Choice) outlines how often Band one, two or three options should be offered in order to be compliant with the standards within this policy.

Note: A 10 per cent variance in portion size and nutrient content is deemed acceptable.

Soups

Band	Description	Portion Size	Nutrients per portion				Examples
			Energy (kJ)	Protein (g)	Fat (g)	Sodium mmol (mg)	
1	Higher protein content	180mL	Min 360kJ	Min 5g	Range 2-9g	Max 27 (621)	Minestrone, pea & ham
2	Lower protein content	180mL	Min 180kJ	Min 2g	Range 0-9g	Max 27 (621)	Vegetable Noodle

Hot Mains – Red Meat/Poultry/Fish

Band	Description	Portion Size	Nutrients per portion				Examples
			Energy (kJ)	Protein (g)	Fat (g)	Sodium mmol (mg)	
1	Predominantly single ingredient (meat)	Edible meat component 90-100g cooked weight	Not specified	Min 20g	Max 10g	Max 7 (161)	Roast beef, grilled fish
2	Wet dish with high meat content	Total cooked weight 130g minimum	Not specified	Min 20g	Max 15g	Max 20 (460)	Chicken & potato curry, beef stroganoff

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3	Even mix of meat and other components (vegetables, pasta, rice, potato)	Total cooked weight of the dish 150g minimum	Min 700kJ	Min 10g	Max 15g	Max 25 (575)	Chicken stir fry, beef lasagne, tuna mornay
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Meat based hot mains specifications do not include vegetables, starches or sauce/gravies which are served with the main meal.

Sauce/gravy accompaniments are to be a minimum of 40mL per serve.

Dishes featuring corned beef, turkey, ham or cheese may not meet sodium criteria but may be included as a non-compliant item at a frequency determined by the site dietitian.

Popular high fat dishes may not meet fat criteria but may be included as a non-compliant item at a frequency determined by the site dietitian.

Meats to be fat trimmed, skinless and free from bones where possible.

Note: The same hot meal choice cannot be offered more than once in the same week.

Hot Mains - Vegetarian

Band	Description	Portion Size	Nutrients per portion				Examples
			Energy (kJ)	Protein (g)	Fat (g)	Sodium mmol (mg)	
1	Higher protein content	Minimum 160g total cooked weight	Min 700kJ	Min 15g	Range 5-25g	Max 25 (575)	Baked omelette
2	Lower protein content	Minimum 160g total cooked weight	Min 700kJ	Min 8g	Range 5-25g	Max 25 (575)	Spinach lasagne

Vegetarian hot mains specifications do not include vegetables, starches or sauce/gravies which are served with the main meal.

Dishes featuring cheese may not meet sodium criteria but may be included as a non-compliant item at a frequency determined by the site Dietitian.

Sandwiches

Band	Description	Portion Size	Nutrients per portion				Examples
			Energy (kJ)	Protein (g)	Fat (g)	Sodium mmol (mg)	
1	Significant nutrient value	50g lean Meat/fish &/or 20g cheese &/or 45g egg &/or 40g legumes plus 40g salad vegetables plus 2 slices bread	Not specified	Min 10g	Not specified	Not specified	Tuna & salad sandwich
2	Minimal protein value included for a snack or light meal	1/2 round (snack) 1 round (meal)	At least 500kJ	Not specified	Not specified	Not specified	Salad sandwich

Salads

Band	Description	Portion Size	Nutrients per portion				Examples
			Energy (kJ)	Protein (g)	Fat (g)	Sodium mmol (mg)	
1	Main salad with meat	90 - 100g lean meat/fish with or without egg and/or cheese (meat weight may be less than 90g if egg and/or cheese included) plus 150g salad vegetables plus 90–100g potato, rice, pasta, legumes, lentils or couscous	Not specified	Min 20g	Max 30g	Max 25 (575)	Chicken & chickpea salad
2	Main salad with egg or cheese	90g egg or 40g cheese plus minimum 150g salad vegetables plus 90–100g potato, rice, pasta, legumes, lentils or couscous	Not specified	Min 10g	Max 30g	Max 25 (575)	Egg & potato salad

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3	Side salad	At least 5 vegetables/ fruit, minimum of 150g	Min 100kJ	Not specified	Garden salad
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Nutrition analysis includes both portion control pack salad dressings and salad dressings used in composite salads. Salad component should contain at least five types of vegetables.

Desserts

Band	Description	Portion Size	Nutrients per portion				Examples
			Energy (kJ)	Protein (g)	Fat (g)	Calcium (mg)	
1	High protein, high calcium	90–170g	Min 500kJ	Min 4g	Not specified	Min 100mg	Cheesecake, crème caramel
2	High protein	90–170g	Min 800kJ	Min 4g	Not specified	Not specified	Bread & butter pudding
3	Varying nutrient value	Min 80g Mousses, whips, Min 50g ice-cream	Min 300kJ	Not specified	Not specified	Not specified	Ice cream, fruit crumble

Portion size and nutrient specifications may include custards and sauces served as part of the dessert. Custards and sauces should be at least 60mL. Fruit alone is not classified as a dessert option.

Vegetables/Starches

Potato/rice/pasta	<p>90–100g cooked weight when added as an accompaniment to a main meal which does not already include potato/rice/pasta.</p> <p>Meals (including accompaniments) should contain at least 30g of carbohydrate per serve.</p> <p>Cook with no added salt. Use unsaturated fat in recipes.</p>
Vegetables	<p>Minimum of two types of vegetable offered at lunch and dinner.</p> <p>75g cooked weight per variety (150g total). Vegetables may be offered as an optional side dish on the menu if the main dish already contains ≥75g of vegetable (excluding potato).</p> <p>Cook with no added salt where possible. Use unsaturated fat in recipes where possible.</p>

Appendix 3: Minimum Menu Choice

The Minimum Menu Choice Standard (Table 2) specifies the minimum number of choices, and serve sizes for each food to be provided at meals and mid meals for the Level 7 regular menu. Meeting this Standard ensures that patients are provided with the recommended number of serves from each of the Core Food Groups. It also promotes consistency in the food provided by facilities across the State.

For **texture modified menus**, there must still be choice as listed below at each meal. It is recommended that sites:

- provide at least one hot main for lunch and dinner
- follow the standards for level 4 and 5 as outlined in [Appendix 5](#)
- offer [Texture Modified Short Order Menu Options](#) for second hot choice option or appropriate frozen meal.

For smaller sites, the following modified menu design is recommended (as a minimum) as per [Section 4.1](#).

Large Sites*	Smaller Sites
<p>Offer at least 2 meal occasions per day. On each occasion, offer at least 2 choices</p> <p>At least 1 hot dish per meal must meet the standard for Band 1 or Band 2 mains</p>	<p>Provide at least one hot main for lunch and dinner.</p> <p>Each hot main meal must meet standard for Band 1 or Band 2 mains</p> <p>Ensure the lunch and dinner choices are not the same.</p> <p>If a vegetarian meal is offered as the one hot option, it must be a high protein vegetarian choice (Band 1).</p>
<p>Short order menu available as an option for extra menu choices.</p>	<p>Short order menu available for second hot choice option. Click here to view example of a Short Order Menu.</p>
<p>Where hospitals determine their population needs a vegetarian option at each meal, at least 1 per day should meet Band 1 mains vegetarian criteria.</p>	<p>Provide vegetarian options in the short order menu OR offer 1 vegetarian (Band 1) option at every meal at sites discretion.</p>
<p>Offer Main salad each day</p>	<p>Main salad can be included in the Short Order options</p>

* Large sites being Albany, Bunbury, Geraldton and Kalgoorlie.

Table 2: Minimum Menu Choice

Menu Item	Minimum Number of Choices	Minimum Serve Size	Menu Design Comments	Nutritional Standards
Fruit Fresh, canned or stewed	2 per day	120g e.g. 1 medium piece (apple, pear, small banana), 2 small pieces (mandarins, plums), 120g of fruit salad, 120g of stewed fruit (including juice) or 5 prunes.	Provide a variety of fresh, canned and stewed fruit. Provide seasonal fruit where possible. Fruit can be provided whole or diced/sliced. Provide prunes daily.	Canned in natural fruit juice or water. Stewed without added sugar.
Juice	1 per day	100mL	At least 2 varieties	100% juice. At least 20mg Vitamin C/100mL
Cereal – hot	1 per breakfast meal	180g cooked weight		
Cereal – cold	4 per breakfast meal	Portion packs or 30g		All cold cereals to have less than 30g sugars/100g. At least 50% of cold cereals offered to have more than 3g total fibre/serve.
Milk added to cereal	1 per breakfast meal	80mL added to hot cereal 150mL for cold cereal	Reduced fat (2%) and full cream milk to be offered. Soy milk on request.	
Yoghurt	1 per breakfast meal	100g	Low fat varieties site specific.	
Bread Toast/bread or Bread roll	Offered at each main meal. Patients to be able to select up to 2 slices bread or 2 x 30g rolls per meal.	1 slice or 1 roll (30g)	Minimum of 2 options. White (high or regular fibre) to be available as standard with choice of wholemeal, wholegrain or multigrain available on menu.	Aim for <400mg sodium per 100g where possible.

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Cooked Breakfast	Offered on HPHE/ nourishing diet or serve as required (site specific) when ordered by a dietitian. Note: Hot cereal is not classed as a cooked breakfast.	Examples include: 30g Lean bacon + 1 egg (50g), or 2 beef croquettes (110g) + 20g savoury sauce, or 1 fish patty (90g), or 110g scrambled egg, or 110g omelette, or 1 egg cake (110g), or 1 boiled/poached egg (50g), or 130g Baked beans plus/minus 130g Spaghetti, 130g Creamed sweet corn, 70g Sauté mushrooms, 130g Grilled tomato.	Frequency and combination as per site menu.	At least 5g protein per serve
Margarine	1 per main meal	1 portion (10g) per 2 slices of bread.	Provide polyunsaturated or monounsaturated spreads. Consider patient's therapeutic diet needs.	
Spreads	3 per breakfast meal	Portion control packs where available.	Minimum of 3 choices. Selection of jams, marmalade, honey, peanut butter and vegemite.	
Cold beverages	Milk offered 3 times per day between meals.	150mL	Full cream and reduced fat milk offered. Soy milk on request. Cordial and chocolate drinks optional.	Soy milk (and other non-dairy milks) must contain 100mg Calcium/100mL
Hot beverages	Offered at least 4 times per day at meals or mid meals.	150mL 30mL milk for hot beverage.	Tea and Coffee. Decaffeinated and hot chocolate beverages may also be offered.	

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Menu Item	Minimum Number of Choices	Minimum Serve	Menu Design Comments	Nutritional Standards
Sugar and non-nutritive sweeteners	1 of each per meal where hot beverage is served.	Portion control packs.		
Soup	Offered at least once per day.	180mL	Frequency of Band 1 and Band 2 items site specific.	See Band definitions
Hot main and hot main vegetarian*	<p>Offer on at least 2 meal occasions per day. On each occasion, offer at least 2 choices.</p> <p>At least 1 hot dish per meal must meet the standard for Band 1 or Band 2 mains.</p> <p>Note: The same hot meal choice can only be offered once in the same week.</p>		<p>At least 1 main dish per day must be red meat (beef, lamb, veal and kangaroo).</p> <p>A variety of meats to be provided at consecutive meals.</p> <p>Where hospitals determine their population needs a vegetarian option at each meal, at least 1 per day should meet Band 1 mains vegetarian criteria.</p>	<p>See Band definitions.</p> <p>Use unsaturated fats in preparation. Less than 20% of main items to have more than 15g fat per serve.</p> <p>Less than 10% of main menu items to have more than 575mg sodium per serve.</p> <p>When popular non-compliant main meal items are included the frequency should be determined by the site dietitian.</p>
Potato, rice, pasta, couscous, quinoa, other grains	Two varieties at each meal offering hot main choices.	90-100g cooked weight	Potato, rice or pasta may not be required as a side where they are included as part of the main dish.	Cook without added salt and use unsaturated fat in recipes.
Vegetables	2 varieties at each meal offering hot main choices.	75g per variety	At least 1 red/orange and 1 green vegetable offered per day. Band 3 side salads may be offered as an alternative.	<p>See Band definitions</p> <p>Cook without added salt and use unsaturated fat in recipes.</p>
Sandwich	One Band 1 sandwich offered at least twice per day.		Offer high fibre white and at least one of wholemeal, wholegrain or multigrain.	<p>See Band definitions.</p> <p>Polyunsaturated or monounsaturated margarine to be used.</p>

WACHS Nutrition Standards for Adult Inpatients and Residential Aged Care Policy

Menu Item	Minimum Number of Choices	Minimum Serve Size	Menu Design Comments	Nutritional Standards
Main salad*	At least once per day.	Minimum of 5 different vegetables with a minimum total weight of 150g, plus protein and carbohydrate sources as specified in Band definitions.	Offer only Band 1 or Band 2 salads as main meals.	See Band definitions.
Desserts	Offer desserts twice per day, including at least one Band 1 option per day.			See Band definitions. Use unsaturated fats in preparation where appropriate.
Snacks	Offered 3 times per day (Minimum of 2 snack options offered per snack occasion). At least 1 option per day should be high in energy and/or protein. At least 1 option per day should be high in calcium.	Standard: 120g fruit (fresh or canned), 2 plain sweet biscuits. High energy and/or protein: crackers and 20g cheese, 100g custard, 100g yoghurt, 30-60g scone/fruit loaf, 30-80g cake/ muffin, ½ round sandwiches with protein filling.	High calcium snacks are required to meet calcium requirements of females over 50 years of age and males over 70 years of age. Additional high energy, high protein snacks should be available and served as required when ordered by a dietitian.	High energy and/or protein snacks should provide at least 500 kJ per serve. High Calcium snacks should provide ≥ 150mg of Calcium per serve.

* Refer to [Appendix 3: Minimum Menu Choice](#) for details of modified menu choice for smaller sites

Appendix 4: Meeting the Needs of Residents

The following modified menu design considerations are recommended for residents

Minimum menu choice	As per standards and modifications for smaller sites (Appendix 3). Limit options that are low in energy/protein, such as broth and jelly. These can be available on request only, on the Short Order menu, and not to be offered as main option for lunch and dinner.
Menu cycle	No less than 14 days.
Breakfast	Offer both high protein cold and hot items - this includes savoury mince, egg dishes (scrambled, poached, boiled, omelette), savoury pancakes, baked beans, grilled tomato/mushrooms.
Main meals	Include a range of high protein meals from Band 1 and 2 options only, aiming for 25-30 g high quality protein per meal. Offer traditional menu choices that would appeal to an older age group.
Snacks	Recommend offering only nourishing mid-meal snacks (at least 500KJ/serve) with a minimum of 1 high calcium snack offered daily.
Fortification of menu items	Fortified options for hot cereal, soup, sauces/gravies, wet dishes and mashed vegetables should be available if required. Recommend full fat dairy options.
Minimum serve sizes	The portion size specifications are for medium/regular serve sizes as outlined in the standards. If residents choose to have small serves, attention to nutritional quality of menu items is required. This means smaller serves of nutrient-dense foods from the inclusion of high nutrient dense items (Band 1 and 2) and reducing low energy items (Band 3) as per below: <ul style="list-style-type: none"> • Soups – band 1 only • Hot mains (including vegetarian) band 1 and 2 (preference band 1) • Sandwiches – band 1 only • Salads – not to be main meal option on its own, band 1 only • Desserts – band 1 and 2 only

Appendix 5: IDDSI - Modified Texture Diets and Fluids

WACHS has implemented these terminologies and offers menus compliant with the following texture definitions:



Level 6 – Soft & Bite-Sized

- For adults the particle size is no bigger than 1.5cm x 1.5cm, which is the width of a standard dinner fork.
- For children and infants, the particle size is no bigger than 8mm x 8mm.
- Soft, tender and moist, but no separate thin liquid leaking from food.
- Ability to 'bite off' a piece of food is not required.
- Food should be moist or served with sauce/gravy to increase moisture content (note: sauces/gravies should be served at the required thickness level).
- Food can be mashed/broken down with pressure from a fork.

Level 5 – Minced & Moist

- Very soft, small moist lumps of 4mm in size for adults – about the gap between prongs of a standard dinner fork.
- For children and infants small moist lumps of 2mm in size.
- Soft and moist, but with no separate liquid leaking/dripping from food.

- Minimal chewing is required.
- Biting is not required.
- Food should be easily mashed with fork.
- Individual uses tongue rather than teeth to break the small lumps in this texture.

Level 4 – Pureed

- Smooth, no lumps, not sticky.
- Moist and cohesive enough to hold its shape on a spoon and plate.
- Does not require chewing.
- When placed side-by-side on a plate, these consistencies maintain their position without ‘bleeding’ into one another.
- Minced and moist, but with no separate liquid leaking/dripping from food.

Nutrition Standards for Modified Texture Diets Level 4 and 5

Menu Item	Portion Size	Nutrients per Portion			
		Energy kJ	Protein g	Fat g	Calcium mg
Cooked breakfast	Total weight 100-150g	Min 800	Min 15	-	-
Soup		Min 600	Min 5	-	-
Hot mains	Single ingredient (meat) weight 70 - 90g. Mixed dish with high meat content (e.g. lasagne, shepherd’s pie) 120-150g.	Min 700	Min 15	Min 2	-
Vegetarian mains	Total weight 140 - 170g	Min 700	Min 10	-	-
Mash potato, pasta, rice	80-90g	Min 500	Min 4	-	-
Vegetables	Total weight 80-100g (2 varieties per meal with 40-50g per variety)	Min 100	Min 3	-	-
Gravy/sauce	Minimum 100mL	Min 250	-	-	-
Fruit	Minimum 90g	Min 350	-	-	-
Desserts	Total weight 90 -120g Mousse minimum 70g	Min 800 Min 600	Min 4 Min 5		100mg

Appendix 6: Food Service Auditing Requirements

The completion of regular food service audits is required to ensure compliance with this policy. There are several audits to be completed, as outlined in [section 4.4](#):

1. **Weighted Meal Audit Form**** – for regular and modified texture meals
 - a. These audits assess the portion of the meal components offered to patients based on the Nutrition Standards.
 - b. It is recommended this be completed by the dietitian where possible.

[WACHS Meal Audit Form - Regular and Modified Texture Meals](#)

2. **Taste Evaluation Audit**** - for regular and modified texture meals
 - a. These audits assess taste, presentation, odour, and texture. Temperature is assessed only if the meal is tasted within 20 minutes of plating.
 - b. It is recommended this is completed by a variety of staff including dietitian, catering, speech pathologist, operations, nursing, and consumers.

[Taste Evaluation Form](#)

3. **Modified Texture Meal Audits**** - When completing modified texture meal audits, all 3 levels are required to be audited.
 - a. Recommended to be completed by speech pathologists or trained food service staff.
 - b. IDDSI audit tools are to be used for these audits.

[Level 4 Pureed Audit Tool](#)

[Level 5 Minced and Moist Audit Tool](#)

[Level 6 Soft and Bite-Sized Audit Tool](#)

4. **Customer Satisfaction Survey** – should be done by all sites at least annually regardless of the number of beds. This includes questions on menu popularity. For all patients and residents, please use:

[WACHS Catering Department Customer Satisfaction Survey](#)

5. **Annual Compliance Audit** - Central Office will coordinate an annual compliance survey for all sites to complete which outlines compliance against all aspects of this policy. Results will be collated centrally and reported to each region for follow up by regional directors, operations managers and MDCNC.

**It is recommended where possible that a full menu tray, as the patient receives, is audited at each scheduled audit.

Minimum Requirement for Food Service Audits

The following is a **minimum requirement** for completing food service audits based on facility and bed numbers. Local MDCNCs are responsible for establishing auditing schedules.

Audit Tool	Larger Sites > 50 beds*	Sites with 10 - 50 acute beds	RACF + less than 10 acute beds
1. Weighted Meal Audit	Monthly	Quarterly	Annually
2. Taste Evaluation Audit	Monthly	Quarterly	Annually
3. Texture Modified Meal Audits	Monthly	Quarterly	Annually
4. Customer Satisfaction	Annually	Annually	Annually
5. Annual Compliance Audit (Central Office)	Annually	Annually	Annually

* Albany, Bunbury, Geraldton, Kalgoorlie

Summary Tool for Collating Food Service Audits

The [WACHS Food Service Audit Summary Tool](#) has been developed to illustrate a summary of the results from the above audits to present at various committees as part of the local reporting strategies. Examples include MDCNC, hospital management and executive committees as required. It is recommended where possible to attach photos of the menu trays and meals audited for reference for catering staff.

Taking Photos of Menu Items

If your site is using photos of menu items, it is recommended:

- There is no person or personal information captured in the photo.
- Photos to include menu items audited only.
- Photos to be printed in colour where possible when attaching to the audit tool.
- A4 is recommended or no smaller than a standard sized photo (6x8).
- Photos taken with an approved mobile phone or iPad and sent to the auditor’s email address.

The inclusion of photos with the meal audit form and summary table will provide visual evidence to catering on menu items audited, areas of non-compliance and tools for discussing improvements as required.