BY ORDER OF THE
SECRETARY OF THE AIR FORCE

AIR FORCE MANUAL 44-144

29 JUNE 2011

Medical Operations

NUTRITIONAL MEDICINE

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available for downloading or ordering on the e-Publishing website at www.e-Publishing.af.mil.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: 59 MDTS

Certified by: AF/SG3
(Colonel James D. Collier)

Supersedes: AFMAN44-144, 14 June 2004

Pages: 73

This Manual provides guidance for provision of nutrition education, medical nutrition therapy (MNT), consultant services and management of manpower, subsistence, equipment, and expendable supply resources in Nutritional Medicine (NM) operations in Air Force Medical Treatment Facilities (MTF). This Manual implements DODI 6130.50, *DoD Nutrition Committee*, and AFPD 44-1, *Medical Operations,* and interfaces with AFPD 40-1*, Health Promotion*; AFI 40-101, *Health Promotion;* AFI 40-104, *Nutrition Education*; AFI 41-120, *Medical Resource Operations*. This Manual does not apply to the Air Force Reserve, except where noted. This Manual does not apply to the Air National Guard. Send comments and suggested improvements on AF Form 847, *Recommendations for Change of Publication*, through major commands to Director, Strategic Plans & Operations, METC-TIO (MCCS-GTT), 3555 Patch Road, Ft Sam Houston TX 78234-1200. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Disposition Schedule (RDS) located at **https://www.my.af.mil/afrims/afrims/afrims/rims.cfm.**

The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

SUMMARY OF CHANGES

This publication reflects significant changes in guidance and procedures in Nutritional Medicine operations. Substantially revised, this document must be reviewed in its entirety. Major changes include: Added Specialized Board Certifications and Special Pay opportunities for Active Duty

dietitians to Personnel Administration chapter; also added Diet Counseling Authorization Guide as an attachment to indicate diets that diet technicians can be certified on. Removed chapter (chapter 4 in 2004 version) on Health Promotion Nutrition; this topic is thoroughly covered in AFI 40-101 and the rewrite of AFI 40-104, which will be entitled Health Promotion Nutrition. Terminology throughout the Nutrition Care chapter was updated and the use of the American Dietetic Association (ADA) Nutrition Care Process (NCP) was added to include documentation in the Electronic Health Record (EHR) using the Assessment, Diagnosis, Intervention, Monitoring, Evaluation (A.D.I.M.E) format. Terminology and procedures in the Food Production and Service chapter were updated to reflect the change from Nutrition Management Information System (NMIS) to Computrition, a commercial off-the-shelf product. The changes from NMIS to Computrition were also made in the Financial Management and Workload Reporting chapter to include the use of an AF Accounting Spreadsheet to complete NM accounting (no accounting module in Computrition). Wounded warrior meal procedures were also added. An attachment was added to chapter on NM operations supported by Base Food Service to show an example of a Memorandum of Agreement (MOA) between NM and Services. Consultant Services chapter was completely reorganized and rewritten to reflect the various types/levels of NM consultants and their duties. Two attachments were obsolete and deleted and two new attachments were added. Nutritional Medicine Subsistence Report Attachment was modified to match the information required in AFI 41-120.

Chapter 1

MISSION, VISION, AND ORGANIZATION

1.1. Mission and Vision. The mission of NM is to optimize health through nutrition. The NM vision is to be the global leaders in nutrition, fueling performance.

1.2. Organization. If a separate NM Element/Flight/Squadron is feasible, then all NM personnel are assigned to the NM unit under Functional Account Code (FAC) 5520 and matrixed to the Health and Wellness Center (HAWC) as appropriate to complete health promotion nutrition interventions, provide MNT when indicated, and to support the Air Force Fitness Program. In clinics, the Medical Treatment Facility (MTF) Commander decides the best location in the organization for NM personnel. Two desirable locations include the Primary Care Clinic or the HAWC (FAC 5315). Regardless of location, NM personnel will simultaneously provide health promotion nutrition education programs, as well as complete referrals for MNT IAW AFI 44-102, *Medical Care Management*. Organizational structure for NM flights and elements is more fully described in **Chapter 3**, Personnel Administration.

1.2.1. In Air Force Reserve Command (AFRC) units, NM personnel may be assigned to the Medical Squadron or Aeromedical Staging Squadron (ASTS) where they may provide nutrition education programs and support the Air Force Fitness Program. AFRC NM personnel are also assigned to active duty NM units.

Chapter 2

PLANNING AND EVALUATION

2.1. NM Management Plan. The purpose of long and short term planning is to ensure NM operations and planning activities are aligned with strategic plans of the MTF, the command, the Air Force Medical Service (AFMS) and the line of the Air Force. Individual NM management plans should also be aligned with current, overall strategic plans for the career field. Management planning provides NM an opportunity to establish instruction and policies that focuses and allocates NM resources. Management planning should encompass both planning to operate the current system, as well as planning efforts to make improvements. Management planning sessions will include representation from airmen, civilians, contractors, NCOs, and senior NM leaders. The NM Management Plan should be consistent with the MTF Mission Support Plan, and outline management objectives, improvement efforts, and resources.

2.1.1. Action Plans. Action plans are developed from NM goals and include specific information about activities or processes to be completed, personnel responsible, timeframes for completion and outcomes to be measured.

2.1.2. Continuous communication with NM personnel and MTF senior leaders should take place throughout the planning process and implementation of the NM action plans.

2.1.3. NM Management Plan Index. The purpose of the NM Management Plan Index is to organize important documents in one place for easy access and review**.** Each NM will maintain a department management plan which includes mission statements, organizational charts, AFMS and MTF strategic plan, departmental task analysis, goals and objectives, plan for the provision of patient care, scope of care, NM Medical Group Instruction, periodic taskings for NM personnel, annual in-service training plan, performance reports and feedback schedule, equipment replacement plan, budget, manpower information, monetary status information, appointment letters, NM meetings schedule, performance indicators, Consultant Dietitian reports and self-inspection information and any other facility specific information. The management plan index should be reviewed and updated, as needed, but at a minimum annually.

2.2. Self Inspections. New section chiefs (officer and enlisted) need to accomplish self-inspections of their areas of oversight IAW AFI 44-119, *Medical Quality Operations*, which specifies within 60 calendar days of assuming duty utilizing the mandated automated self-inspection tool Medical Facility Assessment and Compliance Tracking System (MedFACTS) to score all applicable elements of the current AD Health Services Inspection (HSI) guide. Ambulatory MTFs will use the MedFACTS to score the applicable national patient safety goals and current Accreditation Association for Ambulatory Health Care (AAAHC) standards.

2.2.1. When an element or standard is in compliance, a brief statement to indicate evidence of compliance will be entered into MedFACTS. The statement should reference the location where further evidence of compliance can be viewed, such as shared drives, meeting minutes, or binders.

2.2.2. When an element or standard is not in compliance, an action plan will be documented in MedFACTS and updated at least 60 days after the date the standard was determined non-compliant as well as regularly until the element or standard is in compliance.

2.2.3. MedFACTS will contain the current and previous three years of self-inspection documentation. All other self-inspection documentation will be maintained in accordance with AFRIMS.

2.3. Performance Improvement (PI). Performance Improvement is a continuous activity that involves measuring the function of important processes and services and when indicated, identifies changes that enhance performance. These changes are incorporated into new and existing processes, products, or services and are monitored to ensure improvements are sustained. PI focuses on clinical, administrative and cost-of-care issues as well as patient outcomes (results of care). The fundamental components of PI include staff education, measuring performance through data collection, assessing current performance, utilizing the data collected to improve organizational processes, services, and overall performance and re-education. PI includes evaluating the following attributes: efficacy, appropriateness, availability, timeliness, effectiveness, continuity, safety, efficiency, respect, and care. Performance measures should focus on critical processes in nutrition care, food production and management of personnel and financial resources.

2.3.1. PI activities, based on facility scope of practice and capability, are focused on high-risk, problem prone, high volume and high cost areas but are not limited to those areas.

2.3.1.1. Examples of high-risk patient process include: patient tray food temperatures; nutrition clinic no-show rates; NPO/clear liquid tracking; nutrient-drug interaction counseling documentation; inpatient screening timeframes; and patient tray and menu accuracy.

2.3.1.2. Examples of problem prone processes include: nutrition clinic no-show rates; kardex accuracy; absenteeism per time period; and number of work injuries per hours worked.

2.3.1.3. Examples of high volume and high cost areas include: outcomes of MNT for management of hyperlipidemia, diabetes, and weight control; cost per dining room meal; cost per patient meal; and cost per unit.

2.3.2. NM will have Performance Improvement Teams consisting of a team leader, facilitator, recorder and team members as appropriate. Meeting minutes will be recorded and maintained.

2.4. Disaster and Contingency Planning. NM must have a plan that establishes responsibilities and basic procedures for feeding patients and staff during both wartime and peacetime contingency and disaster operations. This plan is an annex in the MTF's Medical Contingency Response Plan (MCRP), typically known as Annex K. A local instruction must be developed that addresses support of any alternate facilities, training, recall procedures, duty schedules, communications, contingency menus, subsistence and supply procurement, food preparation, equipment and supply requirements, disruption of utilities, water purification, sanitation, and fire evacuation to include events with Chemical, Biological, Radiological, and Nuclear (CBRN) aspects. Key telephone numbers, copies of MCRP annexes, pre-planned menus and any contingency checklists should be included. Consult the Expeditionary Medical Support (EMEDS) Manual for additional information on disaster and contingency planning. NM disaster and contingency plans should be reviewed and updated, as needed, annually.

2.5. Menu Planning. The Flight Commander/Element Chief is responsible for planning the regular selective cycle and any special menus. The Chief, Clinical Dietetics is responsible for writing the therapeutic menus. All regular and therapeutic menus will be approved by the NM Flight Commander/Element Chief. At facilities with no dietitian assigned, regular and therapeutic menus will be written by the NCOIC, NM and approved by the MAJCOM Dietitian.

2.5.1. Cycle Menu Planning. Menu planning considerations should include subsistence ordering and delivery schedules, subsistence storage capacity, available equipment, subsistence budget, subsistence seasonal availability, personnel skills and abilities, seasonal and religious holidays, patron preferences, average inpatient length of stay, disease prevalence of patient population, patient age group considerations, cultural nutritional needs, type of inpatient food service operation and facility menu style (room service, a la carte, SCAMS, electronic menus, etc).

2.5.1.1. All menus are designed to achieve or maintain optimal nutritional status. Regular/general menus will adhere to the Joint Subsistence Policy Board, Department of Defense menu Standards, which promote the United States Department of Agriculture (USDA) and Department of Health and Human Service (DHHS) Dietary Guidelines for Americans. Therapeutic menus will follow current recommendations for the MNT treatment of such acute and chronic disease states. Consult the ADA Nutrition Care Manual (NCM) and Pediatric Nutrition Care Manual (PNCM), Dietary Guidelines for Americans, the USDA Food and Nutrition Service's Menu Magic for Children and/or other professional sources for additional information on planning healthy menus.

2.5.1.2. Evaluate all menus for nutritional adequacy. At a minimum, assess compliance to Joint Subsistence Policy Board, Department of Defense Menu Standards and compare nutrient content to the USDA My Pyramid suggested servings for each food group. Computrition and/or other commercial nutrient analysis programs may be used for more detailed nutritional analysis as needed.

2.5.1.3. Develop the therapeutic cycle menu using items from the regular menu and in the same sequence, as much as possible.

2.5.1.4. Establish the type of inpatient food service operation as appropriate for the facility. Examples may include but are not limited to non-select menus, select menus, Burlodge buffet-style selection, hotel or room service, or any combination. Create a hospital master menu in a format most appropriate to easily transfer to the style of menu for the facility, i.e., AF Forms 1737 or 1739, *Selective Menu*, Hotel/Room Service menu, Computrition, etc. Reproduce menus as necessary.

2.5.1.5. Develop standard daily/weekly rotations for nutritional supplements and food/snack items, as necessary, to ensure appropriate variety.

2.5.1.6. At a minimum, update and modify menus annually.

2.5.1.7. Develop a patient/customer feedback process to evaluate patient satisfaction with menu items and NM service. Results of patient satisfaction surveys and customer feedback can be valuable when updating and modifying menus and food production and service processes.

Chapter 3

PERSONNEL ADMINISTRATION

3.1. Staffing, Utilization and Job Titles. NM Flight Commander/Element Chief is the senior dietitian (AFSC 43D3) assigned. In facilities where more than one dietitian is assigned, use Table 3.1 to determine duty titles and functions.

Table 3.1. NM Officer Staffing and Duty Titles.

Number of Dietitians Assigned	NM Flight Commander/Element Chief	Clinical Dietetics Element/Section Chief	Clinical Dietitian
1	1		
2	1	1	
3 or more	1	1	1 or more

3.1.1. With the exception of organizations that support the AF SG Chief Consultant/Biomedical Science Corps (BSC) Associate Chief for Dietetics or those supporting the US Military Dietetic Internship Consortium and Graduate Program in Nutrition (GPN), all registered dietitians, other than the squadron or flight commander, will be assigned to patient care or health promotion positions. Nutritional Medicine officer duty titles not listed above should be approved by the AF SG Chief Consultant/BSC Associate Chief for Dietetics. In MTFs where no dietitian is assigned, the MTF Commander designates an officer, not subject to conflict of interest, as the NM Element Chief.

3.1.2. The NM Manager/Superintendent/NCOIC is the most senior Diet Therapist (4D0X1). Duty for enlisted personnel will conform to the standardized job and duty title guidance as described in AFI 36-2618, *The Enlisted Force Structure*, and AFI 36-2201, *Air Force Training Program*. Exceptions must be approved by the Career Field Manager (CFM).

3.1.3. Considering the Unit Manpower Document (UMD), the Unit Personnel Management Roster (UMPR), and the NM Product Line Analysis, a staffing plan must be developed and available in each section to ensure an adequate number of personnel are assigned.

3.2. Duties.

3.2.1. The NM Squadron/Flight Commander/Element Chief is responsible for the planning, organization, management, operation, performance improvement and coordination of NM Squadron/Flight/Element activities which include meal service to patients and authorized diners, clinical nutrition and participation in health promotion programs. The Squadron/Flight Commander/Element Chief also directs food procurement, production and service including the planning, preparation and service of regular and therapeutic diets for MTF patients, aeromedical evacuation patients, hospital personnel and dining room patrons within financial limitations; directs education activities including career development of dietitians and proficiency development of NM personnel; oversees inpatient and outpatient

clinical dietetics activities including provision of MNT and community nutrition education. In NM with one dietitian, the NM Element Chief has direct responsibility for food production and service, along with providing clinical dietetics support by supervising and performing MNT and nutrition education.

3.2.2. Diet Therapy Superintendent/Chief Enlisted Manager (CEM) oversees the operation of NM flight activities, plans and organizes nutrition care activities, directs food service activities, inspects and evaluates nutrition care activities, performs technical nutrition care functions, and plans and organizes nutrition care activities. Consult the Career Field Education and Training Plan (CFETP) 4D0X1 for more specific descriptions of duties for diet therapy personnel assigned.

3.3. Job Descriptions. Job descriptions, including qualifications, responsibilities, and written performance standards must be available for each duty position. Job descriptions are reviewed during the initial interview, orientation and on an ongoing basis throughout an individual's tour of duty.

3.4. Competency Assessment. The NM Squadron/Flight Commander/Element Chief will ensure that policies, procedural guidelines and national care standards are followed IAW AFI 44-119 so that each individual is competent, through training and education, to fulfill the expectations outlined in his/her job description. Managers and staff jointly determine required competencies necessary to provide care and services to the age groups they serve and scope of care and services provided.

3.4.1. Dietitian Credentialing and Privileging. Registered dietitian (RD) competency is documented through the credentialing and privileging process. Active duty, reserve, civilian, contract, and any volunteer dietitians will be credentialed and awarded MTF clinical privileges IAW AFI 44-119 before providing care to patients. IAW AF Form 3930, *Clinical Privileges-Dietetics Providers*, an applicant's ability to provide patient services within the scope of clinical privileges requested will be based upon the following minimum criteria: written verification of completion of a minimum of a baccalaureate degree from an accredited college or university AND completion of an ADA-approved didactic program in dietetics; written verification of successful completion of an ADA-accredited supervised practice program (Dietetic Internship OR Coordinated Program in Dietetics); written verification of current registration by the ADA OR written proof of eligibility to take the ADA registration examination. Direct accession service members must obtain registration prior to entry on active duty. Graduates of the US Military Dietetic Internship Consortium/GPN registration must obtain registration within four months of graduation. Once dietitians achieve basic/core credentials and privileges, they should maintain currency and competencies sufficient to support readiness/deployment missions.

3.4.1.1. Specialized board certifications are encouraged, but are not mandatory, for all dietitians. RDs may be eligible for the following recognized board certifications: Certified Nutrition Support Clinician (CNSC), Certified Diabetes Educator (CDE), Certified Health Education Specialist (CHES), Registered Clinical Exercise Physiologist (RCEP), Registered Exercise Specialist (RES), and the following ADA certifications: Certified Specialist in Gerontological Nutrition (CSG), Certified Specialist in Sports Dietetics (CSSD), Certified Specialist in Pediatric Nutrition (CSP), Certified Specialist in Renal Nutrition (CSR), Certified Specialist in Oncology Nutrition (CSO), and Fellow of

the American Dietetic Association (FADA). Many board certifications are eligible for Non-Physician Health Care Provider Board Certified Pay (See Memorandum from the Assistant Secretary of Defense for Health Affairs dated 9 March 2009 entitled Diplomate Pay for Psychologists and Board Certification Pay for Non-Physician Health Care Providers for more information). Some specialized positions within the AFMS may require board certification, and board certified CNSC and CDE dietitians may receive additional clinical privileges.

3.4.1.1.1. Additional clinical privileges for CNSC dietitians may include: ordering enteral feedings, including type of formula, rate, strength, type/size of feeding tube, gastrointestinal location of feeding tube and evaluation of tolerance; total and peripheral parenteral nutrition (TPN & PPN), including macronutrients, rate, volume, additives and cycling schedule; transitional feedings; blood glucose checks for cyclic TPN; and 24 hour urine collections for nitrogen balance studies.

3.4.1.1.2. Additional clinical privileges for CDE dietitians include: practicing as a case manager; regulating insulin; and, educating patients on the use of a glucometer.

3.4.1.1.3. When privileged to perform as a CNSC or CDE, the individual will meet the following criteria: provide written verification of initial certification from the granting agency, show evidence of meeting continuing education requirements in the respective specialty and provide evidence of completion of recertification requirements as mandated by the granting agency.

3.4.1.2. Recommendation for reappointment of privileges will be based upon the following criteria: maintaining registration status as a registered dietitian, active practice of dietetics, evidence of demonstrated proficiency based upon periodic peer reviews that show no negative trends nor validated occurrences that would warrant privilege limitations, current Basic Life Support (BLS) training and evidence of completion of required Continuing Education Units (CEU).

3.4.2. Diet Therapy Personnel Competency. Diet therapy personnel competency is assessed initially on everyone within their first 60 days of assignment to determine their level of proficiency and demonstrated through attendance at formal military diet therapy courses, enlisted specialty training and assessment/authorization of diet therapy skills by a registered dietitian.

3.4.2.1. The NM Manager/Superintendent, and NCOIC must obtain and maintain the skill level commensurate with their grade and attend Professional Military Education appropriate for their grade. Diet Therapy Craftsmen (active duty or reserve) should attend Nutrition in Prevention (J3AZR4D071-00AA) course prior to being assigned to a HAWC, or as soon as possible once assigned to a MTF.

3.4.2.2. Diet Authorizations. Credentialed RDs use AF Form 628, *Diet Instruction/Assessment Authorization*, to evaluate and authorize diet therapists for: nutrition screenings, nutrition assessments, nutrition progress notes, and individual, group, or family education. See Attachment 2, Diet Counseling Authorization Guide, for a list of approved diet authorizations. Exceptions to Attachment 2 must be approved by the MAJCOM Consultant Dietitian. Diet authorizations may be valid for up to two years. When significant changes in diet instruction materials or nutrition practice occur within

the two-year period, a reauthorization by a registered dietitian must be accomplished. The leader of the MNT Work Group will inform the AF SG Chief Consultant/BSC Associate Chief for Dietetics when significant changes occur that warrant reauthorization of diet technicians. In turn, the AF SG Chief Consultant/BSC Associate Chief for Dietetics will inform the MAJCOM Consultant Dietitians. Additional information and guidance on diet authorizations is located in 4.1.3.2.

3.4.2.3. Dietary Manager's Association (DMA) Certified Dietary Manager (CDM) and Certified Food Protection Professional (CFPP) for diet therapy personnel is encouraged.

3.5. Work Schedules and Daily Assignments.

3.5.1. NM work schedules will contain, at a minimum, names of all persons employed by, assigned to, or attached to NM and each person's duty days, hours of duty, and days off.

3.5.2. Unless local directives prescribe otherwise, schedule personnel for a 40-hour week of eight hours per day, five consecutive days per week. Staff meal break periods are not counted as work time for MEPRS accounting.

3.5.3. Prepare a work schedule of three or more weeks in length and post at least one week in advance of the start date. Use AF Form 2578, *Medical Food Service Work Schedule*, or an applicable substitute.

3.5.4. Post unplanned work schedule changes as they occur.

3.5.5. Maintain completed copies of the work schedule for one year.

3.5.6. Use AF Form 2581, *Daily Absenteeism Record*, or SF 71, *Application for Leave*, for civilian employees.

3.5.7. Develop an annual leave plan at the beginning of each calendar and fiscal year for civilian and military personnel respectively and update IAW local guidance.

3.5.8. The shift leader or work supervisor using AF Form 2577, *Medical Food Service Daily Work Assignment*, or local substitute, assigns daily work tasks.

3.6. Education and Training.

3.6.1. Orientation. Employee Orientation will be performed and documented for each new military, civilian, and contract employee within the first 30 days of employment. Orientation must include NM mission and vision, review of job description, chain of command, work schedule and leave policies, personal hygiene and appearance, infection control practices, safety and sanitation, workplace hazardous materials, disaster preparedness, training plan, performance improvement plans and local policies and procedures.

3.6.2. Age-specific training. Age-specific training focuses on the ages of patients/clients served and includes the ability to obtain and interpret information in terms of patient needs, knowledge, growth and development as well as range of treatment options. This training must be provided before staff may work with specialized age groups, and must be repeated annually.

3.6.3. In-Service Training.

3.6.3.1. Base recurring in-service training on required annual training, type and nature of services provided, individual NM needs, information from performance improvement

activities, infection control activities, safety program, performance appraisals and peer review.

3.6.3.2. Establish and document an annual in-service training schedule.

3.6.3.2.1. Record date training was conducted, learning objectives, detailed topic outline, names of attendees at initial and make up sessions and the instructor.

3.6.3.2.2. Establish a method of training for personnel not in attendance at the initial session to ensure all personnel receive training.

3.6.3.3. A dietitian or NCO will ensure the effectiveness of preparation, presentations, and documentation of each session.

3.6.3.3.1. Evaluate in-service training using written post-quizzes, skill demonstration, group discussion or other evaluation methods.

3.6.3.4. At a minimum, the following training must be provided on an annual basis, unless otherwise noted and documented on AF Form 55, *Employee Safety and Health Record*:

3.6.3.4.1. Fire Safety/Safety. Develop a Job Safety Training Outline that identifies and addresses section specific safety hazards IAW AFI 91-301, *Air Force Occupational Safety, Fire Protection and Health Program*.

3.6.3.4.2. Federal Hazard Communication Training and Workplace Specific Hazard Communication Training (HAZMAT). Handling of hazardous materials is also briefed on employees' initial and annual Occupational Safety and Health Administration (OSHA) training. The job specific training will be given individually and in small groups by authorized trainers.

3.6.3.4.3. Disaster Preparedness/MCRP. The NM Team Chief, IAW AFI 41-106, *Unit Level Management of Medical Readiness Programs*, is responsible to develop the MCRP team annual training plan that ensures each team member receives annual and make-up training to maintain proficiency standards and ensure training is documented in Medical Readiness Decision Support System (MRDSS) ULTRA.

3.6.3.4.4. Readiness Skills Verification (RSV). The AFSC functional training managers at the unit level, IAW AFI 41-106, are responsible for developing the annual RSV training plan for their AFSC, complete annual gap-analysis, ensure RSV and make-up training are conducted using standardized career field materials on NM Knowledge Exchange (KX) website, and documented in MRDSS ULTRA.

3.6.3.4.5. Anti-Robbery/Resource Protection.

3.6.3.4.6. Food Handlers Training IAW AFI 48-116, *Food Safety Program* and the FDA Food Code.

3.6.3.4.7. Infection Control/Bloodborne Pathogens.

3.6.3.4.8. BLS/Obstructed airway conducted biennially.

3.6.4. Coordination of Support to Formal Training Programs. Support for coordinated undergraduate, professional practice, advanced degree dietitian programs, or independent study programs for dietary managers must be coordinated through the AF SG Chief

Consultant/BSC Associate Chief for Dietetics. Additional staffing will not be authorized to support these programs.

Chapter 4

NUTRITION CARE

4.1. Medical Nutrition Therapy (MNT).

4.1.1. MNT is the development and provision of specific nutrition procedures in the treatment of an illness or condition, or as a means to prevent or delay disease or complications from disease. MNT defines the level, content and frequency of nutrition services that are appropriate for optimal care and nutrition outcomes based on a detailed assessment of a person's medical history, psychosocial history, physical examination, and dietary history.

4.1.2. Evidence-Based Dietetics Practice and Standards. MNT is provided based on an integration of the best available and up-to-date scientific evidence, professional expertise and client values to improve outcomes. The ADA's NCM and PNCM are the preferred source for evidence-based dietetics practice and patient education; however, other professional sources may include, but are not limited to, the ADA's Evidence Analysis Library, Veteran's Administration (VA)/DoD Clinical Practice Guidelines, National Kidney Foundation, American Society for Parenteral and Enteral Nutrition (ASPEN), American Heart Association, American Diabetes Association, the National Institutes of Health (NIH), TRICARE Online, Medline Plus, Military One Source, and the U.S. National Library of Medicine.

4.1.2.1. The NCM and PNCM are comprehensive online resources that cover all aspects of nutrition management, and each MTF is encouraged to purchase one or both manuals in the volume of subscriptions adequate for their facility. Prior to purchasing, coordinate with ADA and the local Information Technology (IT)/Systems department to ensure the MTF's range of computer URLs can access the manual(s) at any one time up to the limit of subscriptions purchased and without a log-in/password requirement. Ensure the link to the NCM and/or PNCM are centrally located, i.e., Medical Group (MDG) Intranet, for all MTF personnel and providers to access, and market the availability and use of these resources.

4.1.2.2. Reproducible patient education materials from sources other than those listed above or as a product of the MNT Working Group must be approved by the MAJCOM Consultant Dietitian in writing and coordinated through the MTF's Patient Education Working Group or Population Health Committee, as applicable.

4.1.3. Providing MNT. Credentialed RDs and/or authorized diet therapy personnel (under the supervision of a credentialed RD) provide MNT. MNT is an intrinsic part of clinical practice and at a minimum must be offered for patients with the following medical conditions: diabetes, pediatric failure to thrive, dyslipidemia, hypertension, malnutrition, high-risk pregnancy, renal disease, complicated inflammatory bowel disease, enteral nutrition, and parenteral nutrition.

4.1.3.1. The scope of practice for HAWC nutrition specialists (e.g., health promotion dietitians and diet therapy craftsman) is to assess base population and environmental nutrition needs, plan, collaborate, implement and evaluate community nutrition strategies, interventions and programs and use multiple, evidence-based strategies and interventions

with the largest reach to impact population eating behaviors and outcomes. The primary target population is active duty.

4.1.3.2. Registered dietitians and other providers such as physicians, dentists, certified nurse-midwives (CNM), physician assistants (PA), nurse practitioners, and pharmacists may provide MNT IAW their MTF clinical privileges and AFI 44-119.

4.1.3.3. Diet therapy craftsmen provide MNT as authorized by AF Form 628 and can be authorized to provide MNT IAW Attachment 2, Diet Counseling Authorization Guide. Using this guide, the authorizing/credentialed RD determines what diets a diet therapy craftsman may be certified on based on their assessment of the diet therapy craftsman's knowledge, ability, and skills. In addition, the authorizing/credentialed RD defines the diet therapy craftsman's scope of practice and required level of supervision for each diet authorization.

4.1.3.4. MNT for inpatients may be provided without consult based on the patient's assessed nutrition risk per the MTF's inpatient nutrition screening procedures. Medical staff can also consult for inpatient NM services using SF 513, *Medical Record – Consultation Sheet*, or electronic/MTF equivalent.

4.1.3.4.1. Inpatient diet orders, to include nourishments and nutritional supplements, are ordered on AF Form 3066, *Doctor's Orders*, or the electronic/MTF equivalent. Any non-standardized diet orders will be clarified by NM staff with the provider. Nursing service will ensure prompt delivery of inpatient MNT consultation requests and diet orders.

4.1.3.5. MNT for outpatients is provided based on provider referral using SF 513 or electronic/MTF equivalent. Clients may also self-refer IAW MTF/Outpatient Nutrition Clinic guidance.

4.1.3.6. The MTF Commander will consider options to ensure that all patients receive high quality nutrition services when the MTF does not have a RD or diet therapy personnel assigned. Possible options include hiring a full-time or part-time civilian RD, contracting for nutrition services, refer to RD or diet technician at the HAWC (if referral within their scope of practice/privileges/certifications), refer to off-base provider if benefit covered by TRICARE, or telemedicine when feasible. The MAJCOM Consultant Dietitian is also a resource for coordinating MNT.

4.1.4. MNT Outcomes and Outcomes Management. MNT outcomes are a measureable, positive change in patients' clinical, functional/behavioral, quality of life/satisfaction, or financial status as a direct result of MNT. Tracking and documenting MNT outcomes is important because: in managed care, medical services are reimbursable insurance benefits only if they produce positive outcomes in a cost-effective manner; it provides patients a reason for and an expected outcome by seeking nutritional services; and, outcomes prove the effectiveness of MNT.

4.1.4.1. Each MTF will identify, prioritize and track MNT outcomes significant for their patient population and relevant to the AF and/or the MTF's interdisciplinary teams, case managers, and disease and condition management programs. Committees such as the Integrated Delivery System (IDS), Population Health Working Group, and Environment of Care, may be resourceful avenues for tracking and marketing MNT outcomes.

4.2. Patient Rights and Privacy.

4.2.1. All patients have the right to be informed about and participate in their nutrition care. Reasonable efforts should be made to ensure patients' food preferences are noted, menus individualized, learning needs accommodated and special needs are met when applicable. NM personnel will comply with all privacy act guidance and instructions such as AFI 33-332, *Air Force Privacy Act Program,* and the Health Insurance Portability and Accountability Act (HIPPA).

4.3. Nutrition Screening.

4.3.1. MTF/NM will develop a nutrition screening process to determine the nutritional risk for both inpatients and outpatients. Use an integrated, interdisciplinary approach whenever possible.

4.3.1.1. MTF policies and operating instructions will detail both inpatient and outpatient populations to be screened, screening criteria and local processes and documentation techniques. MTF staff is educated on nutrition screening policies and procedures as applicable.

4.3.2. The MNT Working Group is the career field point of contact for developing and maintaining standardized nutrition screening questionnaires for adults, pediatrics, and pre-/post-partum populations. With MAJCOM Consultant Dietitian approval, MTFs may deviate from standard screening questionnaires based on specific requirements of the MTF. Suggested references for use in developing the nutrition screening questionnaire include, but are not limited to, the current editions of: ADA Pocket Guide to Nutrition Assessment; ASPEN Nutrition Support Core Curriculum; CNM Nutrition Screening Practices in Health Care Organizations; and the International Dietetics & Nutrition Terminology (IDNT) Reference Manual.

4.3.3. Inpatient nutrition screening is completed within 24 hours of admission to the MTF. At a minimum, adult inpatients are screened for the following criteria: involuntary weight loss to include time frame and amount; decreased appetite; special dietary needs; and food allergies.

4.3.3.1. Patient preferences, allergies, nourishment requests, and other diet-related information are recorded in the patient Kardex on AF Form 1741, *Diet Record*, or electronic/MTF equivalent.

4.3.3.2. Dietitians will initiate the Nutrition Care Process (NCP) for inpatients identified at moderate to high nutritional risk.

4.3.3.3. Additional considerations for specific inpatient populations such as obstetrics or pediatrics are considered as appropriate.

4.3.3.4. Pre-admission screening procedures are developed depending upon NM resources and facility needs.

4.3.4. Outpatient clinics develop guidance and procedures to screen outpatient populations determined to be at high nutritional risk, i.e., oncology, prenatal, HIV, etc.

4.3.4.1. Clinics refer outpatients to the Outpatient Nutrition Clinic or other nutrition care provider per local guidance.

4.4. Nutrition Care Process (NCP).

4.4.1. MNT is provided using the ADA's NCP and standardized terminology. The NCP is a systematic approach to providing high quality nutrition care and consists of four distinct and interrelated steps: nutrition assessment; diagnosis; intervention; and, monitoring/evaluation.

4.4.1.1. RDs conduct and attend inpatient dietary patient rounds, medical patient rounds, nutrition support committee rounds, and discharge planning whenever possible. Pertinent patient data is recorded on AF Form 1741 or electronic/MTF-equivalent.

4.4.1.2. Participation in such interdisciplinary, patient-centered activities enhances communication between care providers and allows the RD to obtain additional patient information for assessments and re-assessments, menu selection assistance, information regarding food preferences or intolerances, food allergies, educational needs, etc. In addition, nutrition needs after discharge can be coordinated as needed.

4.4.2. MNT is documented in the outpatient electronic health record (EHR), AHLTA, the inpatient EHR, Essentris, or other MTF equivalent using the Assessment, Diagnosis, Intervention, Monitoring, Evaluation (A.D.I.M.E.) format, as applicable.

4.4.2.1. Additional hard-copy document forms include SF 513, SF 509, *Medical Record Progress Note,* and SF 600, *Chronological Record of Medical Care*.

4.4.2.2. All medical record entries must include date and time, signature block, and nutrition care provider signature, or as applicable with the local EHR.

4.4.2.2.1. When documenting MNT via hard-copy forms the signature block format will be:

Name, Grade, USAF, BSC
AFSC 43D3, Registered Dietitian
NPI #
or
Name, Grade, USAF
AFSC 4D0X1, Diet Therapy
Journeyman/Craftsman

4.4.3. Assessment data is found on the following forms or electronic/MTF equivalent: AF Form 2572, *Nutritional Assessment of Dietary Intake*; AF Form 2508, *Calorie Count*; DD Form 792, *Twenty-four Hour Patient Intake and Output Worksheet*; and AF Form 3067, *Intravenous Record*.

4.4.4. Nutrition Diagnoses are written in the Problem-Etiology-Signs/Symptoms (PES) format.

4.4.4.1. When applicable, prioritize the Nutrition Diagnosis by selecting terminology from the Intake domain first.

4.4.4.2. All nutrition diagnoses are carried forward to follow-up assessments until diagnosis has resolved.

4.4.4.3. If a patient does not have a nutrition problem at the time of assessment, the statement "No nutritional diagnosis at this time" will be written and Monitoring and Evaluation (follow-up) determined based on the patient's status.

4.4.5. Nutrition Intervention will include the patient's Nutrition Prescription and each intervention will establish comparison criteria to assess progress and the patient's goal(s). Whenever possible, goals are made jointly with input and agreement from the patient.

4.4.6. Monitoring and evaluation time frames are determined by the dietitian/diet technician based on the patient's medical status and/or applied intervention.

4.5. Ordering Inpatient Meals and Nourishments.

4.5.1. Nursing Service uses AF Form 1094, *Diet Order*, AF Form 2567, *Diet Order Change*, Composite Health Care System (CHCS), Essentris or electronic/MTF equivalent to order or communicate the following to NM: therapeutic and non-therapeutic diets, Nothing Per Oral (NPO), or out on pass; tube feedings; TPN; food allergies; age of pediatric patients; special tray preparations; and new patient admissions, discharges, or transfers.

4.5.1.1. Local NM/MTF establishes guidance when diet orders and diet order changes are required by NM to properly and effectively serve patient meals and nourishments. Ideally, Nursing Service submits diet orders daily NLT 0500 hours, and diet order changes NLT 1000 and 1500 hours.

4.5.1.2. All diet orders will comply with the ADA NCM and PNCM.

4.5.1.3. Therapeutic in-flight meals (TIM) for patients in the aeromedical evacuation system are ordered using AF Form 2464, *CTIM Telephone Diet Order*, or electronic/MTF equivalent.

4.5.2. Nourishment Service.

4.5.2.1. Individual Nourishments.

4.5.2.1.1. The RD or other authorized health care provider will order additional individual patient nourishments on AF Form 2568, *Nourishment Request*, on AF Form 1094 or electronic/MTF-equivalent as appropriate.

4.5.2.1.2. NM personnel ensures the individual nourishment is in compliance with the current diet order. NM will call the RD, Nursing Service, and/or patient's provider to clarify all ambiguous nourishment requests.

4.5.2.1.3. All individual nourishments, diet specific or additionally ordered, will be maintained on AF Form 1741 or electronic/MTF-equivalent.

4.5.2.1.4. NM prepares nourishments and nourishment labels to include: patient's name, inpatient unit, room number, hour to serve, food item(s), preparation date and time, and expiration date.

4.5.2.1.5. NM delivers nourishments to Nursing Service or patients based on local guidance.

4.5.2.2. Bulk Nourishments.

4.5.2.2.1. NM will develop guidance for Nursing Service to order bulk nourishments for supplemental patient feeding. These instructions include, but are not limited to, ordering time frames, bulk nourishment delivery by NM, disposal of expired nourishments, available food items, quantity requests, and items for specialized units, etc.

4.5.2.2.1.1. Outpatient clinics will procure their own supply of patient nourishments using their own Government Purchase Card (GPC) and funding source. NM does not furnish outpatients or outpatient clinics with nourishments.

4.5.2.2.2. Nursing Service will order bulk nourishments on AF Form 2568 or electronic/MTF-equivalent. NM will approve, prepare, and deliver bulk nourishment requests IAW local guidance. Nursing will sign for receipt of nourishment delivery.

4.5.2.2.3. All bulk nourishment items are labeled with the following: Inpatient unit, food item, date and time prepared, and expiration date.

4.5.2.3. All nourishments, individual or bulk, are for patient feeding only. Nourishments are not to be consumed by hospital staff or visitors.

4.5.2.4. Nourishments are modified based on food tolerances, food allergies, preferences and diet order as appropriate and whenever possible.

4.5.2.5. Inpatient Nourishment Refrigerators.

4.5.2.5.1. Nursing Service will monitor temperatures for inpatient refrigerators and freezers used for patient nourishments.

4.5.2.5.2. Temperatures are monitored three times a day with thermometers located in the interior of the refrigerator and freezer compartments. The outside temperature gauge on the equipment is not always reliable and will not be used to monitor interior temperatures.

4.5.2.5.3. Record temperatures on a temperature chart according to local guidance.

4.5.2.5.4. Acceptable temperature range for refrigerators is 34 to 40˚ Fahrenheit. The acceptable temperature range for freezers is -10 to 10˚ Fahrenheit. Acceptable temperature ranges should adhere to the FDA Food Code.

4.5.2.5.5. Local guidance must indicate specific procedures to be followed should temperatures fall below standards.

4.6. Inpatient Meal Service.

4.6.1. NM will develop local procedures for providing inpatient meal service. Several variations of service are available and may include selective menus, nonselective menus, room service or hotel style, or a combination of them all.

4.6.1.1. Procedures will outline how often patients on non-selective therapeutic diets are visited on inpatient dietary rounds as applicable.

4.6.2. Menu tickets, hard copy or electronic (Computrition), are used to assemble and identify food trays for inpatients.

4.6.2.1. The MNT module menu forms in Table 4.1 may be used for menu tickets.

4.6.3. Menu patterns are modified based on food tolerances, food allergies, preferences and diet order as appropriate and whenever possible.

4.6.4. Salt Substitute. Do not give salt substitute to patients unless ordered by the healthcare provider. Use mixtures of appropriate herbs and spices (non-sodium and non-potassium based) instead.

4.6.5. Disposable Tray Service. Isolation trays need not be routinely used for patients with contagious diseases or infections per AFI 44-108, *Infection Control Program*. Use disposable tray service for radiation ablation therapy patients according to local procedures.

4.6.6. Psychiatric Patients. Nursing Service orders "paper products for precautionary measures" for patients who could hurt themselves or others. Identify these patients by stamping menu slips with "paper products."

4.6.7. Mothers of breast-fed pediatric inpatients. Follow all procedures outlined above for inpatients.

4.6.7.1. Provisions may be made to provide post-partum mothers and their guest a one-time "Proud Parent" meal. Guests will pay for the meal prior to service.

Table 4.1. Menu Forms.

Diet	Color	3-way	6-way
General Selective	White	AF Form 1737	AF Form 1739
Therapeutic Selective	Yellow	AF Form 1738	AF Form 1740
Liquid	Yellow	AF Form 2481	AF Form 2482
Calorie Restricted	Green	AF Form 2499	AF Form 2500
Diabetic	Green	AF Form 2479	AF Form 2480
Sodium Restricted	Pink	AF Form 2478	AF Form 2485
Fat Restricted	Blue	AF Form 2497	AF Form 2498
Step 1-Moderate, Step 2-Strict Cholesterol and Fat	Blue	AF Form 2487	AF Form 2488
Pureed or Blenderized Liquid	Yellow	AF Form 3574	AF Form 3575

4.7. Dietary Kardex (AF Form 1741) or Electronic/MTF-Equivalent.

4.7.1. NM will establish local procedures for use of AF Form 1741 or electronic/MTF-equivalent.

4.7.2. Create and complete a patient Kardex to communicate current and future nutritional care to other dietitians and diet therapy personnel, and record and future medical and dietary treatment.

4.7.2.1. Patient information to record, maintain, and update on the Kardex include patient's name, age, gender, diet order, nutritional risk level, food preferences, food allergies, scheduled nourishments, nutrient/drug interactions, etc.

4.7.3. Initial/sign each entry made to the patient Kardex when more than one person performs dietary rounds or charting procedures.

4.7.4. A patient Kardex is maintained until the patient is discharged. Create procedures to maintain a Kardex file for patients who are frequently re-admitted to ensure continuity of care.

4.7.5. Use the reverse side of AF Form 1741 to compute nonstandard therapeutic diets.

4.7.5.1. Modify the therapeutic menu pattern to reflect dietary restrictions and patient preferences for use when writing the therapeutic menu patterns, as applicable.

4.8. Meal Hours.

4.8.1. The MTF Commander approves meal hours for inpatients and the NM dining room.

4.8.2. For inpatients, the number of hours between the evening meal time and breakfast the following morning must not exceed 15 hours.

4.8.3. Adjust meal hours slightly to provide adequate preflight support of patients being moved in the aeromedical evacuation system. Feed post-flight aeromedical evacuation patients at normal meal hours or as needed, depending on when the patients last ate a meal.

4.9. Bedside Tray Service.

4.9.1. NM prepares and delivers patient meal trays per diet order and patient preferences and delivers to nursing service or patient's bedside based on local guidance.

4.9.2. Nursing Service prepares patients for eating, checks trays against diet orders before serving, and helps patients with feeding. Preparing patients for the meal includes raising the bed, clearing bedside tables, etc. Note: This instruction does not relieve the NM Officer or diet therapy supervisor of the responsibility for checking patient tray service.

4.9.3. Nursing Service removes soiled trays from bedsides and returns trays to the food cart, and checks trays for possible contamination prior to returning them to NM.

4.9.3.1. Dishware and trays visibly contaminated with vomit, blood, drainage, secretions, etc., will be wiped clean with hospital approved cleaning solution before returning them to the food service cart. All contaminated medical supplies will be removed from meal trays and disposed of on the inpatient unit.

4.9.4. Nursing Service will check the food cart to ensure no contaminated paper service trays are returned to the kitchen. If a contaminated tray and/or its components are returned to NM staging area, NM personnel will contact the responsible inpatient unit, and nursing service personnel will be asked to retrieve and properly dispose of the contaminated material on the tray.

4.9.5. For patients receiving radiation ablation therapy, dispose of all disposable dishware on the inpatient unit. Do not return to NM any items taken into the patient's room.

4.9.6. For patients on precautions to prevent injury to self or others, all disposable dishware is returned to NM on the food cart and disposed of in the usual manner.

4.10. Enteral Nutrition, Medical Foods, and Infant Formulas.

4.10.1. Enteral formulas and other medical foods, and infant formulas are supply items purchased through Medical Logistics for inpatient use.

4.10.2. Providers will order appropriate enteral nutrition on AF Form 3066 or electronic/MTF-equivalent, indicating product name, strength, and rate. If feeding rate is less than 24 hours, indicate the times of feedings and total number of mL per day.

4.10.2.1. Clinical dietitians will advise providers regarding the nutrient composition and administration rates of enteral formulas available and will provide MNT to patients receiving enteral nutrition following the NCP guidelines.

4.10.3. Nursing Service personnel will order enteral nutrition on AF Form 1094, AF Form 2567, or electronic/MTF-equivalent, and include patient's name, Uniform Cost Accounting (UCA) code, unit, room number, enteral formula name, strength, and rate required.

4.10.4. Nursing service will administer all enteral nutrition IAW the physician's orders.

4.10.5. Enteral formula feeding bags and administration sets are procured by the inpatient unit/ASF from Medical Materiel, as applicable.

4.10.6. ASPEN 2009 guidelines for hang times for open-system tube feedings using sterile, aseptic technique is 8 hours.

4.10.7. ASPEN 2009 guidelines for hang times for closed-system, ready to hang (RTH) feedings 24-48 hours per the manufacturer's guidelines.

4.10.7.1. Usually only one administration feeding set is recommended for use in a closed system (Abbott Nutrition). Thus, administration sets that require replacement after 24-hours (Kendall Kangaroo) limit the hanging of RTH formulas to 24 hours.

4.10.8. NM will maintain an adequate supply of enteral formula products and deliver enteral formulas to the inpatient unit. Enteral formulas are routinely prepared for a 24-hour period.

4.10.8.1. In MTFs without an assigned inpatient dietitian, enteral formulas and medical foods may be purchased, prepared and dispensed by the Pharmacy or Nursing service.

4.10.8.2. Infant formulas are supply items and are not procured, stored, or supplied by NM.

4.10.9. Enteral formulas and medical foods are not routinely issued to outpatients in CONUS medical facilities. Arrangements for home enteral nutrition may be available through discharge planning; however, the MTF Commander has the authority to approve Pharmacy to dispense these items on a patient-by-patient basis.

4.10.9.1. Medical foods for outpatients with inborn errors of metabolism may be requested and dispensed by the Pharmacy on the written prescription of a provider IAW AFI 44-102.

4.10.10. The MTF's enteral formulary must be approved by a multi-disciplinary committee, such as the Pharmacy and Therapeutics Committee.

4.11. Parenteral Nutrition (TPN, PPN).

4.11.1. Providers will order TPN or PPN on AF Form 3066 or electronic/MTF-equivalent.

4.11.1.1. Clinical dietitians will advise providers regarding the nutrient composition and administration rates of parenteral nutrition and will provide MNT to patients receiving parenteral nutrition following the NCP guidelines.

4.11.2. Nursing Service personnel will order parenteral nutrition on AF Form 1094, AF Form 2567, or electronic/MTF-equivalent.

4.11.3. Inpatient pharmacy is responsible for preparing and delivering parenteral formulas to the inpatient unit. NM does not prepare, provide, or administer parenteral nutrition solutions.

4.11.4. Arrangements for home TPN are available through discharge planning.

4.12. Therapeutic Diets for Outpatients.

4.12.1. NM will develop local guidance for the ordering, preparing, payment and delivery of therapeutic diets for outpatients when the healthcare provider (physician, dentist, or credentialed healthcare provider) and RD consider them necessary.

4.12.2. Outpatient therapeutic meal orders may be requested on SF 513 or electronic/MTF equivalent, and must include the specified time period, not to exceed 30 days, and request for diet instruction.

4.12.3. After 30 days, if the patient frequently misses meals or does not comply with the diet order, NM will request the provider to cancel the outpatient therapeutic meal diet order.

4.12.4. Outpatients must provide meal card numbers, social security numbers, or pay the prescribed meal rates for all meals consumed. NM will not give outpatients between-meal nourishments, i.e., for diabetics, hypoglycemia, etc.

4.12.5. NM patient tray service (PTS) will prepare the outpatient therapeutic meal similar to inpatient meal service of the same diet order. Patient preferences may be taken to accommodate patient likes, dislikes and food allergies.

4.13. Patient and Family Education.

4.13.1. Patient and family education is provided throughout the continuum of care to meet ongoing nutritional and behavioral needs. It should include interactive, collaborative, and interdisciplinary processes that promote healthy behavior and encourage patient/family involvement in the plan of care.

4.13.2. The need for patient and family education for inpatients is assessed during implementation of the NCP. The need for outpatient education is assessed at clinic encounters.

4.13.3. Nutrition intervention(s) considers cultural and religious practices, emotional barriers, desire and motivation to learn, physical and cognitive limitations, language barriers, and financial implication of care choices.

4.13.4. Patient and family education is interactive and address potential nutrient-drug interactions, nutrition interventions, modified diets, patient and family responsibilities, and follow-up information on accessing future care or community resources.

4.13.5. Patient and family education is provided using the ADA's NCP and standardized terminology, and will be documented in the A.D.I.M.E. format, as applicable, in the inpatient EHR, Essentris, or in the outpatient EHR, AHLTA, or electronic/MTF equivalent.

4.13.5.1. Additional hard-copy document forms include SF 513, SF 509, and SF 600.

4.13.6. Nutrition education and MNT for patients/families commonly offered should be IAW 44-102 and/or based on the needs of the MTF/base patient population and NM staffing and resources.

4.13.7. NM/MTF will develop operating guidance for an outpatient nutrition clinic to include patient referral, scheduling, class preparation, patient/family check-in procedures, lesson plans, education evaluation tools, communication with other health care professionals, and documentation.

4.14. Health Promotion Nutrition

4.14.1. Nutrition plays an important role in the AF Health Promotion Program (HPP). Dietitians and diet technicians should be aware of and, as much as feasible/possible, involved in nutrition strategies across the Intervention Pyramid. Nutrition and health promotion is completely addressed in AFI 40-101 and AFI 40-104. Refer to those AFI's for all nutrition and health promotion information.

Chapter 5

FOOD PRODUCTION AND SERVICE

5.1. Production Planning

5.1.1. **(Automated)** Production Planning. In 2009, the legacy government off-the-shelf product, Nutritional Management Information System (NMIS), was replaced with a commercial off-the-shelf product, Computrition. As a result of this change in information management software, NM personnel will utilize Computrition to automate their production planning processes IAW the current instructions outlined in the Computrition Training & Reference Guide, Food Operations Management (FOM) User's Reference Guide.

5.1.1.1. Menu Maintenance.

5.1.1.1.1. All meal changes and assignment of meals to cycle days is performed under the Menu Maintenance function in Computrition.

5.1.1.1.2. All recipes and food items are verified as being on the menu either by crosschecking the screen or by using the View at Glance Report.

5.1.1.1.3. Once the recipes and food items are verified, run the Menu Item Cost Report. This report must be run at least monthly, however, running the report weekly to update the food costs in the system is recommended.

5.1.1.1.4. Next, run the Recipe Price Report to obtain the updated costs. **Note**: The Menu Cost Report MUST be run PRIOR TO running the Recipe Price Report.

5.1.1.2. Forecasting.

5.1.1.2.1. Forecasting is available when the menu is corrected and verified.

5.1.1.2.2. Forecast only for those items that the produced quantity needs to be controlled. Items like PC condiments, fountain soda, fresh fruit and other similar items do not need to be forecasted.

5.1.1.2.3. The Menu Maintenance function of Computrition is where the site manager identifies what courses are to be forecasted (soup, entree, vegetable, etc.).

5.1.1.2.4. In Computrition go to Menus Post Meal Count function and enter the number of meals served into the actual count fields. Click calculated prepared button, this will automatically populate amounts in the Prepared field. There are three options for forecasting to choose from: 1. Do not apply batching, Forecast equals Prepared (selected by default). This option sets all prepared amounts to forecasts amounts. 2. Batch (each menu meal separately). Check this option if you want batching included for Prepared amounts. 3. Overwrite existing prepared figures. Check this option to overwrite any numbers that have been entered in the Prepared fields. Once you have chosen an option click in the Served field of each recipe and type the amounts served. When amounts are placed in this field, figures are automatically entered into the Leftover and Next Time fields. The Percent Count field is active if the Served amount is less than the Prepared amount. Click the Review Counts button to show counts and have the ability to copy them forward to

the next time the menu is served. A number must be in the Served and Next Time fields of each recipe in order for counts to be copy forward.

5.1.1.3. Calculate Yield Adjust. Using the post meal count function of Computrition to forecast must be done at least five days out from the day that the user would like to yield adjust. This is necessary for the pulling of food items three days prior to use (early withdrawal; frozen meats, etc.) and prepping of items two days prior to actual meal service (pre-preparation; gelatins, etc.).

5.1.1.4. Run Production Reports. Once the Post Meal Counts have been completed and copied forward run the Production Worksheet Report. This report provides a list of recipes and amounts required for producing the selected menus and meals for the selected dates. Also, print the Menu Scaled Recipes Report this will print recipes for the date and meal selected scaled to the amount required in the menus.

5.1.2. **(Manual)** Production Planning. The Production Worksheet Report (Computrition) is normally used to perform production planning. If Computrition or computer systems are down, temporarily perform manual production planning (forecast food production needs for the meals in the cycle menu, establish a food use monitoring system, and communicate instructions to food production personnel in the planning, preparing, cooking and serving of meals) according to local procedures. Facilities with inpatient feeding only, should establish an alternate method of creating an audit trail for food use, AF Form 543, *Food Issue Record*, menus and tally sheets. If the NM cash register does not have the capability of inputting patient meal counts, menu items served to patients and the total number of servings provided to patients must be documented according to local procedures. The tally sheet for patient meals and late trays, to include therapeutic menus, should also be tracked/recorded according to local procedures. be attached to this manual report/log.

5.2. Purchasing Non-Food Supplies

5.2.1. Items for Patient Tray Service. Establish local operating procedures to request and purchase nonfood supplies needed for patient tray service, dining room operations, food production, and sanitation. These procedures must reflect types of items needed, amounts used, replacement factors, stock levels, and delivery times. Prepackaged flatware sets and dining packets containing straw, napkin and condiments (sugar, salt, pepper and sugar substitute) are allowed and are requested from Medical Logistics as supply items.

5.2.2. Enteral Formulas and other Medical Foods, and Infant Formulas. See Chapter 4, Section 4.10 for information on purchasing these items.

5.3. Food Portion and Waste Control

5.3.1. Standardized recipes, serving utensils, and dishes are used to control portions, quality, and cost of food served. Foods should be cooked progressively, in small amounts as needed to help ensure a fresher, more acceptable product. This practice also results in less waste by cooking only what is needed as it is needed. NM production managers should periodically observe plate waste in the dish room from dining room service and patient trays. This helps in discovering and solving problems related to food quality, taste, portion control, quantity prepared and acceptability.

5.4. Hazard Analysis and Critical Control Point (HACCP). HACCP is the prevention-based food service safety system that must be used in NM. HACCP systems are designed to prevent the occurrence of potential food safety problems. HACCP involves seven principles.

5.4.1. Analyze hazards. Potential food-related hazards and measures to control potential hazards are identified. The hazard could be biological, such as a microbe; chemical, such as a toxin; or physical, such as ground glass or metal fragments.

5.4.2. Identify critical control points. These are points in a food's production, from its raw state through processing and shipping to consumption by the consumer, at which the potential hazard can be controlled or eliminated. Examples are cooking, cooling, and packaging.

5.4.3. Establish preventive measures with critical limits for each control point. For example, for a cooked food this might include setting the minimum cooking temperature and time required to ensure the elimination of any harmful microbes.

5.4.4. Establish procedures to monitor the critical control points. Such procedures might include determining how and by whom cooking time and temperature should be monitored.

5.4.5. Establish corrective actions to take when monitoring shows that a critical limit has not been met. For example, reprocessing or disposing of food if the minimum cooking temperature is not met.

5.4.6. Establish procedures to verify that the system is working properly--for example, testing time-and-temperature recording devices to verify that a cooking unit is working properly.

5.4.7. Establish effective record keeping to document the HACCP system. This would include records of hazards and their control methods, the monitoring of safety requirements and action taken to correct potential problems.

5.4.8. Food Temperatures. NM personnel complete AF Form 2582, *Food Temperature Chart*, or local equivalent, before and during each meal to ensure foods are served at appropriate temperatures IAW the FDA Food Code. Foods at other than optimal temperatures must be reheated or chilled as appropriate.

5.4.9. Storing Subsistence Items. Subsistence storage rooms and refrigerators/freezers MUST remain locked at all times when not in use. Entry for all but authorized personnel must be prohibited. NM refrigerators should have the following: an accurate thermometer inside the unit which can be viewed from outside the refrigerator/freezer, a temperature chart to record readings taken at specific times IAW local guidance unless centrally monitored by Facilities Management, a warning sign such as “Determine No One is Inside Before Locking,” a safety lock release that lets the door open from inside when externally locked, an electric light preferably mounted overhead with a glass-dome bulb protector and a grid-type metal cover, and lastly a sign indicating the type of food(s) stored within and the required temperature range IAW the FDA Food Code.

5.5. Sanitation and Infection Control. Refer to AFI 48-116, the current Air Force edition of the FDA Food Code, and AFI 44-108 for NM sanitation and infection control policies. Limit access to food preparation and service areas by unauthorized personnel. NM personnel

performing dishwashing duties must always wear gloves as a protective device against possible infections or contamination.

5.6. Patient Tray Assembly. Patient trays are assembled using a centralized food service, which places all food service workers under the supervision of the NM officer or diet therapy supervisor. Using the right patient tray service system aids in the appropriate use of employees assigned. The size of the medical treatment facility determines the type of patient tray assembly system used.

5.6.1. Heated Base With Enclosed Pellet System. Larger MTFs use the heated base with enclosed pellet system. This system can also be used to augment the hot and cold cart system used in smaller facilities, if the tray carts cannot maintain a high enough temperature for hot foods.

5.6.2. Hot and Cold Tray Cart System. The hot and cold tray cart systems are typically used at smaller facilities due to reduced labor requirements. One person can prepare all trays and additional personnel are needed only to deliver trays to patient inpatient units. If an MTF's number of operational beds would normally dictate using a hot/cold food cart system, but the contingency plan calls for an expansion capacity making the heated base with pellet system desirable, retain and use the heated base with enclosed pellets system and conveyor belt.

5.6.3. Insulated Stacking Trays System. The Insulated Stacking Tray System is generally used at small facilities that are supported by base food service.

Chapter 6

FINANCIAL MANAGEMENT AND WORKLOAD REPORTING

6.1. Prime Vendor. Prime Vendor is a concept of support whereby a single commercial distributor serves as the major provider of products to various federal customers within a geographical region or zone. The vendor supplies commercially available subsistence items under a contractual agreement established by the Defense Supply Center Philadelphia (DSCP) or Department of Veterans Affairs (DVA).

6.1.1. NM personnel must have a thorough knowledge of their Prime Vendor contract, especially renewal timeframes. Prime Vendor contracts are developed by DSCP in a number of steps called the acquisition process. NM communication throughout this process for generating new or renewing existing contracts is essential to make sure specific NM subsistence purchasing needs are met. Further information on establishing Prime Vendor contracts can be found in the DSCP Prime Vendor Manual available on the DSCP website.

6.1.2. NM must communicate to DSCP specific subsistence needs such as low-fat dairy products, special bread items, ice cream novelties and any dietetic items (low sodium, low-fat, sugar-free). NM must detail what is unique to its operation and the support needed. Any special requests or unusually large orders must be communicated to the vendor. Problems with vendors should be reported to DSCP for resolution, after reasonable attempts to arrive at settlement have occurred with the vendor. Communication in writing with DSCP on vendor's performance, both good and bad, is essential in determining continuing contracts or future awards. Vendors must communicate with NM and DSCP representatives during all phases of the contract award process. It is the prime vendor's responsibility to communicate his terms not only to DSCP but also to NM. The Contractor Representative must be accessible to NM and the vendor's customer service must be available and easily reached by phone. Vendor communication and the level of service should be the same with government customers as it is with all others. DSCP is responsible for explaining the contract and identifying the customer's requirements. DSCP is responsible for communications with all parties during the acquisition process. DSCP must act as the customers' advocate in communicating with the vendors and must require vendors to adhere to the conditions and terms of the contract.

6.2. Financial Accountability. The duties of personnel purchasing subsistence will be separated from the duties of personnel completing ration accounting so that no one individual is responsible for both originating data (source records) and inputting/processing data. Therefore, individuals who issue food will not be authorized to close, verify or issue/return documents to the official inventory.

6.3. Subsistence Purchasing. NM will purchase subsistence through DSCP or DVA prime vendor contracts and local direct delivery contracts. Small facilities with limited NM operations may use Government Purchase Card (GPC) accounts to purchase subsistence items needed for patient feeding. The cost of food purchased is charged to the medical sub-account of 04(X), Essential Station Messing (ESM), Military Personnel Appropriation. (Example: 5703500 320 48 562 525725). The correct ESM accounting classification number is updated annually and is

effective 1 October. A letter from the Air Force Services Agency (AFSVA), coordinated through the AF SG Chief Consultant/BSC Associate Chief for Dietetics, and distributed to MAJCOMs and MTFs indicates the updated ESM account classification number.

6.3.1. Subsistence orders are submitted according to locally established procedures.

6.3.2. Subsistence acceptance authority is assigned to NM. NM must designate individuals authorized to accept or reject subsistence or supplies delivered under prime vendor programs or other DSCP contracts.

6.3.2.1. Designated personnel should verify the hard copy purchase order with the vendor invoice from the driver. Ensure that products received match those ordered at time of receipt so that the vendor's delivery ticket may be annotated with any discrepancies. When discrepancies are detected upon receipt, the vendor's invoice will be annotated to indicate actual quantities received by striking through the listed quantity and entering the received quantity and reasons for the differences (i.e., damaged, short quantity, missing, substitution, high temperature, etc.). If the vendor substitutes more expensive food items, NM personnel should follow procedures outlined in the prime vendor contract for resolution. The individual making the change should initial all corrections to the distributor's invoice. The carrier's representative should sign the invoice when such corrections are made. Any invoice changes must be verified with prime vendor. When discrepancies are detected after receipt confirmation, NM personnel should phone the distributor's customer representative to request a one for one replacement for the discrepant quantity.

6.3.2.1.1. Invoices must reflect only items/quantities accepted and signed for by the NM receiving official.

6.3.2.1.2. Check each function in the billing chain: NM storeroom personnel, DSCP or VA Account Manager and Contract Specialist, and Prime Vendor Billing Department, to make sure all codes, and billing/accounting information is correct.

6.3.2.1.2.1. Billing errors can result from many causes: invalid Department of Defense Activity Address Code (DODAAC), incorrect Military Standard Requisitioning and Issue Procedure (MILSTRIP) profile, TAC 3 billing address, and/or ESM accounting classification.

6.3.2.1.2.2. The DODAAC is the unique code that identifies the NM activity. All NM activities must have a DODAAC beginning with "FT" and followed by a four-digit number. Codes with other two-letter prefixes, such as "FB" or "FM" are incorrect. Questions or concerns about this code should be referred to the appropriate MAJCOM Functional Manager or Consultant Dietitian.

6.3.2.1.2.3. MILSTRIP PROFILES are the "ship to" address for delivering food. The NM MILSTRIP profile must be current in the DSCP system for proper billing and payment.

6.3.3. The subsistence GPC card in NM activities will be used for the purchase of subsistence items only. This card is not authorized for any other purchases. Items other than subsistence to support the preparation or serving of foods may not be purchased with this card. The government purchase card can only be used to purchase items from DeCA for

emergency purposes. The GPC cannot be used to purchase subsistence from any other local sources unless approved by HQ AFSVA/SVOHF with coordination with SAF/FMP.

6.3.3.1. Contact the base contracting office and request the GPC Procurement Program Cardholder and Approving Official Account Set-Up Information application forms. Each cardholder and each approving official must complete an application form. For address, use the duty section address. Submit a letter of request for GPC card listing all individuals responsible for subsistence procurement. Identify the primary approving official as well as all designated alternates. All cardholders will receive monthly statements of their account activity. The approving officials can view a monthly summary statement on line.

6.3.3.2. Each cardholder must maintain a GPC account documentation binder IAW AFI 64-117, *Air Force Government-Wide Purchase Card Program.*

6.4. Unauthorized Uses of Subsistence Items. MTF staff and visitors are not authorized to consume unused trays, leftover food, or nourishments on inpatient care units. Food items purchased for use by NM activities will not be issued or given to the Pharmacy or nursing service for making medications or coloring tube feedings. Pharmacy, nursing service and any other departments may purchase necessary subsistence items, such as sugar, baking soda, cornstarch, or food coloring from DeCA or other vendors via their own GPC accounts. Nonfood items such as charcoal and lighter fluid for NM theme meals should be purchased with NM supply funds. Subsistence funds and food items purchased with subsistence funds are not used for guest meals, snacks, coffee breaks, cooking demonstrations, parties of any type, blood donor or health promotion programs. Food items for Health Promotion activities are purchased via separate Health Promotion GPC accounts. If food items for blood donor or health promotion programs are purchased by other departments and are stored in NM, they will not be posted or included in the NM subsistence inventory, or physically located with other subsistence. These items will be controlled, specially marked, and used only in support of the programs for which they were purchased.

6.5. Perpetual Inventory. The Storeroom Manager is responsible for keeping the perpetual inventory system of subsistence stock records, source documents for subsistence purchases and issues. Entries include vendor receipts and purchase invoices, GPC statements and receipts, or AF Forms 543, Food Issue Record.

6.5.1. **(Automated)** . Access the Computrition online user manual for appropriate procedures by pressing F1 while logged into Computrition.

6.5.2. **(Manual)** . AF Form 542**,** *Subsistence Stock Record*, is used to maintain a perpetual inventory of all food items in the storeroom.

6.6. Physical Inventory.

6.6.1. A physical inventory is performed each month (except September) on one of the last three normal duty days and is representative as of the date of the inventory (with the exception of FY close-out). Pre-pulled subsistence to be used for the weekend through the last calendar day must be issued on the actual day used. Any inventory adjustment is to be posted to AF Form 546, *Food Cost Record*, as of the date of inventory. Post the remaining days of the month and close out the AF Form 546 on the last day of the month. The FY close-out in September should be conducted on the last day of the fiscal year when possible;

otherwise, it is taken on the last duty day and the above procedures followed for closing out the account.

6.6.2. The MTF Commander appoints a disinterested person (officer or noncommissioned officer in grades E-7 or above) to perform a physical inventory of all food items. The inventory officer must be trained on their responsibilities and inventory procedures. This training should include directions on using the wall-to-wall inventory method (shelf-by-shelf, top to bottom) to count and record the total quantity of each item on hand. A NM representative assists the inventory officer. The storeroom is closed and no food issues made until the inventory is completed. Any food issues made after the inventory are dated for the following day. A physical count is taken of each unissued food item on the inventory listing obtained from Computrition. The inventory officer delivers the completed and signed inventory listing to the MSA Officer and NM Officer/NCOIC.

6.6.3. Inventory Certification. After the inventory is done, the inventory officer and NM inventory representative sign the following statement on the last page of the inventory listing: "I certify this physical count of inventory is correct."

6.6.4. If the physical count and the inventory records do not agree, attempt to recount the item(s) and reconcile the differences using purchase invoices, issue logs, GPC receipts, and/or Computrition reports. When differences cannot be reconciled, an Inventory Adjustment Report is prepared.

6.6.4.1. Inventory Adjustment Report. When approved, this report is a valid accounting document used to adjust discrepancies found during a regularly scheduled inventory. NM will keep a copy of the approved report.

6.6.4.1.1. The MSA officer/NM Accountant prepares the Inventory Adjustment Report from the costed inventory listing to show actual overages and shortages by item and the net total monetary adjustment. It must also show the total value of all subsistence issued since the last inventory and the value of one half of one percent (0.005) of that total. NM Storeroom personnel are not authorized to prepare this report.

6.6.4.1.2. NM submits the report to the squadron commander, who is authorized to approve net dollar discrepancies of not more than one-half of one percent (0.005) of the total dollar value of food used since the last inventory. Food items that are not approved for adjustment by the squadron commander as well as losses or damages due to other than normal NM operations (fire or theft) have a Report of Survey action done.

6.6.5. Inventory Control**.** At the end of each quarter and the fiscal year, the dollar value of the closing inventory, as reported on AF Form 541, *Nutritional Medicine Service Subsistence Cost Report*, will be between 15 and 30 percent of the cumulative average monthly cost of food used for the fiscal year to date. MTFs using Prime Vendor for subsistence will reduce inventory levels to 2-3 days' supply, or not more than 15 to 30 percent of the cumulative average monthly cost of food used for the fiscal year to date. Optimal inventory levels must be determined locally to ensure that adequate food is on hand/available in case of disaster or emergency situations when deliveries are likely to be disrupted.

6.7. Closing a NM Activity. At least four months prior to closing, start dropping the inventory level to below the 25 percent level. Adapt menus to use food in stock instead of purchasing more food. Gradually drop the inventory level so that two months prior to closure, the inventory level is approximately 15 percent. At closure, transfer the last bit of inventory to other base dining facilities. Follow the guidance established by the base closure committee for the disposition of equipment and supplies.

6.8. Issuing Subsistence.

6.8.1. **(Automated)** Items are issued in Computrition Access the Computrition online user manual for appropriate procedures by pressing F1 while logged into Computrition.

6.8.2. **(Manual)** AF Form 543 is used to issue food supplies manually. Once able to access Computrition transcribe all information. AF Form 543 is a source document used by the MSA officer/NM storeroom personnel to maintain the official perpetual inventory of food items. Storeroom personnel complete AF Form 543 for each day of the week and issue direct delivery items on the day they are received. Perishable fresh fruits and vegetables may be issued the day of purchase and receipt. High volume, low-cost items may be issued as needed each day, or for a longer use period. Food items being issued should be listed by food groups or some other internal order on the form to expedite issuing, posting, pricing, and receiving.

6.8.2.1. The person receiving the food items from the storeroom counts and verifies food received and signs the form tin the "received" block. If more food items are issued than needed, return to inventory under "returned" column of form.

6.8.2.2. No later than the day following issue of food, post issues to AF Form 542 writing the balance of the item issued in column 1 as the item is posted, and the signed forms are reviewed and checked by NM management. MSA office gets original and a copy; NM keeps a copy.

6.8.2.3. The MSA office cost-extends the two copies of AF Form 543 marking column 2 of the form as each item is posted. One copy of the cost-extended form is returned to NM for review and filing.

6.8.2.4. The MSA office retains on file the original cost-extended form and returns the duplicate to NM for filing. NM retains the file for three years for audit purposes.

6.9. Costing Subsistence Items. All MTFs use the Last-In First-Out (LIFO) costing method for recording purchases and costing items. With this method, the value of the inventory is based on the last purchase price of each line item and as food items are purchased, the new unit price, if applicable, is used to re-value the entire balance of that line item in the inventory. This practice is designed into the automated system.

6.10. Excess Cost. Excess Costs are feeding costs that exceed the monetary allowance authorized for individual food components or needs. Examples of situations where reimbursements are authorized include: use of operational rations (the cost of the operational ration that exceeds actual earnings), substituted food items, unsatisfactory subsistence (spoilage upon delivery), beverages for medical readiness exercises, and lost meals due to disaster or exercise situations. These credits are not added to earnings, but rather subtracted from issues. The resulting dollar amount, Food Served, is used to calculate monetary status. Monetary credit

is taken and annotated on the AF Accounting Spreadsheet in the excess cost column; this is calculated into the earnings minus issues. The dollar value of issues will not reflect any costs that were credited.

6.10.1. The NM officer or diet therapy supervisor prepares a statement to support the other income (credit), including the date and hour of the disaster, combat mission or field, alert or medical readiness exercise. Certification of this statement is required by the MTF Commander.

6.11. Cashier Operations. Separation of financial duties and responsibilities in authorizing, processing, recording and receiving cash transactions is essential to prevent loss of funds. NM must develop a local instruction to detail how cashiering and accounting duties are separated so as to establish adequate internal controls to prevent theft and abuse.

6.11.1. Change Fund. DoD Financial Management Regulation 7000.14-R, Vol 5, *Disbursing Policy and Procedures*, *Chapter 3, Keeping and Safeguarding Public Funds*, authorizes and states how the NM Officer requests a change fund.

6.11.2. Cash Control. For A la Carte (ALACS) operations, a cash control supervisor must be designated in writing. An adequate funds storage safe must be available to hold the change fund, cash sales, and guarded forms..

6.11.2.1. AF Form 2570, *Nutritional Medicine Service Cash and Forms Receipt*, is used to issue the cash drawer, and AF IMT 79, *Headcount Record*, to the cashier as required. The same AF Form 2570 is used by the cashier to return the cash drawer, cash collected, and AF IMT 79 to the cash control officer after the meal. Discrepancies are also noted on AF IMT 79.

6.11.3. Control of signature and cash collection forms and cash. The cash control supervisor indicates funds and guarded forms (AF IMT 79) for turn in to MSA using AF Form 1305, *Receipt for Transfer of Cash and Vouchers*, for cash collected and AF Form 1254, *Register of Cash Collection Sheets*, for guarded forms used to document the transfer of responsibility from NM to MSA.

6.11.3.1. The AF IMT 79 is a guarded form used to obtain the signatures of all persons who eat in NM dining facilities at government expense (i.e., ESM), except inpatients. The AF IMT 79 is also used to collect and record all funds of cash paying customers. The designated NM representative (must be a government employee) keeps a separate file of completed AF IMT 79 forms in numerical order by serial number. This file must be physically checked at least once each month to see that all forms are accounted for by number. No two AF IMT 79 forms bear the same number in the same fiscal year. All numbered and unused forms must be kept in a locked safe. The MSA clerk furnishes the NM representative as many numbered AF IMT 79 forms as may be required. The AF IMT 79 forms issued to NM are recorded on AF Form 1254**.** Completed AF IMT 79 forms are turned in by the NM cash control supervisor by listing the serial numbers on the same AF Form 1305 used to turn in AF IMT 79 forms and cash to MSA.

6.11.4. Cash and Forms turn in to MSA. All cash collected and AF IMT 79 forms used must be turned in to the MSA office daily, excluding weekends. However, if the storage limit on the safe/funds storage container is inadequate to support the amount of cash collected over a 2 or 3 day weekend, make arrangements with the MSA office to turn in excess cash to the

MSA office during the weekend period, or request an increase, through Finance, in the amount of funds the safe/funds storage container can store.

6.11.4.1. Cash deposit paperwork (AF Form 544, *Nutritional Medicine Daily Facility Summary Report*, AF Form 1305, and AF Form 2570) must be done on a daily basis, even if the money must be held over the weekend.

6.11.5. ALACS Cash Register Operations. Cash registers are used with the capacity to identify ESM diners by their entire social security number; record meal charges; produce daily cumulative reports of total charges to each social security number; calculate discount and full meal prices; receive cash; record diner head count by category, including transient patients, inpatients eating in the dining room, and second servings from ESM customers; produce both patient and dining room food consumption reports; and record totals for Food Service Operating Expenses collected. Care must be taken that the cash registers are correctly programmed to both calculate and charge cash patrons the DoD-directed surcharge and correctly total the surcharges from each meal period.

6.11.5.1. The DoD subsistence surcharge (operating expense) is proportionately divided between the AF Military Personnel Appropriation (MPA) and the Defense Health Program (DHP) O&M appropriation based on the percentage of the MTF dining hall's military and civilian manpower authorizations (per the Unit Manning Document). MTF military personnel are funded by the AF MPA and civilians are funded by the DHP O&M appropriation. MTF MSA officers will proportionately divide the surcharge accordingly with the start of each FY. For example, if the FY surcharge collected is $100 and the MTF dining hall manpower authorizations are three military and seven civilian personnel, then the proportionate amount to deposit to MPA is $30 and the amount to deposit to the DHP O&M is $70 (e.g., out of 10 employees, 30 percent are military and 70 percent are civilian, therefore $100 would be divided respectively).

6.11.5.2. Cash register maintenance contracts are established and adequate supplies of tapes and ribbons are procured locally through Medical Logistics.

6.11.5.3. Cashiers must offer all customers a receipt for their purchases.

6.11.6. Subsistence Credit Allowance Management System (SCAMS) Cashier Operations. In SCAMS operations, all diners in a government dining facility, except ambulatory and transient patients, sign for meals. The cashier verifies the diner's identification. Customers pay for meals in according to local guidance. In overseas areas, authorized medical facility local national employees will pay for meals according to the Status of Forces Agreement (SOFA) for that country. Local disaster plans may address use of personal checks and/or lost meals due to disaster situations.

6.11.6.1. All non-ESM persons entering the dining room must pay the posted price of the meal being served, regardless of the type of meal items or quantity selected. Some small volume feeding overseas facilities do not have cash registers and use the AF IMT 79, Headcount Record, to record patron meals.

6.11.6.2. The cashier(s) ensure(s) the AF IMT 79 forms are completed daily for each meal period. A separate AF IMT 79 is used for non-U.S. citizen civilian employees overseas who are allowed to eat in the dining room. Use a separate AF IMT 79 for breakfast, lunch, and dinner. These forms will not be "carried over" from one meal to

another. Therefore, in facilities where an authorized change fund is allotted for both dollars and the local currency, three AF IMT 79 forms are issued per meal (one for meal card holders, one for dollars, and one for local currency).

6.11.6.3. Air Force Reserve members must present verification of eligibility for ESM meals (reserve active duty orders or AF Form 40a, *Record of Individual Inactive Duty Training*) while on active duty training or inactive duty for training, sign AF IMT 79 as required, and write their names and social security numbers legibly on the forms.

6.11.6.4. After the meal, the NM supervisor verifies entries on the AF IMT 79 signs the form, and then transfer the number of meals for each different category onto the appropriate entries in the AF Accounting Spreadsheet (Automated) and/or on AF Form 544 (Manual).

6.11.6.5. When the amount of cash collected varies from the number of signatures and total amount due, the supervisor investigates and states the explanation for overages or shortages. Include the name(s) of the cashier(s) during the meal. If no reason for the cash variance is apparent, state that there is no apparent reason for the cash variance.

6.11.6.6. The completed AF IMT 79 forms and collected cash are delivered to the MSA officer at least once each normal duty day. The MSA officer will, upon receipt of completed AF IMT 79 forms, and the cash from the NM cash control supervisor, verify the cash receipts against the total amount of cash received.

6.11.6.7. Small volume feeding facilities will use the Computrition system to track inventory, as well as all purchases and requisitions. The AF Accounting Spreadsheet (automated) is used to record daily earnings, issues, and purchases, as well as all relevant patient feeding activities (APV/SDS) and patient bed days.

6.11.6.7.1. In the event the computer systems were down for an extended period of time. The SCAMS facility would utilize standardized AF Form processes (i.e., AF Form 542, AF Form 543, AF Form 544, and AF Form 541) to track earnings and issues until appropriate entries could be made in the AF Accounting Spreadsheet or Computrition once automated operations resumed.

6.12. Eligibility and Identification of Diners. DOD 1338.10-M, *Manual for the Department of Defense Food Service Program*, AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System*, and AFH 41-114, *Military Health Services System Matrix*, state who is eligible for medical care in AF medical facilities, prescribe the extent of care allowed, provide guidance for care, and delineate who pays full and discount meal rates (see Attachment 3). Meal rates are published annually in a message released by HQ USAF/SGMC to resource management officers in October. Post full meal rate prices at the dining room entrance or serving areas. All MTF staff members must pay for all food consumed.

6.12.1. Transient patient. Transient patients in the aeromedical evacuation system do not pay or sign for meals. They are identified by the patient identification wristband or IAW local procedures. A patient ceases to be a transient patient when admitted to a MTF. The number of transient patients at each meal is recorded as a Remain Over Night (RON) patient on the AF Accounting Spreadsheet (automated) or AF Form 544, Nutritional Medicine Daily Facility Summary Report (manual). Breakfast meals are calculated to receive .20 meal credit; lunch and dinner .40 meal credit.

6.12.2. . Nonmedical attendant (NMA). The nonmedical attendant of a hospitalized patient pays the appropriate charges for all meals consumed.

6.12.3. Essential Station Messing (ESM). ESM diners are enlisted members authorized to eat at government expense. Medical enlisted personnel and airmen assigned to the MTF present their DoD Common Access Card (CAC) Identification Card. Enlisted personnel who are in TDY status show valid orders and their DoD CAC Identification Card.

6.12.3.1. The OIC/NCOIC of NM validate ESM diners using Social Security Numbers for identification and spot check signature/cashier records to ensure that only authorized personnel are subsisting at government expense. A currently listing of ESM diners from the base Force Support Squadron should be received and reviewed at least monthly.

6.12.4. Inpatients and ambulatory procedures visit (APV)/same day surgery (SDS). Inpatients and APV/SDS patients are identified by nursing staff using AF Form 1094.

6.12.5. Outpatients. Outpatients in the MTF for treatment can purchase meals from vending machines or directly from NM as guests. Outpatients who are not in a status as APV or SDS may be required to stay in a treatment area (i.e. clinic or emergency room) for an extended period of time through meal periods. Local guidance should be developed to identify which treatments or procedures would justify the patient receiving a meal as part of their procedure or medical management and when NM could claim meal day credit versus the patient paying cash for meals as a guest. Meal credit is computed using established APV/SDS procedures.

6.12.6. Wounded Warrior (WW) Meals. In accordance with the National Defense Authorization Act for Fiscal Year 2009, section 602, MTFs provide meals at no cost (and no surcharge) to certain injured members of the Armed Forces while receiving health care services for an injury, illness, or disease incurred in support of OPERATION IRAQI FREEDOM, OPERATION ENDURING FREEDOM, or any other operation or area designated by the Secretary of Defense. Health Care services include medical recuperation or therapy or other continuous care as an inpatient or outpatient.

6.12.6.1. Wounded Warriors (WW) will present DoD Form 714, Meal Card, indicating that member is a WW entitled to a meal free of charge. In addition, WW's must present CAC Military Identification Card.

6.12.6.1.1. For bases that do not have a local WW Liaison Office or Coordinator to issue WW meal card (DoD Form 714, *Meal Card*), NM will establish a local guidance to properly identify eligible WWs to help prevent fraud, waste and abuse of this privilege.

6.12.6.2. The NM cashier will process the WW's meal at no cost and input meal purchase into the cash register system IAW local procedures.

6.12.6.3. WW will sign a separate AF IMT 79 entitled, "Wounded Warrior". AF IMT 79 will include at a minimum WW name, rank, unit of assignment, and contact information.

6.12.6.4. The number of WW meals served will be entered daily as a wounded warrior into the AF Accounting Spreadsheet.

6.12.6.5. A tally of total WW meals will be tracked on the AF Accounting Spreadsheet and NM will provide monthly cost and service summaries per local guidance obtained from AFSVA.

6.12.6.6. NM will advertise the WW meal program by posting the Assistance Secretary of Defense for Health Affairs Memorandum dated 4 February 2009 on bulletin board(s) in the NM department visible to patrons.

6.12.7. Guests and duty personnel. Guests and duty personnel will normally obtain, pay for, and consume meals in the dining room. "Take out" provision for meals will be established according to local guidance. Parents (nonpatients) who are required by the physician to stay on the pediatric inpatient unit to be with their child (the patient) may be served meals on the unit. These meals must be paid for prior to delivery, except when local guidance allows for the provision of parental meals. When the infant is readmitted and the parent (nonpatient) is required to stay with the infant as a parental bonder, the parent may receive a tray in place of the infant. Local guidance that identifies situations where the parent is considered part of the treatment must be established if NM determines it is appropriate to provide parental meals.

6.13. ALACS Recipe Pricing Operations. In ALACS each recipe item is priced and sold on an individual item basis. Computerized menu pricing reports such as the Computrition Recipe Price Report must be available. Each recipe cost that is not available from these programs must be manually calculated. Menu item pricing must include surcharges from DoD.

6.14. Special Feeding Circumstances. Responsibilities for control measures, when feeding under disaster and combat conditions or during field, alert, and medical readiness exercises, are the same as those under normal circumstances. Personnel who receive monetary allowance for subsistence must pay for their meals. In as much as possible, normal NM management procedures apply during disasters, in combat areas, and during field, alert or medical readiness exercises. Sometimes special cashier procedures during disaster or emergency conditions may have to be instituted. The installation commander provides the MTF Commander with a statement (verbal, followed in writing) that emergency or disaster conditions prevail and that it is essential to furnish food to persons other than those normally allowed. Those persons able to pay for meals sign AF IMT 79 if required, and pay according to Attachment 3 of this Manual. Those persons unable to pay for meals sign a separate AF IMT 79. The diet therapy supervisor or other specified person writes the name of the group of persons being fed on the AF IMT 79 above the title. If it is not feasible to obtain signatures, as in the case where food support is provided to another civilian hospital, the NM officer certifies the number of meals furnished on a separate AF IMT 79 and includes the statement: "I certify that (number of meals) were provided to (the name hospital) in (location) due to (situation, such as hurricane) for (the meal period, meal date)." The number of meals is included on AF Form 544 or AF Accounting Spreadsheet. Credit is taken for all meals. The MSA officer/NM accountant maintains documentation to prove entries on AF IMT 79 and 544 or AF Accounting Spreadsheet. If feasible, the MSA officer bills for the costs of meals provided.

6.15. NM Ration Accounting. For accurate NM financial reports, NM accounting parameters must be accurate and up to date, whether calculated on the AF Accounting Spreadsheet or manually.

6.15.1. A ration is the quantity of nutritionally adequate food required to subsist or feed one person for one day.

6.15.2. The Food Cost Index is a DoD prescribed list of food components and quantities that represent the allowance for 100 standard rations, which is used to compute the Basic Daily Food Allowance (BDFA).

6.15.3. The BDFA is a prescribed quantity of food, as defined by components and monetary value, required to provide a nutritionally adequate diet for one person for one day.

6.15.3.1. **(Automated)** . The MTF BDFA is calculated monthly on the AF Accounting Spreadsheet using the most current monthly Food Cost Index. The template built into the AF Accounting Spreadsheet must follow the Food Cost Index obtained from Defense Logistics Agency. For correct computation of this allowance, using a prime vendor contracts or DeCA the exact subsistence items referred to by the National Stock Number (NSN) need to be verified and substituted with a comparable item offered by the local prime vendor.

6.15.4. Patient Basic Daily Food Allowance (Patient BDFA) is the MTF BDFA with an added 15 percent supplemental allowance (Patient Supplemental Percentage) to help defray the cost of bulk nourishments. The Patient BDFA is only used to calculate patient meal day earnings. Only one Patient BDFA applies for the full calendar month.

6.15.4.1. **(Automated)** Use AF Accounting Spreadsheet to compute Patient BDFA for patient meal days served each day.

6.15.5. Small Volume Feeding Allowance/Percentage. NM activities using SCAMS and serving less than 100 average daily meal days for both patient and dining room patron rations are authorized an additional supplemental allowance of 15 percent of the MTF BDFA in order to adjust for the increased costs of feeding a smaller number of people. This eligibility is determined at the end of each month and is applied to ESM and SCAMS dining room patrons only. It is not authorized for ALACS cash sales. If allowed, the 15 percent supplemental allowance is used to figure the next month's MTF BDFA.

6.15.6. Therapeutic Inflight Meal (TIM) Allowance. A special monetary allowance equal to 80 percent of the MTF BDFA is authorized for each TIM furnished by the NM activity for aeromedical evacuation patients to be consumed in flight. Additional guidance may be found in AFI 41-301, *Worldwide Aeromedical Evacuation System,* and AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care.*

6.15.7. Holiday and Special Meal Percentages/Allowances. An additional meal allowance is permitted for all federal holidays, the Air Force birthday, Easter, and Airmen appreciation meals. The extra earnings allowed for holidays and special meals are designed to recoup additional costs incurred, to include serving items in the dining room to ESM patrons at all facilities and cash patrons at SCAMS facilities (e.g., nut cups, ice cream, cake, candy, etc.). For federal holidays, the Air Force birthday and Easter, an additional 25% meal allowance is permitted. For airman appreciation meals, an additional 15% is allowed. To claim the additional percentage, holiday meals must be served only on the actual day designated as the holiday. Christmas and Thanksgiving holiday meals must be served at the lunch meal. There must be a special menu planned and served to qualify for the additional allowance. A la Carte facilities do not receive an additional 25% on cash customers or patients during these meals.

6.15.7.1. **(Automated)** AF Accounting Spreadsheet automatically calculates the additional 25 percent holiday lunch percentage for Thanksgiving and Christmas. To

calculate extra earnings for other holidays and special meals in SCAMS facilities, the number of ESM lunch meals served is added to the number of cash patron lunch meals served and this is then multiplied by 25 percent (or 15 percent for airman appreciation meals) to equal the additional number of meal days. This additional number of meal days multiplied by the current MTF BDFA will equal the amount of additional earnings for the holiday lunch meal. For ALACS facilities the same procedure is followed, only the additional meal day earnings for other federal holidays is determined **only** by the number of ESM customers served.

6.15.8. Occupied Bed Day refers to the number of inpatients subsisting in the MTF and equals beds occupied minus bassinets from the Admission and Disposition Recapitulation Report.

6.15.9. A Meal Day is a value in which the number of meals is weighted by a predetermined percentage (IAW DOD 1338.10-M) to balance the cost and attendance variances between the meals. The number of meal days for a given day is figured by multiplying the number of breakfast, lunch, and dinner meals served by the factored percentages of 20, 40, and 40 percent, respectively, and totaling the results. TIMs are valued at 80 percent, APV/SDS meals at 40 percent, holiday meals at 65 percent, and, if served, midnight meal at 20 percent.

6.15.10. Patient Meal Days are obtained by multiplying the occupied bed days times the appropriate meal factors.

6.15.11. ESM Meal Days are obtained by multiplying the number of ESM patrons multiplied by the appropriate meal factors.

6.15.12. Cash Patron Meal Days are obtained by multiplying the number of cash customers times the appropriate meal factors.

6.16. Subsistence Account Reporting and Management.

6.16.1. The AF Accounting Spreadsheet and Computrition are used to assist NM managers in overseeing their subsistence account, inventory value, earnings and collections.

6.16.1.1. **(Automated)** . The AF Accounting Spreadsheet has all of the information needed to monitor key financial indicators in NM.

6.16.1.1.1. The Inventory Movement Summary Report provides detailed information pertaining to food purchases. The report can be sorted by food categories or dollar value. The verified total from this report should be compared to the cost of food purchased for the day from invoices received.

6.16.1.1.2. The Inventory Value Report lists inventory items by category, NSN, vendor issue unit, issue cost, quantity on hand, and value of current inventory. This value is entered on the AF Accounting Spreadsheet.

6.16.1.2. **(Manual)** . The following three manual cost data records and financial reports may be used in NM and the MSA office to determine financial status. Follow specific instructions on forms for completion.

6.16.1.2.1. AF Form 544 is used to record the number of meals served in MTFs. The information on AF Form 544 is used as a guide for determining the number of meals to prepare, deciding on quantities of food to purchase, store and issue, helping to

control food costs, and providing cumulative daily, monthly, quarterly, and yearly cost data. The form covers two categories of inpatients, four categories of diners in the dining room, and TIMs. A separate form is used daily and then taken to the MSA office where the rest of the rations earnings record is completed.

6.16.1.2.2. AF Form 541 provides quarterly and cumulative fiscal year summary data on food purchased in NM. It shows the financial status operating under the SCAMS management system.

6.16.1.2.3. AF Form 546 provides an overview of daily financial transactions and current monthly cumulative totals.

6.16.1.3. Inpatient Diet Census. Workload figures for the number of trays served to patients on the nursing units and the number and types of therapeutic diets served will be documented on AF Form 2573, *Diet Census*, once daily, following procedures printed on the reverse side of the form. NM gives the workload figures and weighted diet census from AF Form 2573 to the MSA Office per local guidance.

6.16.1.4. Air Force Medical Operations Agency (AFMOA) Reporting. On a monthly basis, MTF's with food service operations will submit a spreadsheet including the information/data in Attachment 4 to their MTF MSA Office and MAJCOM Consultant RD and Functional Manager. The MAJCOM Functional Manager will submit a consolidated report (Excel spreadsheet), for their MAJCOM, by MTF, to the AFMOA Uniform Business Office IAW AFI 41-120 and Attachment 4.

6.16.2. Subsistence Account Management. Primary indicators which evaluate the financial status of the NM operation are: earnings less food served, earnings minus purchases, inventory level, and periodic inventory adjustment.

6.16.2.1. Financial Parameters. The financial status of the NM subsistence account is measured using food issues adjusted for spoilage and supplemental/other income, which then becomes food served. The status of earnings minus issues must not exceed (plus or minus) 5 percent of the average monthly ration earnings at the end of each of the first three quarters of the fiscal year as annotated on the AF Accounting Spreadsheet. At the end of the fiscal year, earnings minus issues must not be more than $100.00 or (plus or minus) 2 percent of the average monthly credit earnings, whichever is greater.

6.16.2.2. Fiscal Year Close-out. If, at the end of the fiscal year, the earnings minus issues on The AF Accounting Spreadsheet or line 57 of AF Form 544 exceeds (plus or minus) 2 percent of the average monthly earnings (line 55, fiscal year column, divided by 12), the MTF Commander can consider Report of Survey Action.

6.16.2.3. Transferring a Subsistence Account when Food Served Exceeds Credit Earnings. A report of survey is initiated when a new NM officer or NCOIC (when no dietitian is assigned), accepts a subsistence account where the authorized parameters for the current quarter have not been met. The officer who writes the report of survey determines if there is an excessive loss, the cause of the loss, and any pecuniary liability, and then makes recommendations. If pecuniary liability is found, the commander takes disciplinary action. If the investigation shows an excessive loss, the MTF commander may request MAJCOM/SG authority to over purchase at the end of the subsequent fiscal quarters and at the end of the fiscal year, that portion of the loss that exceeds 2 percent of

the monthly monetary credit earnings. The request must show that the MTF cannot absorb the loss over a period of 3 months or by the end of the fiscal year unless it reduces food services or menu quality to the point where it would harm the morale and welfare of the subsisting patients and enlisted personnel.

6.17. Expense, Personnel Utilization and Workload Reporting. MEPRS is an accounting system used by the AF Medical Service that provides NM managers with manpower, cost distribution, expense and workload reporting data. NM expense, personnel utilization and workload data are collected for this system through manual and automated processes. Since MEPRS data are used to determine manpower requirements, expense allocation and productivity, NM input needs to be current, accurate and complete.

6.17.1. Functional Cost Codes (FCCs) and Usage. FCCs are used for all DoD Nutritional Medicine organizations. FCCs are used to record NM expenditures, personnel time, and workload. Specific written guidance governs MEPRS procedures and FCC usage: DoD 6010-13-M, Medical *Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities Manual*, and AFI 41-102, *AF Medical Expense and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities*. The FCCs that are used most frequently in NM are as follows:

6.17.1.1. **(EIA)** Patient Food Operations. Provides meal service to inpatients and transient patients. It includes activities such as routine inpatient rounds, therapeutic menu development, patient tray assembly, and any activities related to patient feeding. Supply expenditures include the following examples: enteral nutrition formulas, diet kits, paper products for patient tray use only, insulated mugs and bowls used for the patient tray line, selective menus, tray mats, office supplies used solely for inpatient feeding.

6.17.1.2. **(EIB)** Combined Food Operations. Includes subsistence, food preparation, and services that are used for inpatient or non-patient feeding in the dining room. This may include menu and recipe development for regular menu items, sanitation of combined areas, and subsistence accounting. Supply expenditures include the following examples: cleaning supplies, plastic wrap, cooks' knives, flatware, china, glassware, general office supplies, and paper products used for both patient tray assembly and the dining room.

6.17.1.3. **(EIC)** Inpatient Clinical Dietetics. Includes basic and comprehensive nutritional care for patients. Activities include coordination of changes in diet requirements; developing nutrition care plans; nutritional assessment and counseling, and clinical nutrition management activities. Supply expenditures include pocket computers for inpatient dietitians.

6.17.1.4. **(FDC)** Nonpatient Food Operations. Includes nutrition management expenses unrelated to patient care, but in support of staff and visitors. Supply expenses include dining room trays, supplies for cafeteria serving line, cash register tape, and napkins for dining room use.

6.17.1.5. **(BAL)** Outpatient Nutrition Clinic. Includes comprehensive nutritional care to outpatients including appointment scheduling, assessing and planning nutrition care, individual and group instruction, and publication management of instruction materials and handouts. Supply expenses include nutrient analysis programs used for weight

management, nutrition clinic office supplies, instructional materials used for outpatient counseling.

6.17.1.6. (FAZ) Health and Wellness Center. Includes administering the HEAR (Health Evaluation Assessment Review), awareness, education and interventions (including screenings) for tobacco prevention/cessation, fitness health assessment and enhancement exercise prescription, stress management, substance abuse, cardiovascular disease prevention, cancer prevention, injury prevention, and medical self-care. These activities can be conducted at work sites, through outreach programs, in the health and wellness center. Non-MNT awareness prevention nutrition education that is not individualized care should be counted as FAZ versus BALA (BE WELL, the AF Fitness Program intervention program, is one example).

6.17.2. Personnel Time/Utilization. The timely and accurate control of personnel data is essential for the total success of the MEPRS as personnel costs are the largest expense in the MTF budget. Time (hours) worked is reported through manual entry into the Defense Medical Human Resources System-internet (DMRSHi). Each individual is responsible for accurately reporting hours worked to the correct FCC. A work center monitor should be appointed whose job it is to review DMRSHi for accuracy, consistency, and appropriate FCCs, before they are submitted to the DMRSHi Program Manager.

6.17.2.1. Contract Services/Sharing Agreements. For contracts in any area within dietetics services, the cost should be allocated in the appropriate MEPRS account codes based on the type of work accomplished. This allocation may done based on contractor's estimates or any method that NM management deems appropriate to reflect the percent of cost allocated in each code based on the cost of labor and supplies used.

6.17.3. Inpatient weighted nutrition procedures are provided to RMO monthly for inclusion in MEPRS.

6.18. Budgets. The purpose of an operations and maintenance budget is to plan for the expenditure of funds in a manner that meets mission objectives within financial limitations. The budget planning process requires time and effort to do well in order to make sure sufficient funds are available for NM operations. The MTF budget cycle usually begins a few months before the start of the fiscal year. NM operating budgets are developed to include projections for supplies, equipment purchases and maintenance costs, and required travel. To develop an operating budget the following steps are followed:

6.18.1. Collect data, to include the previous year's budget, actual expenses for the last year, projections for new programs or services, inflation rate, and workload trends.

6.18.2. Compare data: Analyze last year's budget versus expenditures, and reasons for variation.

6.18.3. Compile data: Obtain current cost data for equipment and supplies, projected supply usage, anticipating needs in all NM areas, including educational materials. Obtain input from key NM personnel.

6.18.4. Draft the budget: Determine annual and quarterly costs.

Chapter 7

PROCEDURES FOR MEDICAL FACILITIES SUPPORTED BY BASE FOOD SERVICE AND DIETETIC SHARING AGREEMENTS

7.1. Procedures for MTFs supported by Base Food Service.

7.1.1. MTF Commander or designated NM representative responsibilities:

7.1.1.1. Develops, in advance, a written list (in cooperation with the Base Food Service activity) of the names of personnel who may certify meal requests.

7.1.1.2. Ensures that a letter of agreement outlining the responsibilities of both Base Food Service and NM personnel are on file in both activities. Recommend reviewing the agreement annually or whenever changes are indicated.

7.1.1.3. Arranges for Nursing Service personnel to complete an original and one copy of AF Form1094 for each meal.

7.1.1.4. Arranges for an enclosed vehicle to transport NM personnel and supplies to Base Food Service and back three times daily, at a minimum. The closed vehicle will be used for transporting patient meal trays and nourishments from Base Food Service to the MTF and back.

7.1.1.5. Ensures that an appropriate healthcare provider prescribes any diets and supplemental feedings. Per local guidance, Medical Logistics, NM, and/or Pharmacy personnel purchase and/or deliver medical foods and enteral feedings.

7.1.1.6. Ensures food items and meals are used only for patient feeding.

7.1.1.7. Coordinates in advance the number and types of meals required and arranges pickup times with the Base Food Service supervisor. Prepares a separate (by meal) request for meals on AF IMT 79. Prepares, or assists NM personnel prepare, meals.

7.1.1.8. Notifies Base Food Service Supervisor as soon as possible/in advance when menu items cannot be used for therapeutic diets and specifies substitutes. Substitute items must not cause the total cost of meals for patients to exceed the total monetary allowance per day.

7.1.1.9. Assigns an individual to pick up meals, return soiled dishes and equipment to Base Food Service and serve meals to patients in the MTF.

7.1.1.10. Establishes a medical sub-account and purchases special patient feeding items, such as crackers, juice, baby food, and dietetic foods. See paragraphs 6.3.3 and 6.5 on medical subsistence fund cites and procedures for purchasing food using a GPC account.

7.1.1.11. Accounts for meals served. Prepares duplicate copies of AF Form 3516, *Food Service Inventory Transfer Receipt*. For Meals Ready to Eat (MREs) transfer, use AF Form 28, *War Reserve Materiel* (WRM) Ration Report (obtained from the base PDO, not Base Food Service) for each meal period according to instructions on the form. **NOTE**: Do not cost out each menu item or the total cost of the meal. For each meal, attach the original AF IMT 79 to a copy of AF Form 1094. Base Food Service retains these forms for audit purposes. AF Form 3516 will reflect the food items for meals and between-meal

feedings. The Admission & Disposition list should not be used to request meals, but should be used as a check to make sure that meals and nourishments requested are appropriate given the number of patients admitted.

7.1.1.12. Uses AF Form 1741 to record food likes and dislikes, and any food allergies, for every patient requiring meals. Include therapeutic meal patterns or substitute as required

7.1.1.13. Provides appropriate patient tray service. If disposable dishes are available and volume of usage warrants, the use of insulated stacking trays is recommended for hot and cold foods.

7.1.1.14. Ensures that an inpatient selective menu, based on the Base Food Service menu, is prepared in advance for patients.

7.1.1.15. Ensures that sufficient equipment (e.g., microwave oven) is available to reheat food for patient trays in a timely manner.

7.1.2. Base Food Service Officer or designated representative responsibilities:

7.1.2.1. Provides the NCOIC, NM, with the menu for the base dining facility at least two weeks in advance and notifies the NCOIC of any menu changes at least 24 hours in advance. Works with the NCOIC, NM, to offer at least two entree choices not served at the previous meal. Provides an appropriate substitute for therapeutic diets when regular menu items are not suitable.

7.1.2.2. Calculates and receives the appropriate earnings for reimbursement for meals provided. Each meal provided is counted as an "ESM" customer." Adds 15 percent to the BDFA for serving under 100 meal days (weighted rations) per day. Ensures the cost of food issued for patient feeding is within the BDFA plus 15 percent. Retains the original AF IMT 79 with attached copy of AF Form 1094.

7.1.2.3. Coordinates the number and types of meals. Reviews certified meal requests. Prepares

and issues regular meals. Assists NM personnel with preparing therapeutic diet meals. Provides portion control condiments for patient feeding on a "by-meal" basis.

7.1.2.4. Provides NM personnel with a designated parking space and a work area to assemble

trays and prepare therapeutic diet food; NM section/work area should be segregated as much as possible from Services dining and serving areas.

7.1.2.4.1. Provides NM personnel with adequate and secure storage space for subsistence and supplies to prevent pilferage and misappropriated use by unauthorized personnel.

7.1.2.5. Provides dishwashing support to NM activities without dishwashing facilities.

7.2. Dietetic Sharing Agreements.

7.2.1. The MTF Commander or designated representative coordinates dietetic sharing agreements with the MAJCOM consultant dietitian.

7.2.2. The MAJCOM consultant dietitian reviews all sharing agreements to ensure they include all appropriate PI programs and internal controls demonstrating services are provided in accordance with the sharing agreement. See Attachment 5, MOA example.

7.2.3. Sharing agreements must specify responsibilities and procedures. Examples of services available include:

7.2.4. Inpatient clinical dietetics services.

7.2.4.1. Basic, intermediate, complex, and extensive nutritional care.

7.2.4.2. Nutrition screening, assessment, and reassessment

7.2.4.3. Use of MNT evidence-based guides for practice, protocols, and clinical care guidelines

7.2.5. Inpatient and outpatient consultation.

7.2.5.1. Use SF 513 for inpatient consultation requests, or electronic/MTF-equivalent.

7.2.5.2. Use approved form for outpatient individual and group diet consultations and follow-up requests.

7.2.6. Patient meal service.

7.2.6.1. Meal services to include: trays, menus, ordering diets, meal service, delivering and returning trays, and providing nourishments to patients.

7.2.7. Outcome measures and process improvement.

7.2.7.1. Data collection, analysis, and implementation procedures to continuously improve quality of care and measure and monitor performance and outcomes.

7.2.7.2. Determining standards for patient satisfaction, tray accuracy, and quality of nutrition care to establish a basis to pay for services.

7.2.8. Monitoring internal controls so that patients receive care at a standard comparable to those they would receive in a similar-sized AF MTF and in accordance with this Manual.

Chapter 8

CONSULTANT SERVICES

8.1. Purpose. The purpose of the AF Dietetic Consultant Program is to support the AFMS mission through efficient NM operations that provide quality services. Consultant services are available at various levels of operations. The Consultant Dietitian advises the AFMS, AF SG, AFMOA, and MAJCOM SGs, and provides consultant services to bases where NM personnel (diet technicians) are assigned without a credentialed Registered Dietitian and where no NM capabilities or personnel are assigned. The AF Career Filed Manager (CFM) is the senior enlisted consultant to the Associate Chief for Dietetics, AF SG Chief, Enlisted Medical Force (CMEF), MAJCOM CMEF, and Diet Therapy MAJCOM Functional Managers (MFM), ensuring the development of all enlisted personnel.

8.2. The Consultant Dietitian.

8.2.1. AF SG Chief Consultant/BSC Associate Chief for Dietetics. Consultant to AF SG on all matters related to nutrition and dietetics. The Individual Mobilization Augmentee (IMA) to the AF SG Consultant Dietitian serves as the Air Reserve Component (ARC) Nutrition/Dietetics Advisor.

8.2.2. Health Promotion (HP) Nutrition Program Consultant (AFMOA/SGHC). Collaborates with DoD, AF/A1, AF Medical Support Agency Health Care Operations, AF SG Chief Consultant/BSC Associate Chief for Dietetics, MAJCOM Consultant Dietitians, HP Support Office stakeholders, subject matter experts, and other agencies (e.g., Defense Commissary Agency, Army and Air Force Exchange Service, national organizations, such as ADA, and DoD/AF-level working groups, such as the DoD Nutrition Committee, Community Action Information Board) as applicable to research, develop, implement, market and evaluate evidence-based strategies and interventions/initiatives to meet health promotion nutrition objectives.

8.2.3. MAJCOM Consultant. MAJCOM Consultant Dietitians (senior active duty officers and civilians) are appointed by the MAJCOM SGs upon recommendation by the AF SG Chief Consultant. MAJCOM Consultant Dietitians ensure that facilities are in compliance with established guidelines such as the TJC, AAAHC, and/or HSI. MAJCOM Consultant Dietitian duties also include:

8.2.3.1. Serves as clinical supervisor to dietitians for credentialing purposes. MAJCOM Consultant may approve a local credentialed provider to serve as clinical supervisor.

8.2.3.2. Coordinates with AFMOA for training of HAWC contract dietitians and diet therapy personnel and implementation of HP nutrition strategies and interventions/initiatives as outlined in AFI 40-104.

8.2.3.3. Ensures credentialed RDs within the MAJCOM are trained to perform diet technician diet authorizations/certifications as needed.

8.2.3.4. Ensures quarterly peer reviews are completed for all credentialed RDs and diet therapists assigned to the MAJCOM. Specific guidance and documents, including in/outpatient peer review forms, for conducting peer reviews are located on the NM KX website.

8.2.3.4.1. Submits Memorandum for Record (MFR) and hard copy peer review reports (as applicable) quarterly to the member being peer reviewed and to the member's Credentials Office as necessary.

8.2.3.4.2. Develops procedure to include MAJCOM-specific peer review schedule and process for obtaining patient notes to review. Requests those being peer reviewed to provide a list of patients seen within the quarter (listing full patient's name and last four of SSN) is recommended which will allow the dietitian to select which patient notes to review. Peer reviews on dietitians may be performed, if required, by a local credentialed provider after coordination with the MAJCOM Consultant Dietitian. A MFR or e-mail stating what peer reviews were accomplished and the overall outcome will be provided to the MAJCOM Consultant Dietitian.

8.2.3.4.3. The electronic peer review system may be used as available and applicable.

8.2.3.5. Maintains quality communications with NM and facility personnel. Communications should be frequent and well documented, as it is necessary to show oversight and training by a Registered Dietitian to inspecting agencies. The consultant dietitian and each NM section within their respective command must keep records of all communication including e-mails, teleconferences, and video conferences.

8.2.3.6. Dietetic Sharing Agreements. Helps develop and reviews all Dietetic Sharing Agreements. Ensures the sharing agreement includes all internal controls to demonstrate that services are being provided in accordance with the sharing agreement.

8.2.3.7. Provides oversight of all NM activities/services at bases/facilities without a credentialed dietitian assigned (only diet technician(s) assigned).

8.2.3.7.1. Reviews capability to provide rapid telemedicine services to provide RD consultation if needed.

8.2.3.7.2. Ensures that NM services provided and compliance to regulations are reviewed at least annually via Virtual Consultant Assistance (VCA) or more frequently as requested by the facility.

8.2.3.7.3. . Virtual Consultant Assistance (VCA). If it is not feasible to perform an in-person Staff Assistance Visit (SAV), a VCA may be performed using the Defense Connect Online (DCO) webinar program. Specific guidelines concerning VCAs can be located on the NM KX website under the Compliance Standards section, which includes how to set up the DCO for a VCA. Virtual consultation will be performed annually to continuously evaluate NM services and compliance to regulations.

8.2.3.7.4. A specified member of the NM section undergoing the VCA is responsible for ensuring all items identified below that will be evaluated by the dietitian providing the VCA are sent electronically to the dietitian at least one month prior to the VCA. Evaluation of NM services by a MAJCOM dietitian, or dietitian designated by the MAJCOM Dietitian to perform the VCA, will include (but not limited to) the following:

8.2.3.7.4.1. Any Medical Group Instruction involving NM service.

8.2.3.7.4.2. Internal Operating Instructions and Position Descriptions.

8.2.3.7.4.3. Training documentation (in-service plans and documentation, such as lesson plans, competency assessment, attendee signatures, annual training schedule), AF Training Record (AFTR) with emphasis on AF Form 628, Diet Instruction/Assessment Authorization, and Competency/RSV Training documentation.

8.2.3.7.4.4. Section organizational chart.

8.2.3.7.4.5. Last TJC/AAAHC/HSI/SAV reports.

8.2.3.7.4.6. Strategic planning documentation to include nutrition services mission/vision/goals/objectives.

8.2.3.7.4.7. Process Improvement Program and nutrition program outcomes data.

8.2.3.7.4.8. Nutrition lesson plans and presentations used for group classes, inpatient and outpatient forms, nutrition care overprints/screenings, etc.

8.2.3.7.4.9. Patient education materials and reference books.

8.2.3.7.4.10. Data quality/productivity reports.

8.2.3.7.4.11. Typical CHCS appointment schedule for RD and diet technicians.

8.2.3.7.4.12. Consultant dietitian communication log.

8.2.3.7.4.13. Compliance with TRICARE access to care standards (i.e. SPEC (initial specialty care)—28 days, WELL (wellness, health promotion)—28 days).

8.2.3.7.4.14. Management tool monthly reports (as applicable) and management plan.

8.2.3.7.4.15. Letter of agreement with base food services, patient menu, and dining room menu (if applicable).

8.2.3.7.4.16. Customer satisfaction surveys (inpatient/outpatient/dining room).

8.2.3.7.4.17. Public Health sanitation inspections (one year if applicable).

8.2.3.7.4.18. Equipment replacement plan.

8.2.3.7.4.19. Self-inspection documentation.

8.2.3.7.4.20. Food temperature charts (one year if applicable) and refrigerator/freezer temperature charts (one year if applicable).

8.2.3.8. The VCA will be performed by a assigned credentialed dietitian at least annually (or more frequently as required). When a VCA includes the HAWCs, the assigned dietitian will coordinate the evaluation and final report with the HP Nutrition Program Consultant. Each respective MAJCOM Consultant Dietitian is responsible for creating a VCA/peer review schedule outlining which dietitian within their command is responsible to conduct the VCA on which installations and when the respective VCAs are due. A sample VCA/peer review schedule and VCA installation report can be found on the NM KX website in the Consultant Services section. After the VCA concludes, a copy of the final report must be sent to the NM NCOIC, Squadron/Group Commander, MAJCOM Consultant Dietitian, the Dietetics Associate Corps Chief, and the HP Nutrition Program

Consultant as appropriate. The final report is due within 1 month after the VCA is conducted.

8.2.3.8.1. In-person Staff Assistance Visits (SAV). Evaluation may be done through face-to-face visits if virtual consultation is not sufficient to meet the facility needs.

8.2.3.8.2. The same documents will be reviewed in the SAV as in the VCA and the assigned credentialed dietitian performing the SAV must send a MFR (sample can be located on the NM KX website in the Consultant Services section) to the facility undergoing the SAV one month in advance. An inbrief and outbrief with the key leadership (to include the unit commander) of the facility undergoing the SAV is encouraged. At the conclusion of the SAV, the final report is due within one month and is sent to the same members identified in 8.2.3.10. Diet certifications may also be performed during the in-person SAV or via telephone during a VCA.

8.2.3.9. Provides guidance, monitoring, and evaluation of nutrition services at MTFs without any NM personnel assigned (no NM operation), and, when the HAWC is involved, collaborates with HP Nutrition Program Consultant.

8.3. Enlisted Consultant Roles.

8.3.1. Diet Therapy Career Field Manager Responsibilities are as follows: The Diet Therapy AF CFM is appointed by the AF Surgeon General to ensure development, implementation, and maintenance of the CFETP for the Diet Therapy career field. The CFM will communicate directly with the Associate Chief for Dietetics, MFMs, ARC, and AETC Training Pipeline Manager (TPM) to disseminate AF and career field policies and program requirements.

8.3.1.1. Use the Utilization and Training Workshop (U&TW)/Specialty Training Requirements Team (STRT) meeting as forums and quality control tools to determine and manage career field education and training (E&T) requirements.

8.3.1.2. Chair the portion of the STRT/U&TW for utilization, authorization, and general career field mission issues, and partner with the AETC TPM throughout the STRT/U&TW.

8.3.1.3. Ensure the direct involvement and participation of Subject Matter Experts (SMEs) from the field.

8.3.1.4. Develop the CFETP as the core document for E&T requirements.

8.3.1.5. Establish the framework for managing career field E&T by specifying career field progress.

8.3.1.6. Develop criteria to accelerate individual training when it is in the best interest of the AF.

8.3.1.7. Oversee the Career Development Course (CDC) program for the Diet Therapy career field. The AF CFM also reviews CDCs for accuracy and initiates actions to develop new or revised CDCs to meet new requirements.

8.3.1.8. Ensure, when feasible, the direct involvement and participation of HQ Air University A4L Extension Course Program personnel in U&TW proceedings impacting

development, revision, or deletion of CDCs or Specialized Courses used for career field upgrade training.

8.3.1.9. Work closely with SG Chief, Enlisted Medical Force, MAJCOM CMEFs, MFMs and Command Chief Master Sergeants (CCM) on training, development, manning and personnel issues impacting NM personnel.

8.3.1.10. Support NM personnel with base initiatives and concerns while working with MFM/MAJCOM RDs.

8.3.1.11. Advise HQ AFMPC/DPMRAD2 and the "Chiefs' Group" on personnel assignments.

8.3.2. Diet Therapy MAJCOM Functional Manager's Responsibilities.

8.3.2.1. The primary duties and responsibilities of a MFM are outlined in AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*, and AFI 36-2201. These duties include, but are not limited to:

8.3.2.2. Assist in development and maintaining currency of CFETP. Establish review procedures. Coordinate on new and proposed classification changes and publicizing approved changes.

8.3.2.3. Serve as MAJCOM representative at AFSC 4D0X1 U&TW.

8.3.2.4. Assist technical training managers and course personnel with planning, developing, implementing, and maintaining all 4D0X1 AFSC-specific training courses.

8.3.2.5. Assist the AF CFM, Air Force Occupational Measurement Squadron (AFOMS), and CMEF in identifying subject matter experts for Specialty Knowledge Test rewrite projects.

8.3.2.6. Assist AFOMS in developing and administering Job Surveys and interpreting Occupational Survey Report data.

8.3.2.7. Coordinate and implement career field classification and structure changes.

8.3.2.8. Disseminate AF and career field policies and program requirements.

8.3.2.9. Maintain regular and consistent contact with MAJCOM MTF personnel to include, but not limited to:

(1) Compilation and dissemination of information concerning process improvements.
(2) Compilation and dissemination of information concerning recent inspections.
(3) Address AFSC concerns/issues within the command and forward them to the CMEF who will forward to the AF CFM.

8.3.2.10. Assignments: MFMs are only advisors and DO NOT control assignments and should not be considered as individuals who can manipulate the assignment system. The medical enlisted assignment system is the responsibility of HQ AFMPC/DPMRAD2 and the "Chiefs' Group." However, it is imperative that MFMs be knowledgeable of authorizations and assignments within the MAJCOM to better serve as consultants to MAJCOM assignment managers regarding assignment actions. As such, they may:

(1) Identify candidates for PCS/PCA/TDY assignments.

(2) Advertise position vacancies for urgent (short notice separations/discharges, etc.) and routine fill requirements.
(3) Recommend/initiate resolution of staffing imbalances between MTFs (command leveling).
(4) Assist assignment staffers by fielding inquiries pertaining to career progression and classification.
(5) Be knowledgeable of authorizations and assignments within the MAJCOM and identify special needs.

8.3.2.11. Notify CMEF and AF CFM of areas of concern within assigned MAJCOM such as early discharge/dismissal, chronic shortages, inspections resulting in marginal or unsatisfactory scores, two-time CDC failures, etc.

8.3.2.12. Participate in monthly teleconferences, relaying manning, training and any personnel issues which need to be communicated to a higher level or just shared for informational purposes.

8.3.2.13. Participate in annual strategic planning initiatives and provide input to shape the future direction of the career field.

8.3.2.14. Work closely with MAJCOM RDs to ensure all enlisted member's concerns are addressed.

8.3.2.15. Fulfill any other duties as required by the CMEF and AF CFM.

8.4. NM Dietitian or Diet Therapy Personnel.

8.4.1. The dietitian or diet therapy personnel serve as a nutrition advisor to local media, HP, base and community organizations. Only a dietitian shall serve as nutrition advisor to the MTF Commander. NM advisor responsibilities include:

8.4.1.1. Medical Staff. Serves as a nutrition resource for the medical and support staff and the MTF Commander regarding diet prescriptions, nutritional supplements, medical foods, nutrition assessment, MNT, current nutrition concepts and research.

8.4.1.2. Health Promotion Program. Coordinate with AFMOA on guidance related to HP nutrition program activities. Serves as nutrition advisor for other components of the HPP involving nutrition education and disease prevention. Provide nutrition advice to Services Squadron to create an environment conducive to healthy eating. Also serves as a community nutrition resource for base agencies such as the Child Development and Youth Centers. These responsibilities are performed by the HAWC nutrition specialist if the capability exists.

8.4.1.3. Professional Assistance**.** Provides interim professional assistance to the NM operations by telephone or electronically. NM staff in MTFs without dietitians must record interim communications with the consultant in a log book or maintain copies of electronic communications, noting subjects discussed and information communicated by the consultant.

CHARLES B. GREEN, Lt General, USAF, MC, CFS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AF NM Accounting Spreadsheet (**https://kx.afms.mil/nutritionalmedicine**)

AFMS Flight Path (**https://kx.afms.mil/bsc**)

ADA Evidence Analysis Library (**www.adaevidencelibrary.com**)

ADA Nutrition Care Manual (**www.nutritioncaremanual.org**)

ADA Nutrition Care Process (**www.eatright.org/HealthProfessionals/content.aspx?id=7077**)

ADA Patient Education Materials (**www.eatright.org**)

ADA Pediatric Nutrition Care Manual (**www.nutritioncaremanual.org**)

ADA Pocket Guide to Nutrition Assessment (**www.eatright.org**)

ASPEN Nutrition Support Core Curriculum (**www.nutritioncare.org**)

Career Field Education and Training Plan (CFETP) 4D0X1, Diet Therapy (**https://kx.afms.mil/nutritionalmedicine**)

CNM Nutrition Screening Practices in Health Care Organizations (**www.cnmdpg.org**)

Computrition On-Line User Manual (**https://kx.afms.mil/nutritionalmedicine**)

DSCP Prime Vendor Guide Book (**www.dscp.dla.mil/subs/pv/pvguide.pdf**)

FDA Food Code (**www.fda.gov/food/foodsafety/retailfoodprotection/foodcode/default.htm**)

Health Services Inspection Standards (**https://kx.afms.mil/afia**)

International Dietetics & Nutrition Terminology Reference Manual (**www.eatright.org**)

Joint Commission for the Accreditation of Healthcare Organizations Standards (**www.jointcommission.org**)

Memorandum from the Assistant Secretary of Defense for Health Affairs, Diplomate Pay for Psychologists and Board Certification Pay for Non-Physician Health Care Providers, 9 Mar 09 (**https://kx.afms.mil/bsc**)

Memorandum from the Assistant Secretary of Defense for Health Affairs, National Defense Authorization Act for Fiscal Year 2009 Permanent Prohibition Against Requiring Certain Injured Members to Pay for Meals Provided by Military Treatment Facilities (**https://kx.afms.mil/nutritionalmedicine**)

NM KX Website (**https://kx.afms.mil/nutritionalmedicine**)

USDA My Pyramid (**www.mypyramid.gov**)

USDA Dietary Guidelines for Americans (**www.health.gov/dietaryguidelines**)

DOD 1338.10-M, *Manual for the Department of Defense Food Service Program,* March 1990

DOD 6010.13-M, *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities Manual*, April 7, 2008

DOD Financial Management Regulation 7000.14-R, Vol 5, *Disbursing Policy and Procedures, Chapter 3, Keeping and Safeguarding Public Funds,* January 2010

DODI 6130.50, *DoD Nutrition Committee*, February 18, 2011

AFH 41-114, *Military Health Services System Matrix,* 1 March 1997

AFI 33-332, *Air Force Privacy Act Program*, 29 January 2004

AFI 36-1001, *Managing the Civilian Performance Program*, 1 July 1999

AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*, 14 June 2010

AFI 36-2201, *Air Force Training Program*, 15 Sep 2010

AFI 36-2406, *Officer and Enlisted Evaluation Systems,* 15 April 2005

AFI 36-2618, *The Enlisted Force Structure*, 27 February 2009

AFI 36-2905, *Fitness Program*, 1 July 2010

AFI 38-101, *Air Force Organization,* 4 April 2006

AFI 40-101, *Health Promotion*, 17 December 2009

AFI 40-104*, Nutrition Education,* 9 May 1994; AFI 40-104, *Health Promotion Nutrition*, Draft

AFI 41-102, *Air Force Medical Expense And Performance Reporting System (MEPRS) For Fixed Military Medical And Dental Treatment Facilities*, 5 January 2011

AFI 41-106, *Unit Level Management of Medical Readiness Programs,* 14 April 2008

AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*, 28 December 2001

AFI 41-120*, Medical Resource Operations,* 18 Oct 2001

AFI 41-301, *Worldwide Aeromedical Evacuation System*, 1 August 1996

AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care,* 20 August 2003

AFI 44-102, *Medical Care Management*, 1 May 2006

AFI 44-108, *Infection Control Program*, 1 July 2000

AFI 44-119, *Medical Quality Operations,* 24 September 2007

AFI 44-141, *Nutrition Standards and Education*, 15 June 2001

AFI 48-116, *Food Safety Program*, 22 March 2004

AFI 64-117, *Air Force Government-Wide Purchase Card (GPC) Program*, 31 January 2006

AFI 91-301, *Air Force Occupational Safety, Fire Protection and Health Program*, 1 June 1996

AFJMAN 34-406V2, *Index of Recipes, Armed Forces Recipe Service*, 1 September 1992

AFPD 40-1*, Health Promotion*, 17 December 2009

AFPD 44-1*, Medical Operations,* 1 September 1999

Prescribed Forms

AF Form 541, *Nutritional Medicine Service Subsistence Cost Report*

AF Form 542, *Subsistence Stock Record*

AF Form 543, *Food Issue Record*

AF Form 544, *Nutritional Medicine Daily Facility Summary Report*

AF Form 546, *Food Cost Record*

AF Form 628, *Diet Instruction/Assessment Authorization*

AF Form 1094, *Diet Order*

AF Form 1737, *Selective Menu (White) (3-way perforation)*

AF Form 1738, *Therapeutic Menu (Yellow) (3-way perforation)*

AF Form 1739, *Selective Menu (White) (6-way perforation)*

AF Form 1740, *Therapeutic Menu (Yellow) (6-way perforation)*

AF Form 1741, *Diet Record*

AF Form 2464, *CTIM Telephone Diet Order*

AF Form 2478, *Sodium Restricted (Pink) (3-way perforation)*

AF Form 2479, *Diabetic (Green) (3-way perforation)*

AF Form 2480, *Diabetic (Green) (6-way perforation)*

AF Form 2481, *Liquid (Yellow) (3-way perforation)*

AF Form 2482, *Liquid (Yellow) (6-way perforation)*

AF Form 2485, *Sodium Restricted (Pink) (6-way perforation)*

AF Form 2487, *Step 1 Moderate; Step 2 Strict Cholesterol and Fat Diet (Blue) (3-way perforation)*

AF Form 2488, *Step 1 Moderate; Step 2 Strict Cholesterol and Fat Diet (Blue) (6-way perforation)*

AF Form 2497, *Fat Restricted (Blue) (3-way perforation)*

AF Form 2498, *Fat Restricted (Blue) (6-way perforation)*

AF Form 2499, *Calorie Restricted (Green) (3-way perforation)*

AF Form 2500, *Calorie Restricted (Green) (6-way perforation)*

AF Form 2503, *Nutritional Medicine Service Patient Evaluation*

AF Form 2504, *Nutritional Medicine Service Patron Evaluation*

AF Form 2508, *Patient Calorie Count Sheet*

AF Form 2567, *Diet Order Change*

AF Form 2568, *Nourishment Request (Bulk)*

AF Form 2570, *Nutritional Medicine Service Cash and Forms Receipt*

AF Form 2582, *Food Temperature Chart*

AF Form 2572, *Nutritional Assessment of Dietary Intake*

AF Form 2573, *Diet Census*

AF Form 2577, *Medical Food Service – Daily Work Assignment*

AF Form 2578, *Medical Food Service Work Schedule*

AF Form 2579, *Nourishment*

AF Form 3574, *Pureed/Blenderized Liquid (Yellow) (3-way perforation)*

AF Form 3575, *Pureed/Blenderized Liquid (Yellow) (6-way perforation)*

AF IMT 79, *Headcount Record*

Adopted Forms

DD Form 714, *Meal Card*

DD Form 792, *Twenty-Four Hour Patient Intake and Output Worksheet*

AF Form 28, *War Reserve Materiel (WRM) Ration Report*

AF Form 40a, *Record of Individual Inactive Duty Training*

AF Form 55, *Employee Safety and Health Record*

AF Form 1254, *Register of Cash Collection Sheets*

AF Form 1305, *Receipt for Transfer of Cash and Vouchers*

AF Form 2581, *Daily Absenteeism Record*

AF Form 3066, *Doctor's Order*

AF Form 3067, *Intravenous Record*

AF Form 3516, *Food Service Inventory Transfer Receipt*

AF Form 3930, *Clinical Privileges – Dietetics Providers*

OPM Form 71, *Application for Leave*

SF 509, *Medical Record Progress Note*

SF 513, *Medical Record – Consultation Sheet*

SF 600, *Chronological Record of Medical Care*

Abbreviations and Acronyms

AAAHC—Accreditation Association for Ambulatory Health Care

ADA—American Dietetic Association

ADIME—Assessment, Diagnosis, Intervention, Monitoring, Evaluation

AETC—Air Education and Training Command

AF—Air Force

AFI—Air Force Instruction

AFMOA—Air Force Medical Operations Agency

AFOMS—Air Force Occupational Measurement Squadron

AFOSH—Air Force Occupational Safety and Health

AFPD—Air Force Policy Directive

AFMS—Air Force Medical Service

AFRIMS—Air Force Records Information Management Systems

AFSC—Air Force Specialty Code

AFSVA—Air Force Services Agency

AFTR—Air Force Training Records

AHLTA—Armed Forces Health Logitudinal Technology Application

AIDS—Acquired Immune Deficiency Syndrome

ALACS—A la Carte System

AMA—American Medical Association

APV—Ambulatory Procedure Visit

ARC—Air Reserve Component

ASF—Aeromedical Staging Facility

ASPEN—Association of Enteral and Parenteral Nutrition

ASTS—Aeromedical Staging Squadron

BDFA—Basic Daily Food Allowance

BLS—Basic Life Support

BSC—Biomedical Sciences Corps

CAC—Common Access Card

CBRN—Chemical, Biological, Radiological, and Nuclear

CCM—Command Chief Master Sergeant

CDC—Career Development Course

CDE—Certified Diabetes Educator

CDM—Certified Dietary Manager

CFETP—Career Field Education and Training Plan

CFM—Career Field Manager

CEU—Continuing Education Unit

CFM—Career Field Manager

CHCS—Composite Health Care System

CHES—Certified Health Education Specialist

CMEF—Chief, Enlisted Medical Force

CNM—Certified Nurse Midwife

CNSC—Certified Nutrition Support Clinician

CONUS—Continental United States

COPD—Chronic Obstructive Pulmonary Disease

CSG—Certified Specialist in Gerontological Nutrition

CSO—Certified Specialist in Oncology Nutrition

CSP—Certified Specialist in Pediatric Nutrition

CSR—Certified Specialist in Renal Nutrition

CSSD—Certified Specialist in Sports Dietetics

DCO—Defense Connect Online

DeCA—Defense Commissary Agency

DFAC—Dining Facility

DFAS—CO—Defense Finance & Accounting Service – Columbus

DHP—Defense health Program

DMA—Dietary Managers Association

DMRSHi—Defense Medical Human Resources System-internet

DoD—Department of Defense

DODAAC—Department of Defense Activity Address Code

DSCP—Defense Supply Center Philadelphia

DVA—Department of Veterans Affairs

ECR—Electronic Cash Registers

EHR—Electronic Health Record

EMEDS—Expeditionary Medical Support

ESM—Essential Station Messing

FAC—Functional Account Code

FADA—Fellow of the American Dietetic Association

FCC—Functional Cost Codes

FDA—Food and Drug Administration

FOM—Food Operations Management

FOUO—For Official Use Only

GPC—Government Purchase Card

GPN—Graduate Program in Nutrition

HACCP—Hazard Analysis Critical Control Points

HAWC—Health and Wellness Center

HAZMAT—Hazardous Material

HCP—Health Care Provider

HIPAA—Health Insurance Portability and Accountability Act

HIV—Human Immunodeficiency Virus

HPM—Health Promotion Manager

HPP—Health Promotion Program

HSI—Health Services Inspection

IDNT—International Dietetics and Nutrition Terminology

IDS—Integrated Delivery System

IT—Information Technology

KX—Knowledge Exchange

LIFO—Last In First Out

MAJCOM—Major Command

MAOI—Monoamine Oxidase Inhibitors

MCRP—Medical Contingency Response Plan

MedFACTS—Medical Facility Assessment and Compliance Tracking System

MEPRS—Medical Expense Performance Reporting System

MFM—MAJCOM Functional Manager

MFR—Memorandum for Record

MILSTRIP—Military Standard Requisitioning and Issue Procedure

MNT—Medical Nutrition Therapy

MOA—Memorandum of Agreement

MPA—Military Personnel Appropriation

MRDSS—Medical Readiness Decision Support System

MRE—Meals Ready to Eat

MTF—Medical Treatment Facility

NCM—Nutrition Care Manual

NCP—Nutrition Care Process

NCOIC—Noncommissioned Officer in Charge

NDC—Nutritional Diagnostic Category

NIH—National Institutes of Health

NM—Nutritional Medicine

NMIS—Nutrition Management Information System

NMA—Non-Medical Attendant

NPBCP—Non-Physician Health Care Provider Board Certified Pay

NPI—National Provider Identifier

NPO—Nothing Per Oral

NSN—National Stock Number

OPM—Office of Personnel Management

OIC—Officer in Charge

OMG—Objective Medical Group

OPAC—On-Line Payment & Collection

OSHA—Occupational Safety and Health Administration

PA—Privacy Act

PA—Physician Assistant

PAS—Privacy Act Statement

PDO—Publications Distribution Office

PES—Problem Etiology Signs/Symptoms

PI—Performance Improvement

PNCM—Pediatric Nutrition Care Manual

PPN—Peripheral Parenteral Nutrition

PTS—Patient Tray Service

QTP—Qualification Training Package

RCEP—Registered Clinical Exercise Physiologist

RD—Registered Dietitian

RDS—Records Disposition Schedule

REE—Resting Energy Expenditure

RES—Registered Exercise Specialist

RMO—Resource Management Office

RON—Remain over night

RSV—Readiness Skills Verification

RTH—Ready to Hang

SAV—Staff Assistance Visit

SCAMS—Subsistence Credit Allowance Management System

SDS—Same Day Surgery

SF—Standard Form

SIMS—Services Information Management System

SME—Subject Matter Expert

SOFA—Status of Forces Agreement

STORES—Subsistence Total Receipt Electronic System

STRT—Specialty Training Requirements Team

TF—Tube Feeding

TIM—Therapeutic Inflight Meal

TJC—The Joint Commission

TPM—Training Pipeline Manager

TPN—Total Parenteral Nutrition

UCA—Uniform Cost Accounting

UGR—Unitized Group Ration

UMD—Unit Manning Document

UMPR—Unit Personnel Management Roster

URL—Uniform Resource Locator

USAF—US Air Force

USDA—United States Department of Agriculture

U&TW—Utilization and Training Workshop

VA—Veterans Administration

VCA—Virtual Consultant Visit

WW—Wounded Warrior

Terms

A La Carte System (ALACS)—A system in which the dining facility cash patrons are charged for each menu item selected. Each food item is priced and sold by the individual portion. Essential Station Messing (ESM) patrons "pay" by meal card number or social security number instead of cash, as under conventional food service policies.

American Dietetic Association (ADA)—The parent professional organization that establishes standards of practice for the training and performance of registered dietitians.

Ambulatory Procedure Visit (APV)—Formerly known as same day surgery, refers to the immediate (day of procedure), pre-procedure and immediate post-procedure care in an ambulatory setting. Care is in the facility for less than 24 hours.

Burlodge—The Burlodge company supplies specialized patient meal assembly and delivery systems particularly suited to conventional hot-line/cook-serve and cook-chill applications.

Computrition—Computrition's Hospitality Suite Commercial-off-the-shelf (COTS) software solution replaces the legacy Government off-the-shelf (GOTS) system originally deployed in 1994 and is comprised of two key products: Foodservice Operations Management (FOM) and Nutrition Care Management (NCM). The FOM provides automated daily functions such as menu planning, purchasing, inventory, production, recipe management, and forecasting that the former NMIS GOTS application once handled, as well as new features such as food and labor costing, nutrient labeling, and HACCP compliance procedures. The NCM includes the ability to track patient demographics, acuity levels, diet orders, weight history, as well as any likes, dislikes, or allergies, menu and tray ticket production, comprehensive nutrient analysis, recipe and menu management, the generation of automated HACCP guidelines. The software application is designed to interface with the Electronic Health Record (Essentris) and the Subsistence Total Order and Receipt Electronic System (STORES).

Food Cost Index— A representative list of specified quantities of food items (components) prescribed by DOD and used to compute the monetary value of the operational basic daily food allowance (Operational BDFA).

Food Service Operating Expenses—A charge established to comply with the congressional requirement to recover a part of personnel and operational-maintenance costs. Food service operating expense is generally charged to officers, civilians, and enlisted personnel not receiving ESM who eat in appropriated fund facilities (formerly known as surcharge).

Government Purchase Card (GPC)—The Government Purchase Card is the official government-wide purchase credit card.

Hazard Analysis Critical Control Point (HACCP)—A systematic approach to the identification, evaluation, and control of food safety hazards.

Meal—A portion of food taken at one time.

Meal Day—A value in which the number of meals is weighted by a predetermined percentage to balance the cost and attendance variances between the meals. The number of meal days for a given day is figured by multiplying the number of breakfast, lunch, and dinner meals served by the factored percentages of 20, 40, and 40 percent, respectively, and totaling the results (formerly called ration).

Meal Periods—Breakfast: The meal served during the morning hours and considered the first meal of the day. Lunch: The meal served at midday and considered the second meal of the day. Dinner: The meal served during the evening hours and considered the third meal of the day. Night Meal: The meal served between the dinner and breakfast meals. Dinner or breakfast type meals may be served. The meal credit and reimbursement rates are based on the menu actually served. The night meal is for persons on night duty.

Medical Foods—Enteral feedings and dietary supplements which enhance or replace regular foods for patients with special feeding requirements.

"Nothing Per Oral" or "Nothing By Mouth"(NPO)—The patient will receive no food or beverages from Nutritional Medicine Flight when this diet order is written.

Nutrition Management Information System (NMIS)—NMIS is a joint service multifunctional management information system designed to replace the TRIFOOD system. NMIS provides the following functions: data maintenance, production planning, menu cycle planning, NM accounting, forecasting, inventory management, management reporting, a la carte/conventional meal service pricing, diet office functions and nutrition outcomes management functionality.

Nutritional Diagnostic Category (NDC)—A fundamental class of nutritional problems, used to categorize a patient's nutritional condition.

Prime Vendor—Customized contracts developed with commercial distributors that are designed to furnish a full range of subsistence goods and delivery services with emphasis on quality, availability and minimum delivery lead time.

Ration—Refers to a portion or type of food.

Subsistence—Food products as packaged, bought, sold, and issued.

The Joint Commission (TJC)—The accreditation body for medical treatment facilities.

Therapeutic In—flight Meals (TIMs)—Therapeutic diet foods provided by the medical treatment facility to patients receiving a prescribed therapeutic diet who are embarking on aeromedical evacuation flights. There is no longer CTIMS, Cooked Therapeutic In-Flight Meals

Unitized Group Ration—A pre-packaged, heat and serve ration designed to feed a complete meal for 50 persons. This combination ration replaces the B and T rations and makes maximum use of commercial items.

Virtual Consultant Assistance (VCA)—A virtual means to conduct what was formally known as a SAV to ensure NM operations are inspection ready specifically in locations without a RD.

Weighted Diet Census—Total of diet census after applying weighted percentages to certain therapeutic patients based on difficulty of procedures.

Weighted Meal Days—The total of the percentage of a whole meal day multiplied by a particular meal count(s).

Attachment 2

4D0X1 DIET TECH DIET COUNSELING AUTHORIZATION GUIDE

Table A2.1. 4D0X1 Diet Tech Diet Counseling Authorization Guide.

GENERAL CATEGORY	DIET TECH AUTHORIZATION ALLOWED	DIET TECH AUTHORIZATION *NOT* ALLOWED; MUST BE PERFORMED BY REGISTERED DIETITIAN ONLY
Adverse Reactions to Food	• Food Allergies/Hypersensitivities in Adults • Lactose Intolerance	• Food Allergies/Hypersensitivities in Pediatric Patients Under 18 Years of Age • Multiple Food Allergies
Cancer	• Cancer Prevention	• Cancer
Cardiovascular Disease	• Cardiovascular Disease (Diet for dyslipidemia) • Hypertension (DASH Diet) • Metabolic Syndrome • Congestive Heart Failure-	
COPD	• COPD	
Cystic Fibrosis		• Cystic Fibrosis
Diabetes/Endocrine	• Adult Type 1 and 2 with no complications (renal, hypoglycemia, etc.) • Gestational Diabetes not on insulin • Reactive Hypoglycemia	• Adult Type 1 and 2 WITH complications (renal, hypoglycemia, etc.) • Gestational Diabetes on Insulin • Diabetes (Under 18 years of Age) • Disaccharidase Deficiencies
Diet-Drug Nutrient Interactions	• Coumadin • MAOIs	• All Others
Eating Disorders/Feeding Problems	• High Calorie/Protein for weight maintenance (malnutrition not present)	• All Eating Disorders (Bulimia, Anorexia Nervosa, Compulsive Overeating, etc.) • Failure To Thrive (Pediatric and Adult) • Diet for Dysphagia
Fitness Nutrition	• *BE WELL* • PTL Training	
Gastrointestinal Disease	• Peptic Ulcer Disease • Gastroesophagheal Reflux Disease	• Celiac Disease • Irritable Bowel Syndrome • Colitis • Crohn's Disease • Malabsorption, intestinal • Postop Surg Syndromes/By-Pass • Gluten-Restricted • Gliadin-Free Diet • Postgastrectomy

GENERAL CATEGORY	DIET TECH AUTHORIZATION ALLOWED	DIET TECH AUTHORIZATION *NOT* ALLOWED; MUST BE PERFORMED BY REGISTERED DIETITIAN ONLY
HIV/AIDS		• HIV/AIDS
Lifecycle Nutrition	• Breast Feeding/Lactation • Vegetarian Diets • Healthy Prenatal Nutrition (including calorie controlled)	• Vegan • Vegetarian Diets During Pregnancy • Hyperemesis Gravidarium
Liver Disease		• Hepatitis • Liver Disease • Nephrotic Syndrome
Malnutrition		• Marasmus, Nutritional • Kwashiorkor • Protein – Calorie Malnutrition
Miscellaneous Therapeutic Diets	• Fat-Restricted • Fiber-Restricted • High-Fiber • High-Calorie, High-Protein • Purine-Restricted Diet • Tyramine-Restricted Diet	• All Others
Modified Consistency	• Blenderized • Mechanically Altered Diet	
Modified Mineral	• Calcium • Potassium • Iron • Sodium Restricted • Overall Dietary Inadequacies Warranting Use of Multi-vitamin	• All Others • Ascites (Sodium Restriction Under 2 gm)
Nutrition Screening	• Nutrition Screening	• Nutrition Assessment of Patients at High Nutritional Risk. Nutrition assessment of other patients per local guidance and diet technician authorization.
Nutrition Support		• Tube Feeding • Total Parenteral Nutrition
Renal Disease	• Urolithiasis	• Chronic Renal Failure • Acute Renal Failure • Dialysis
Substance Abuse	• Healthy Nutrition for substance abuse, chemical dependency	
Supplements	• General information and awareness about supplements	• Specific/prescriptive guidance on supplements
Transplant Diets		• All

GENERAL CATEGORY	DIET TECH AUTHORIZATION ALLOWED	DIET TECH AUTHORIZATION *NOT* ALLOWED; MUST BE PERFORMED BY REGISTERED DIETITIAN ONLY
Weight Management	• Calorie Controlled Diet for Weight Management • Pediatric Healthy Weight Management Principles (**no assigned calorie level**) with parent/guardian present; <5 yrs old requires contact with MAJCOM dietitian.	• Very Low Calorie Diets <1200 Calories for Female, <1500 for Males) • Pediatric Weight Management (**Assigned Calorie Level**) (<18 yrs old)

Attachment 3

PERSONS AUTHORIZED TO EAT IN MILITARY TREATMENT FACILITY DINING FACILITIES

A3.1. Authority. DOD 1338.10-M.

A3.2. Category Definition. Charges for persons authorized to eat in a USAF MTF dining room vary, depending on the status of each person. The five major categories of personnel are: officers, enlisted personnel, military dependents, federal civilian employees, and others.

A3.3. General Entitlements. See Table.

A3.4. Special Considerations:

A3.4.1. Outpatients and visitors may eat in MTF dining rooms when authorized to do so by the MTF commander, but must pay either the discount or full meal rate, depending on their status.

A3.4.2. Inpatients traveling in the aeromedical evacuation system are not charged for their meals.

A3.4.3. Outpatients traveling in the aeromedical evacuation system pay the full rate for their meals in the dining room.

A3.4.4. Nonmedical attendants traveling in the aeromedical evacuation system pay the full meal rate, regardless of category. (Exception: Dependents of E-4 and below pay the discount rate).

A3.4.5. Military members of foreign governments pay the same rates as their US counterparts.

A3.4.6. National Guard and Air National Guard, the ROTC (all services), and the Army, Air Force, Navy, Marine, and Coast Guard Reserves, on active duty or inactive duty for training, pay the same rates as their active duty counterparts. They can pay for meals with cash or by cross service billing.

A3.4.7. Wounded Warriors (WW). With proper identification, WWs receiving inpatient or outpatient care at the MTF are not charged for meals.

A3.4.8. The discount rate includes the cost of food only.

A3.4.9. The full rate includes the cost of food and a proportional charge for food service operating expenses.

A3.4.10. Charges for meals are based on annual DOD rates. HQ USAF/SGMC provides the rates to medical resource management officers by message in October.

A3.4.11. Food Service Operating Expenses waiver authority is at DOD level. Request for waivers should be submitted to SAF/FMPB, 1130 Air Force Pentagon, Washington, DC 20330-1130.

Table A3.1. Persons Authorized To Eat In Mtf Dining Facilities.

These Customers	Pay This Amount		
	No Charge	Discount Rate	Full Rate
Enlisted members drawing Basic Allowance for Subsistence (BAS).			X
Officers on duty in the MTF			X
Federal civilian employees on duty in the MTF.			X
Federal civilian employees on official duty as a result of an act of providence or civil disturbance when no other comparable food service facilities are available.			X
International Military Education Training (IMET) and Foreign Military Sales (FMS) students not receiving the meal portion of per diem and the meal operating charges are recovered through tuition charges.		X	
IMET and FMS students when the operating charge is not included in			X
Officer candidate, cadet, midshipman, or ROTC/NROTC/AFROTC students in training.			X
Members and chaperones of organized nonprofit youth groups extended the privilege of visiting a base or who are operating on base and the installation commander permits them to eat.		X	
Students in DoD Dependents Schools overseas and alternative student meal facilities are not available.			X
Family members of E-1 through E-4.		X	
Active duty and nonactive duty aeromedical evacuation patients not receiving per diem.			X
Active or nonactive duty non-medical attendant (NMA) to an aeromedical evacuation patient, not receiving per diem.			X
Active duty aeromedical evacuation patients or NMAs on orders and receiving per diem.			X

Anyone receiving the subsistence portion of per diem.			X
Full-time paid professional field and headquarters Red Cross staff workers, full-time paid secretarial and clerical Red Cross workers on duty in Red Cross offices, Red Cross volunteers, uniformed and non-uniformed, in CONUS and overseas.			X
United Service Organization (USO) personnel authorized by the installation commander.			X
Anyone who the installation commander allows when considered to be in the best interest of the Air Force and no other adequate food service facilities are available.			X

Attachment 4

TABLE A4.1 **NUTRITIONAL MEDICINE SUBSISTENCE REPORT (EXCEL SPREADSHEET).**

MAJCOM	MTF	OBDFA	MBDFA	PBDFA	TOTAL PURCHASES	COST OF ISSUES	TOTAL EARNINGS	TOTAL MEALS	TOTAL MEAL DAYS	PATIENT MEAL DAYS	OTHER MEAL DAYS	OPERATIONAL MEAL DAYS
	TOTAL:											

Instructions for completion:
MAJCOMs will submit a consolidated report, by MTF, on a monthly basis to AFMOA Uniform Business Office.

Definitions:
4a. OBDFA: Operational Basic Daily Food Allowance, provided by the base food services officer,
without any modifications. Use to calculate operational rations.
4b. MBDFA: MTF Basic Daily Food Allowance. The OBDFA modified to include the cost of 100% ground beef. Used to calculate SIK and CTIM meal earnings.
4c. PBDFA: Patient Basic Daily Food Allowance. MBDFA plus an additional 15% for patient feedings. Used to calculate patient meal earnings.
4d. Total Meals: Total Meals served each month per AF Accounting Spreadsheet.
4e. Total Meal Days: Replaces the term "ration". Equivalent of 3 meals served in 24 hours. One bed
day = one meal day.
4f. Patient Meal Day: Equals one bed day or the Ambulatory Procedure Visit (APV) Equivalent, normally 40% per meal.
4g. Other Meal Day: All other meals served by the MTF dining facility.
4h. Operational Meal Day: Meals issued for exercises.

Attachment 5

EXAMPLE MOA BETWEEN NM & BASE FOOD SERVICE

DEPARTMENT OF THE AIR FORCE DATE

MEMORANDUM FOR (SERVICES SQUADRON CC)

FROM (REQUESTING CC)

SUBJECT: Patient Feeding Memorandum of Agreement (MOA)

1. The Patient Feeding MOA will apply to the XXth Medical Support Squadron (MDSS), Nutritional Medicine Flight (NMF), and the XXth Force Support Squadron (FSS), (name of dining facility). The NCOIC of each activity will be the designated representatives. This MOA addresses responsibilities and local procedures for routine hospital patient feeding under normal conditions and patient feeding requirements during exercises, war, and disaster contingencies. The MOA should be reviewed or renewed annually, upon transfer of NCOICs, and change in agreement of responsibility or procedures.
2. Responsibilities and procedures for food support under normal conditions:

a. The (name of dining facility) will:

(1) Provide menus and notice of menu changes by calling the NMF at XXX-XXXX, or by faxing the menus and changes to XXX-XXXX as soon as available. Ideally menu changes should be provided to NMF at least 24 hours in advance.
(2) Provide hot meals along with the condiments to include: desserts, assorted fruits, beverages etc.
(3) Assist NMF staff in packing food items in insulated food containers to be transported to the medical facility.
(4) Contact NMF supervisor when procedures need revision or problems arise needing resolution by either party.
(5) The (name of dining facility) will not prepare or cook any therapeutic diet requirements but will allow NMF staff the space and equipment to prepare such meals in the dining facility kitchen.
(6) The (name of dining facility) will not provide more than 50% of a particular menu item without 24 hour notification.

b. NMF will:

(1) Provide the (name of dining facility) a list of NMF personnel authorized to pick up meals. The NMF NCOIC is responsible for preparing and updating the authorization letter(s) which are signed by the (NMF Chief). (Attach 2).
(2) Inform the dining facility supervisor or food production manager of the number of meals needed no less than 1 hour prior to that specific meal hour. The number of meals requested will correspond with those listed on the AF Form 79, Head Count Record (Attach 1). AF Form 79 is used for accountability of meals and signed by the NMF technician.
(3) Assemble all meal trays for patients using available food from the dining facility's daily menu.
(4) Sanitize food preparation/tray assembly areas after each use and maintain designated NMF storage areas in a neat and sanitary manner.
(5) Sanitize all insulated containers after each meal period. When insulated containers are not used for more than a 24-hour time period they will be sanitized prior to use.
(6) Ensure all meals and food supplies obtained from the dining facility are secured in a controlled area and used for patient feeding only.
(7) Whenever necessary, using MDG funds, purchase all supplements and special feeding terms such as Ensure, Boost, Resource, and other items for patient snacks or specialty diet meals from the base commissary for patients.
(8) Ensure dining facility is informed of all changes, additions or deletions to the patient count within an appropriate amount of time so as to avoid an over-production of food or the unnecessary waste of manpower assets.
3. Responsibilities and procedures for patient feeding during exercises.
a. NMF will: continue to pick up food from the base dining facility to feed patients.
b. The (Name of dining facility) will: continue patient meal preparation as usual whenever meals are requested.
4. The undersigned agrees to the terms of this MOA.
5. This letter supersedes all previous MOAs established between the two parties.

SIGNATURE BLOCK
Commander, XX Medical Support Squadron
Attachment 1:
AF Form 79, Head Count Record (controlled form)
Attachment 2:List of Authorized Personnel to pick up meals
lst Ind, XX FSS/CC, Patient Feeding Memorandum of Agreement (MOA), (enter date)
MEMORANDUM FOR XX MDSS/CC

Approved/Disapproved

SIGNATURE BLOCK
Commander, XX Force Support Squadron

Annual Review Dates:
_____
_____
_____
_____