

## NUTRITION AND FOOD SERVICES

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Directive serves as the foundation of Nutrition and Food Services (NFS) and its overarching policy to fulfill its mission to provide comprehensive nutrition care to Veterans.
- 2. SUMMARY OF MAJOR CHANGES.** This revised Handbook includes the Nutrition Field Advisory Committee and the roles and responsibilities of the eight subcommittees that report to the Nutrition Field Advisory Committee.
- 3. RELATED ISSUES.** VHA Handbooks 1109.01, 1109.2, 1109.03, 1109.04, and 1109.05.
- 4. FOLLOW-UP RESPONSIBILITY.** Office of Patient Care Services, NFS (111N) is responsible for the contents of this Directive. Questions may be directed to (202) 461-7153.
- 5. RESCISSION.** VHA Directive 1109, dated June 27, 2002, is rescinded.
- 6. RECERTIFICATION.** This VHA Directive is scheduled for recertification on or before the last working day of June 2014.

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## NUTRITION AND FOOD SERVICES

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes the foundation for (VHA) Nutrition and Food Services (NFS) to fulfill its mission of providing comprehensive nutrition care to Veterans. It is NFS's vision to be recognized as the most valued source of food and nutrition services for our Veterans.

### 2. BACKGROUND

a. Communication Systems are critical to the success of NFS. They have been developed to support all NFS and Veteran Canteen Service (VCS) staff in integrated sites that includes the dietitians, program managers, dietetic technicians, dietetic interns, food service personnel, and support staff.

(1) Handbooks provide guidelines on various NFS programs.

(2) The NFS Internet, Intranet, and SharePoint Websites contain relevant information, documents and encourage the exchange of ideas.

(3) Outlook email, Outlook NFS, and VCS mail groups provide additional venues in which to communicate.

(4) The monthly NFS and VCS conference calls and special topic national and Veterans Integrated Service Network (VISN) conference calls provide further modes of updates and exchange of ideas. The NFS VISN and facility level meetings are held to disseminate information and provide training for NFS staff.

(5) All Nutrition Field Advisory Committee (NFAC) subcommittees have regularly scheduled conference calls and maintain mail groups to facilitate the transmission of information among the members.

b. The NFAC leadership, including the National Director, Program Manager, NFAC Chair and Vice Chair meet monthly to discuss pertinent topics and to develop guidance for the field. The NFAC monthly meeting is held to discuss pertinent national, local, and subcommittee issues and to review progress on the NFS strategic plan.

**3. POLICY:** It is VHA policy that NFS meet the nutritional needs of patients and residents to enhance their recovery and contribute to their healthy diets for life.

### 4. RESPONSIBILITIES

a. **NFS, VHA Central Office.** NFS, VHA Central Office is responsible for providing overall policy, guidelines, and program development relevant to each health care system and medical center's NFS. Areas of oversight and guidance at the national level include, but are not limited to:

- (1) Direct patient and resident care services consistent with the most current research, technology, scientific findings, and regulatory standards;
- (2) Educational programs for Veterans, other eligible clients, all levels of NFS staff, and other health care personnel;
- (3) Strategic planning;
- (4) High-quality, economic, and safe food products and food service;
- (5) Nutrition research at basic scientific and clinical investigative levels; and
- (6) Support of wellness, disease prevention, and regional programs designed to promote the health and well-being of Veterans.

b. **The Nutrition Field Advisory Committee (NFAC)**. NFAC acts in an advisory capacity to the National Director, NFS, in providing guidance on NFS national initiatives of Patient Care Services' NFS Strategic Plan to the field and the eight Field Advisory Committee Subcommittees. *NOTE: The relationship of the program office, committee and subcommittees is shown in Appendix A.* The NFAC subcommittees are:

- (1) **Clinical Management Advisory Subcommittee (CMAC)**. The CMAC is an oversight group for the clinical nutrition initiatives of the NFS program. This subcommittee:
  - (a) Develops clinical workload capture mechanisms in the Decisions Support System (DSS); and
  - (b) Provides professional guidance on billing and reimbursement activities for clinical nutrition staff.
- (2) **Business Subcommittee**. The Business Subcommittee is responsible for:
  - (a) Providing direction to the field on food service management;
  - (b) Collecting data, using the NFS Annual Report, to analyze nutrition business processes;
  - (c) Reviewing efficiency and cost data, patient satisfaction outcomes, benchmarking and revenue generation activities; and
  - (d) Overseeing:
    1. NFS and VCS partnerships;
    2. Benchmarking within VA and external facilities;
    3. Culture transformation of community living centers; and

4. Other administrative or management issues.

(e) Developing food service workload capture mechanisms in DSS.

(f) Addressing food safety and other safety issues.

(3) **Research and Professional Oversight Subcommittee.** The Research and Professional Oversight Subcommittee is responsible for:

(a) Promoting national standards and regulations for the enhancement of the dietetic profession in VHA;

(b) Providing technical input into the dietitian and dietetic technician qualification standards; and

(c) Promoting professional education and clinical NFS systems research opportunities and studies.

(4) **Marketing Subcommittee.** The Marketing Subcommittee is responsible for:

(a) Publishing the NFS Newsletter;

(b) Promoting the dietitian profession; and

(c) Coordinating awards and recognition programs.

(5) **Education Subcommittee.** The Education Subcommittee is responsible for:

(a) Planning NFS meetings;

(b) Collaborating with Employee Education System (EES) to provide continuing education for registered dietitians;

(c) Collaborating with VCS on training programs; and

(d) Promoting the VHA Dietetic Internship Program and NFS Mentorship Program for new NFS Chiefs and Program Managers.

(6) **Subsistence Prime Vendor (SPV) Subcommittee.** The SPV Subcommittee is responsible for:

(a) Supporting the National Prime Vendor Contract;

(b) Monitoring performance of the contract and product standardization through the Procurement Plus Program; and

(c) Supporting training and expansion of the subsistence contract to other Government agencies.

(7) **Quality and Performance Improvement Subcommittee.** The Quality and Performance Improvement Subcommittee is responsible for providing the systematic process to monitor and analyze NFS trends in performance, outcomes, leadership support, direction, and oversight of performance improvement initiatives.

(8) **Information Management Subcommittee.** The Information Management Subcommittee is responsible for:

(a) Developing program enhancement requests;

(b) Providing training to staff on software program enhancements; and

(c) Coordinating with the other seven subcommittees to maintain the NFS Internet, Intranet, and SharePoint Websites.

**5. REFERENCES:** None.

## **6. DEFINITIONS**

a. **Clinical Nutrition Management.** Clinical Nutrition Management ensures high quality comprehensive nutrition care for the Veteran population consistent with the most current research, technology, and scientific findings.

b. **Food Service Management.** In order to promote efficiencies in food production and service, food management is the organizational structure that provides guidance in cost accounting, budgeting, menu planning, food, supplies and equipment purchasing, food receiving, meal preparation and service, storage, and inventory control.

c. **Human Resource Management.** Human Resource Management represents the overall staffing patterns, operational units, and management principles applied to make efficient use of NFS staff.

d. **Administrative Resource Management.** Administrative Resource Management is the planning and management of the budget to include menu planning, cost containment and data validation to enhance productivity, quality service and technological advancements.

e. **Safety Management Program.** The Safety Management Program provides guidelines for food service product safety, fire safety, energy conservation, infection control, hazardous materials, equipment safety, and employee safety management.

f. **Quality and Performance Improvement.** Quality and Performance Improvement is an established system designed to assess and improve patient and resident care outcomes by improving NFS managerial, clinical, and administrative processes. The Key Performance Indicators, found on the secured Management Analysis and Business Process Reengineering

June 11, 2009

VHA DIRECTIVE 1109

Initiative Website at: <http://vaww1.va.gov/BITS/> (*This Website is not available to the public*), has been established to measure efficiencies and quality. **NOTE:** *The NFS Patient Satisfaction Survey is one tool used to assess quality.*

g. **Information Management.** Information Management includes software program enhancements, training, and technical guidance.

**RELATIONSHIP OF THE NUTRITION AND FOOD SERVICES PROGRAM OFFICE,  
THE NUTRITION FIELD ADVISORY COMMITTEE (NFAC) AND NFAC  
SUBCOMMITTEES**

