

## NUTRITION AND FOOD SERVICES (NFS) HUMAN RESOURCE MANAGEMENT

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook provides procedures relating to the human resource management within Nutrition and Food Services (NFS), including organizational structure, staffing, training, and development.
- 2. SUMMARY OF CONTENTS/MAJOR CHANGES.** Changes have been made to reflect current organizational structure and terminology.
- 3. RELATED ISSUE.** VHA Directive 1109.
- 4. RESPONSIBLE OFFICE.** The Office of Patient Care Services, National Director, NFS (111N) is responsible for the contents of this VHA Handbook. Questions may be addressed to (202) 461-7153.
- 5. RESCISSION.** VHA Manual M-2, Part III, Chapter 4, Human Resource Management, March 24, 1995, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of April 2015.

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## NUTRITION AND FOOD SERVICES (NFS) HUMAN RESOURCE MANAGEMENT

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides organizational planning and sound management principles used in maintaining efficient use of human resources in Nutrition and Food Services (NFS).

### 2. SCOPE

The Chief or Program Manager, NFS and Veterans Canteen Service Integrated Sites (VCS) need to have a well-planned organizational chart denoting authorized Full-Time Equivalent (FTE) employees in all areas (clinical, food production and service, administrative, clerical, etc.). This chart, along with a mechanism in place to track vacancies for each position, provides the scope of NFS human resource management. This chart must have the flexibility to allow for changes in NFS operations and functions.

### 3. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The Facility Director is responsible for:

- a. Ensuring that the Chief or Program Manager, NFS and VCS Integrated Sites complies and implements the procedures defined in this Handbook.
- b. Providing support to NFS in order to implement the required procedures.
- c. Ensuring, if there is a Dietetic Internship Program, that Director of the program meets appropriate criteria (see par. 9).

### 4. STAFFING

a. VHA Handbook 1109.2, Clinical Nutrition Management, identifies a recommended nutrition component supported by a clinical dietitian for specific medical program specialty areas. Recruitment of NFS personnel is accomplished through two different hiring authorities: Hybrid Title 38 for Registered Dietitians and Title 5 for all other NFS employees. A current "Recruitment Toolkit" produced by the Office of Human Resources Management (OHRM) is available through an OHRM Intranet link [at: http://vaww1.va.gov/Ohrm/RecruitmentToolkit/RecruitersToolkit.htm](http://vaww1.va.gov/Ohrm/RecruitmentToolkit/RecruitersToolkit.htm). *NOTE: This is an internal Web site and is not available to the public.*

b. The Office of Personnel Management (OPM) position classification and job grading standards for various NFS occupations are used as guides in classifying positions. (see OPM's Web site at: <http://www.opm.gov/fedclass/fws7404.pdf> and <http://www.opm.gov/fedclass/fws7408.pdf>).

c. There must be written position descriptions for Title 5 positions and written functional statements for all Hybrid Title 38 (Dietitian) positions. These identify the key tasks and

requirements of the position and the functions performed. All positions must have performance standards for each position in NFS.

## 5. REQUIREMENTS FOR DIETITIANS, GENERAL

a. The recruitment, qualification, appointment, promotion and advancement of all VHA registered dietitians is governed under Public Law 108-170, Hybrid Title 38 as described in VA Handbook 5005 Part II, Appendix G20, Dietitian Qualification Standard GS-630.

b. Dietitians are subject to initial and recurring peer review by a Professional Standards Board at the local, Veterans Integrated Service Network (VISN) or national level depending upon grade, which is authorized to recommend appropriate grade and special advancement for achievement. Recommendations of the Professional Standards Boards are subject to approval by the designated approving official, who is usually the Facility Director. *NOTE: See Appendix A for a list of factors to determine staffing.*

## 6. RESPONSIBILITIES OF THE CHIEF OR PROGRAM MANAGER, NFS, AND VCS INTEGRATED SITES

The Chief or Program Manager, NFS and VCS Integrated Sites, is usually a registered dietitian who provides professional leadership, program direction and oversight of all administrative, clinical and foodservice and production sections.

a. The Chief is responsible for:

(1) Developing, establishing, and overseeing VHA strategic plans that reflect directions in research, preventative and clinical approaches to care, and integration of the delivery of that care between the clinical and non-clinical components of VHA.

(2) Formulating operating standards and policies incorporating legislative and regulatory body mandates, as well as state of the art applications for clinical care and food preparation, assembly, and delivery.

(3) Evaluating the overall NFS effectiveness through review of operational, quality assurance, performance improvement, and benchmarking reports.

(4) Overseeing budget planning.

(5) Acting as a liaison between NFS and other program offices and maintaining interactions with local unions.

(6) Ensuring compliance with all management-labor negotiated national and local contracts that fall within the purview of NFS. *NOTE: In cases where the Chief or Program Manager, NFS and VCS Integrated Sites is not a registered dietitian, program direction and oversight of all clinical nutrition functions is designated to a dietitian.*

(7) Adhering to VHA policy that NFS be designed to ensure work is planned and assigned to accomplish the program office's mission in the most effective and economical manner.

(8) Ensuring the work processes are continuously reviewed and modified to improve quality and efficiency and to reduce operating costs.

(9) Determining the number of professional, non-professional, and clerical positions in the appropriate occupations and grade levels to provide essential components of nutritional care and food service to patients and residents.

(10) Maintaining written position descriptions for title 5 positions and functional statements for Hybrid Title 38 (Dietitian) positions.

(11) Promoting recruitment of a diverse and well qualified workforce.

(12) Maintaining good working relations and a positive management climate by keeping employees well informed and giving them an opportunity to contribute ideas and participate in planning.

(13) Ensuring changes in personnel policies, practices, and working conditions are addressed and in compliance with Executive Order (E.O.) 12871, Labor-Management Partnerships, or in traditional labor and management bargaining.

(14) Adhering to personnel administration policies in the management of program activities. *NOTE: Department of Veterans Affairs (VA) Handbook 5005, "Staffing," Part II, Appendix 11-06, VA Handbook 5007, "Pay Administration," Part II, Chapter and VA Handbook 5017, "Employee Recognition and Awards" are recommended references. Employee performance appraisals, incentive awards, hours of duty, absence and leave, Equal Employment Opportunity (EEO), employee responsibilities and conduct, discipline, adverse actions, employee grievances, and administrative appeals are some of the issues that are addressed.*

(15) Ensuring there is appropriate staff education, training, and development (see par. 15).

b. In sites where product line management is utilized, the Chief or Program Manager, NFS and VCS Integrated Sites is responsible for:

(1) Providing input regarding dietitian performance standards, functional statements and competency assessments;

(2) Completing the position specific competency assessment for all dietitians;

(3) Providing input regarding staffing for clinical nutrition needs, and clinical dietitian staffing expansion into new programs;

(4) Providing educational opportunities for dietitians' professional development; and

(5) Conducting regularly scheduled staff meetings with all dietitians.

## 7. RESPONSIBILITIES OF THE CLINICAL NUTRITION MANAGER (CNM) OR CLINICAL PROGRAM MANAGER

The Clinical Nutrition Manager (CNM) or Clinical Program Manager must be a registered dietitian, and is responsible for:

a. Providing direct supervision to Clinical Dietitians, Dietetic Technicians, and other staff in the Clinical Nutrition Section.

b. Providing oversight and supervision of clinical staff members, ensuring clinical practice guidelines are met and staffing levels are adequate (see VHA Handbook 1109.2). **NOTE:** *Other duties may be assigned to this position and delineated in the functional statement. When a medical center does not have a Clinical Nutrition Manager, the Chief or Program Manager, NFS and VCS Integrated Sites serves in this role as long as this individual is a registered dietitian.*

c. Coordinating a variety of programs within the service and throughout the facility. These programs include:

(1) **Quality Management.** The CNM coordinates and directs performance improvement of the Clinical Nutrition Program. This includes monitoring VA Performance Measures and Monitors, VA Clinical Reminders, compliance with The Joint Commission (TJC) Standards, documentation of nutrition care, and clinical nutrition workload capture. The CNM also ensures that clinical nutrition practice guidelines are developed, implemented, and monitored.

(2) **Staff Competency and Professional Staff Development.** The CNM evaluates and monitors staff clinical dietitians' competency to perform their assigned duties, supports staff continuing education and continuous learning, and works with the Professional Standards Board for Dietitians to maintain a qualified clinical dietitian staff.

(3) **Medical Center Diet or Nutrition Manual.** The CNM maintains and coordinates the updates of the diet manual so that it is consistent with local policies and practices. This position collaborates with the Chief or Program Manager, NFS and VCS Integrated Sites, or Food Service System Dietitian to coordinate the menu so that it is in agreement with the manual.

(4) **Nutrition Committee and Other Medical Center Committees.** The CNM serves on the Medical Center Nutrition Committee and directs its functions to coordinate medical nutrition therapy for Veteran beneficiaries; this may be delegated by the Chief or Program Manager, NFS and VCS Integrated Sites who may also represent NFS on other medical center committees, such as the Clinical Executive Board, Patient Education Committee, or Medical Records Committee, etc.

(5) **Clinical Nutrition Automated Data Processing (ADP) Coordination.** The CNM manages the computer Information Protection Program for clinical dietitian staff. This includes:

(a) Providing computer training to staff;

- (b) Troubleshooting computer issues;
- (c) Maintaining and inputting computer data or computer files;
- (d) Supporting the clinical nutrition programs;
- (e) Coordinating the testing of new applications; and
- (f) Managing the Veterans Health Information System and Technology Architecture (VistA) Clinical Dietetics package.

## **8. RESPONSIBILITIES OF THE CLINICAL DIETITIANS**

The Clinical Dietitians are required to provide medical nutrition therapy to patients and residents. They are essential members of the medical teams for cardiac rehabilitation, home-based primary care (HBPC), diabetes, renal disease, obesity, other nutrition-related disease states, the community living center interdisciplinary team, and other patient care teams.

## **9. REQUIREMENTS FOR DIETETIC INTERNSHIP (DI) DIRECTOR**

a. The responsibility for sites that sponsor a Dietetic Internship (DI) Program rests with the DI Program Director who has primary responsibility for the program. The DI Director is a full-time employee of the sponsoring organization and has the authority, responsibility and sufficient time allocated to manage the program. The DI director may have other responsibilities that do not compromise the ability to manage the program. Responsibilities and time allocation for program management are reflected in a written functional statement for the DI director.

b. To comply with the Commission on Accreditation for Dietetic Education (CADE) requirements, the DI Director must:

- (1) Have earned at least a master's degree;
- (2) Be credentialed as a registered dietitian by the Commission on Dietetic Registration (CDR);
- (3) Have a minimum of 3 years professional experience post-credentialing;
- (4) Be a full-time employee of the sponsoring organization as defined by the organization; and
- (5) Not direct another CADE-accredited dietetics education program.

## 10. RESPONSIBILITIES OF THE FOOD SERVICE SYSTEMS MANAGER DIETITIAN

Staffing of a Food Service Systems Manager Dietitian is determined by the complexity and size of the service. Based on the needs of the service, more than one Food Service Systems Dietitian may be necessary to complete a variety of functions. In the absence of a Supervisory or Food Service Systems Manager Dietitian, the Chief or Program Manager, NFS and VCS Integrated Sites may hold this position and perform these functions, and may be involved in, or coordinate, a variety of programs within the service and throughout the facility. These programs include:

a. **Supervision.** The Food Service Systems Manager has supervisory responsibilities for the wage grade work leader, wage supervisor employees, health technicians, clerical positions, dietetic technician(s), and dietitian(s) working in the food service setting.

b. **Fiscal Programs.** The Food Service Systems Manager is responsible for budget and expenditures related to food service section, including purchase and accountability of facility assets such as equipment.

c. **Quality Management.** The Food Service Systems Manager coordinates and directs performance improvement, quality management, and Hazardous Analysis Critical Control Point (HACCP) programs and is responsible for:

(1) Maintaining a quality assurance monitoring system that may include patient meal satisfaction surveys, customer service standard monitors and patient identification monitors.

(2) Developing new service level or Medical Center level policies and procedures for use within the facility and for contracting to satellite facilities.

(3) Continually monitoring Occupational Safety and Health Administration (OSHA), HACCP, Federal Drug Administration (FDA) Food Code, System-wide Ongoing Assessment and Review Strategy (SOARS), and The Joint Commission (TJC) guidelines for impact to service functions.

(4) Using VHA Handbook 1109.03 as a reference for policy development and adherence.

*NOTE: Other activities may include conducting financial analysis including benchmarking studies and completion of NFS annual reports.*

d. **Safety Management.** When serving as the service safety officer, The Food Service Systems Manager is responsible for:

(1) Developing and conducting safety training for the service; and

(2) Developing the service disaster policies, including identifying appropriate emergency food and supply stock for facility and satellite facilities.

e. **Automated Data Process (ADP) Coordinator.** As ADP Coordinator, the Food Service Systems Manager is responsible for:

- (1) Managing the computer Information Protection Program;
- (2) Providing computer training to staff;
- (3) Troubleshooting computer issues;
- (4) Maintaining and inputting computer data and computer files that support various programs;
- (5) Coordinating testing of new applications; and
- (6) Managing the Veterans Health Information System and Technology Architecture (VistA) Dietetics package.

f. **Education Coordinator.** As Education Coordinator, the Food Service Systems Manager is responsible for:

- (1) Developing and conducting education for the service personnel based on service policies, as well as assessing and evaluating the needs of employees;
- (2) Developing and implementing monitors that evaluate the effectiveness of training;
- (3) Coordinating and conducting new employee orientation; and
- (4) Monitoring and documenting training hours on appropriate training reports.

g. **Food Service Systems.** The Food Service Systems Manager Dietitian is responsible for:

- (1) Serving as the menu and procurement expert and providing guidance to professional and non-professional staff.
- (2) Contributing to the planning, writing, and adjusting of regular and modified diet cycle menus for daily, seasonal, and holiday meals. This may include product research and testing, as well as data entry.
- (3) Working with production staff to evaluate and standardize new recipes.
- (4) Participating in the procurement and control of subsistence and operating supplies.
- (5) Contributing to the development of written food specifications.
- (6) Assisting in the oversight of trayline activities by serving as the menu expert.
- (7) Developing menus and managing catering events.

## 11. THE CLINICAL DIETETIC TECHNICIAN (CDT)

Clinical Dietetic Technicians (CDTs) may be used in the long-term care, acute care, and outpatient settings to accomplish less complex tasks relating to nutritional care of patients. They may also be utilized in the food service setting. The same considerations that determine dietitians staffing (see par. 4) are used for CDT staffing; they impact Dietitian Staffing and provide cost savings. The following are samples of duties performed by the CDT with oversight by Registered Dietitian:

- a. Performing the initial nutrition screening;
- b. Documenting in medical record and follow up on patients and residents as directed by the Clinical Dietitian;
- c. Providing individual nutrition education to patients and residents regarding basic nutrition topics such as consistency modifications, sodium restrictions, cardiac diet, etc.;
- d. Providing group nutrition education to patients and residents regarding basic nutrition topics;
- e. Supporting meal service activities such as meal rounds, honoring patient and resident food preferences, and performing calorie counts, etc.;
- f. Obtaining weights and laboratory results for the Dietitian;
- g. Performing various quality assurance monitors, ADP support, and menu development in the food service setting; and
- h. Participating in community living center interdisciplinary team meetings.

## 12. THE DIETETIC HEALTH TECHNICIAN (DHT)

The Dietetic Health Technician (DHT) (Host and Hostess) may be used to supplement the Dietitian or Dietetic Technician (DT) to provide patient and resident care. The DHT may be used for a wide array of duties in the inpatient acute and long-term care setting, in the outpatient setting, the food service setting and clerical areas. The following duties can be performed by the DHT:

- a. Providing meal service activities, such as meal rounds, honoring patient and resident food preferences, and performing calorie counts;
- b. Obtaining patient and resident weights and laboratory results for the registered dietitian and CDT;
- c. Assisting with patient pre-appointment calling;
- d. Assisting with class instructions for patients and residents;

- e. Performing quality assurance monitors, such as tray accuracy, sample tray evaluation, plate waste studies, etc.;
- f. Completing patient and resident satisfaction surveys and reports; and
- g. Assisting in the Diet Communication Office, as needed.

### **13. REQUIREMENTS FOR ADMINISTRATIVE STAFFING**

The number and grade of clerical staffing depends on the size and complexity of the service. Positions may include Administrative Managers; Program Assistants; Account, Budget, and Purchasing Technicians; or Office Automation Clerks. Duties may be combined depending on the needs of the service. These positions may be combined with other duties, as needed, to accommodate the needs of the service.

a. Duties for clerical staff may include:

- (1) General clerical duties such as typing, filing, managing records, coordinating correspondence, answering phones, arranging meetings, and maintaining calendars;
- (2) Entering and tracking accident reports;
- (3) Managing key logs; and
- (4) Managing recruitment actions, such as scheduling interviews.

b. Duties for an Account, Budget, and Purchasing Technician may include duties similar to the preceding, as well as:

- (1) Maintaining accounting records and preparing reports for financial management;
- (2) Tracking expenditures in all cost centers and fund control points;
- (3) Initiating and tracking billing for services performed by the department, such as catering events and meals sold to guests and satellite facilities;
- (4) Analyzing food costs and participating in the projection of budget requirements;
- (5) Ordering items, as needed;
- (6) Communicating with vendors and Fiscal Service to resolve discrepancies;
- (7) Coordinating the redemption of rebates with vendors; and
- (8) Tracking benchmarking data.

c. Duties for Office Automation Clerks may include duties similar to the preceding, as well as:

- (1) Maintaining records and files and organizing menus, tray tickets or diet cards, and education material;
- (2) Maintaining and updating service manuals (Diet, Safety, Performance Improvement, Training, etc.);
- (3) Distributing work schedules and completing timekeeping duties;
- (4) Scheduling outpatient clinic appointments and completing telephone calls to remind patients of appointments;
- (5) Tracking inventory and ordering office supplies;
- (6) Entering staff training hours into the computerized tracking system;
- (7) Appropriately receiving telephone calls, directing visitors, and providing customer service, as needed;
- (8) Working in the Diet Communication Office; and
- (9) Completing the initial screening for nutrition risk within 24 hours of admission.

#### **14. FOOD SERVICE SUPERVISION AND FOOD PRODUCTION**

Positions in this area may include Food Service Supervisors, Cook Supervisors, Food Production Assistants or Chief, Food Production and Service, and Food Operations Assistants. Work Leaders may also be utilized in other areas the department feels necessary.

a. **Supervisors.** The tasks that may be completed by Supervisors include:

- (1) Completing of annual employee performance appraisals and mid-year progress reviews;
- (2) Managing schedules and time cards, including approval of leave and daily assignments of duties based on the staffing level;
- (3) Completing disciplinary and non-disciplinary correspondence;
- (4) Assisting with training, orientation, and mentoring of employees and students;
- (5) Applying knowledge of general and food safety guidelines in the management of production and services areas;
- (6) Assisting with data collection for performance improvement and quality management monitors, HACCP monitors, and control indicators the department and service area;
- (7) Assisting with strategic planning for the department and service area;

- (8) Ordering subsistence, operating supplies and office supplies;
  - (9) Interviewing applicants and hiring for positions;
  - (10) Ensuring policies, procedures, and regulations are upheld within the area of supervision;
  - (11) Acknowledging employee performance and suggestions through the Incentive Awards Program and employee suggestions; and
  - (12) Continually assessing and documenting employee competency, according to local policy.
- b. **Food Production.** Food Production staff generally includes: cooks, cook's helpers, cooks with motor vehicle operator duties, and ingredient control unit personnel.
- c. **Food Service.** Food Service staff generally includes: meal assembly staff; cold food preparation and portioning (i.e., salad preparation and desserts); nourishment preparation and service tray servers; dishwashers; and sanitation staff. *NOTE: Factors to determine staffing are listed on Appendix B.*

## 15. EDUCATION, TRAINING, AND STAFF DEVELOPMENT

- a. NFS will conduct both professional and technical on-going training programs, formal orientations, continuous on-the-job training, and group classes to maintain and improve the knowledge and skills of employees, volunteers, and Incentive Therapy (IT), Compensated Work Therapy (CWT) and other work therapy patients. *NOTE: Resources for education program funding is provide by the facility director, or designee.*
- b. Technical training subjects presented include all the topics covered by TJC, as well as those required by VHA and local medical facilities, such as:
  - (1) Food Service Safety and Security Management;
  - (2) Hazardous Materials Management;
  - (3) Emergency Management;
  - (4) Fire Safety;
  - (5) Equipment and Utilities Management;
  - (6) Food Service Sanitation and Infection Control;
  - (7) Internal and External Customer Relations; and
  - (8) Modified diets as outlined in the facility's Diet Manual.

*NOTE: Certification Programs such as ServSafe or Dietary Manager Programs are encouraged.*

c. The learning objectives for staff must be developed in conjunction with VHA goals and objectives, and should provide the knowledge, skills, and abilities needed to meet the role specific competencies of the individual's functions. In addition, staff education and training must be planned to enhance employee growth and development. NFS training activities need to consider using a wide variety of training modalities available, such as on-line training, self-directed training, etc., and must consider the learning styles of the staff. Professional continuing education must support the development of professional staff members. Annual training plans must include an evaluation of the workforce development needs of the department.

d. An ongoing evaluation of the orientation, training, and education provided needs to be conducted to determine if measurable goals and objectives are being met. The training appropriateness and effectiveness may be evaluated through data collected, i.e., customer satisfaction data, quality assurance data, and employees' competency assessments. The training evaluation is utilized to develop future training plans.

## 16. EMPLOYEE HEALTH

a. Before an employee is hired, a physical examination must be completed according to the procedures contained in VA Handbook 5019. *NOTE: A VA Medical Center or other VA facility with medical services may be utilized for employee physical examinations to determine fitness on duty (see VA Handbook 5019, "Part II, "Examinations and Evaluations"). Employee Health Services may be utilized by employees for minor injuries or illness and any other services outlined in local facility policy.*

b. The employee's supervisor needs to follow the local facility policy with regards to work-related injuries and necessary documentation, which is based on Department of Labor (DOL) Office of Workers' Compensation Programs (see DOL's Web site at: <http://www.dol.gov/owcp/dfec/>).

## 17. WORK THERAPY PARTICIPANTS

a. VHA participates in "work for pay" programs. CWT and IWT programs are coordinated within Rehabilitation Medicine Service (see M-2, Pt. VIII, Ch. 6, Work Restoration Program). These programs are designed to provide services to patients (transitional housing, meals, and medical services). The patients may be employed within the facility in order to receive a wage commensurate with wages received in the local community for similar work performed.

b. NFS may employ CWT or IWT patients to perform entry level food service functions within NFS. The Chief or Program Manager, NFS and VCS Integrated Sites needs to consult and follow regulations in place at the facility regarding employment of CWT or IWT patients.

(1) Traditionally, CWT and IWT patients may work up to 40 hours per week. They do not receive sick leave or annual leave benefits, nor are they eligible for any other employee benefits. They may or may not be entitled to free meals during working hours depending on the facility's policy.

(2) CWT and IWT patients working within NFS must receive basic, introductory training to the service, including training regarding infection control, food safety, and sanitation. The Chief or Program Manager, NFS and VCS Integrated Sites, or designee, must ensure the participant is competent to perform duties.

(a) The NFS must maintain documented training records for each participant.

(b) The NFS supervisor must maintain contact with the individual's Program Coordinator to provide updates on performance, attendance, work quality and work quantity.

(c) Deficiencies must be discussed with the participant and the counselor or CWT and IWT Program Coordinator.

(3) The NFS must have a written description of duties performed by CWT or IWT, but it does not have to be a classified position description.

(4) Participants need to be in good physical health and able to complete the physical duties required. A participant may undergo a physical by either Employee Health or a VA physician prior to beginning employment.

c. The CWT and IWT participants hours and cost are added to financial and productivity indicators.

d. The CWT and IWT participants are not to replace hiring an approved food service employee position. The CWT and IWT participants do not have bargaining unit rights.

e. If a CWT or IWT participant becomes injured while working, they are to seek care by their VA medical physician. The participant is not an employee, therefore not covered by Office of Workers' Compensation Program.

## **18. VOLUNTEERS**

a. Volunteers provide services in NFS according to the provisions of VHA Handbook 1620.1. VA's Voluntary Service (VAVS) Program Manager is responsible for general orientation and training of volunteers and maintenance of personnel documents for the regularly scheduled volunteers. NFS is responsible for developing a written description of duties in conjunction with the Voluntary Service Program Manager. Additional service-specific training may need to be provided to meet TJC requirements. Supervision and periodic performance reviews need to be completed by NFS.

## **19. REFERENCES**

a. E.O. 12871.

b. VHA Handbook 1109.2.

c. VHA Handbook 1109.03.

- d. VHA Handbook 5005, Staffing Part II, Appendix 11-06, available [http://vaww1.va.gov/ohrm/directives-handbooks/direct\\_hand.htm](http://vaww1.va.gov/ohrm/directives-handbooks/direct_hand.htm). **NOTE:** *This is an internal VA Web site and not available to the public.*
- e. VHA Directive 5017.
- f. General Schedule Supervisory Guidelines (OPM).
- g. Federal Wage Supervisory Guidelines (OPM).
- h. VA Manual M-8, Part-1, Chapter 2.
- i. VA Manual M-8, Part II, Chapter 2.
- j. VHA Handbook 1620.01.
- k. NFS Web site, <http://vaww.nutrition.va.gov> **NOTE:** *This is an internal VA Web site and not available to the public.*

## CLINICAL DIETITIAN STAFFING

In determining Clinical Dietitian staffing for the service, the Chief or Program Manager, Nutrition and Food Services (NFS) and Veterans Canteen Service Integrated Sites (VCS) need to be aware of the following:

1. Required adherence to local facility and Veterans Integrated Service network (VISN) policy, Department of Veterans Affairs (VA) standards of care, and the Joint Commission (TJC) standards;
2. Required time for staff attendance at educational seminars, staff meetings, etc;
3. Ancillary duties;
4. Adequate coverage for leave and vacancies;
5. Facility patient complexity, acuity and length of stay;
6. Number and complexity of patient care programs, i.e., preventive health, bone marrow transplant, spinal cord injury, Polytrauma, etc.; and
7. **Inpatient Acute and Long-Term Care Dietitian.** Staffing levels in this setting need to take into consideration a number of variables including:
  - a. The complexities of patient and resident care and other time constraints on the inpatient and long term care patient's clinical dietitian necessary for participating in the medical care team, and the community living center (CLC) interdisciplinary team;
  - b. Number of authorized beds and occupancy rates;
  - c. Facility patient and resident acuity, turnover rate, and length of stay;
  - d. Participation in medical team activities such as medical rounds, care plan meetings, patient discharge meetings, Nutrition Support Team, Renal Support Team, Home-based Primary Care (HBPC) Team, Dysphagia Team, case management meetings, etc.;
  - e. Requirements for medical record documentation and Event (Workload) Capture;
  - f. Meal service activities such as meal rounds, honoring patient and resident food preferences, performing calorie counts, etc.;
  - g. Participation in the CLC interdisciplinary team meetings; and
  - h. Completing and signing the resident assessment instrument minimum data set.

8. **Outpatient Dietitian.** *NOTE: The nutrition care programs and services provided in the outpatient setting may be found in VHA Handbook 1109.2. Staffing needs in the outpatient setting vary depending upon:*

a. Types of program offered such as: HBPC, Community-based Outpatient Clinic (CBOC) support, Managing Overweight and Obesity for Veterans Everywhere (MOVE!) Program, one-on-one counseling sessions, group nutrition classes, group inter-disciplinary classes, etc.;

b. Number of patients enrolled in programs;

c. Scope of services provided within programs;

d. Distance traveled to care, availability of transportation, use of tele-health equipment etc.;

e. Appointment time allotted for patients; and

f. Facility physical traits such as space allotted to store supplies and educational materials and access to a computer.

## FOOD PRODUCTION AND SERVICE STAFFING

The Chief or Program Manager, Nutrition and Food Services (NFS) and Veterans Canteen Service Integrated Sites (VCS) in determining food production and service staffing needs to be aware of the following:

**1. Staffing.** Staffing needs to:

a. Sufficiently meet the Joint Commission (TJC) standards, maintain adequate sanitation and cleanliness, and complete staff education, training, and development.

b. Allow for sufficient day off coverage, as well as planned and unplanned leave coverage. Employee leave groups need to be monitored (i.e., if the majority of employees are in leave group 2 or 3, additional staff may be needed to cover annual leave used). Alternative methods, such as unscheduled hours and intermittent employees, may be utilized to provide coverage. Volunteers or work therapy participants may provide coverage for vacant positions, but are not to be utilized as permanent positions or to be considered part of the full-time equivalent (FTE) employee ceiling.

**2. Part-time, Full-time, and Intermittent Positions.** Part-time, full-time, and intermittent positions may be utilized to accomplish the work. Part time employees may work unscheduled hours to provide additional coverage without using overtime (i.e., part time employee scheduled to work less than 40 hours per week could work additional unscheduled time). Intermittent employees may also be utilized, as these employees do not necessarily have set schedules; they may be on-call only or scheduled wherever and whenever needed.

**3. Status Appointments.** There are different status appointments available for hiring employees (i.e., temporary, permanent, Veterans Employment Opportunities Act (VEOA), students, etc.) The Chief or Program Manager, NFS and VCS Integrated Sites need to consult and work with the facility's Human Resources Officer to efficiently and effectively recruit and hire employees.

**4. Food Production and Service Supervisors.** In determining the number and grade of supervisors, the number and grade of employees being supervised must be taken into account when determining staffing levels.

**5. Food Production.** The following factors must be taken into account when determining staffing levels for the food production section.

a. **Number of Meals and Meal Equivalents Produced by Staff.** This includes inpatient meals, outpatient meals, resident meals, meals for non-patients (physicians, volunteers, etc.), meals sold to VCS or for a revenue generating contract, etc. **NOTE:** *A site producing a higher number of meals and meal equivalents may require additional FTE employee in the food production section.*

b. **Satellite Facilities.** If food production staff are preparing food for shipment to remote satellite facilities, additional staff may be required to prepare the food items for shipping.

c. **Variety of Diets Offered by the Facility.** Increased variety may warrant additional staff due to the number of different items requiring production, such as:

(1) Regular and consistency modified diets which require consistency modified items may require additional staffing if preparing from scratch or partial preparation; and

(2) Nutrient modified and specialty diets which require the preparation of specialty food items (i.e., specialty renal products, gluten restricted products, metabolic research kitchen needs, etc.) may require additional staff.

d. **Type of Production System.** Traditionally an advance preparation system (cook chill) requires less production FTE employees than a conventional system. This is largely because the daily peaks and valleys are eliminated from the work day. There are several different types of advance preparation and each may warrant different staffing levels. Facilities may use one or a combination of the following different production systems:

(1) Advance preparation system utilizing blast chiller;

(2) Advance preparation system utilizing blast freezer;

(3) Advance preparation system utilizing tumble chiller and cook tanks;

(4) Conventional preparation system; and

(5) Onsite food preparation used to support the cultural transformation in CLCs.

e. **Work Week.** With an advance preparation system, production staff may not be required to be on duty 7-days a week.

f. **Type of Foods Utilized.** The type of foods procured effects the staffing for the food production section. Under the NFS Subsistence Prime Vendor contract, many high-quality convenience items are available. These items typically have a higher raw food cost, however may contribute to a lower staffing level resulting in overall cost savings; they are:

(1) Scratch or Conventional Items. These items are labor intensive and require increased time for cooks to prepare.

(2) Minimal Preparation Items. These items require simple mixing, or cooking.

(3) Convenience Foods. These items are received ready-to-use and require no additional processing by production staff (i.e., thaw and serve or heat and serve).

g. **Type and Length of Menu.** The two types of menu are:

(1) Restaurant Style Menu. A restaurant style menu is a static menu similar to a restaurant. Because the same items are offered, efficiencies may be achieved in procurement and production.

(2) Cycle Menu. A cycle menu is one that repeats itself over a specific period of time.  
*NOTE: TJC requires a minimum of a 3-week cycle menu for long-term care community living centers.*

h. **Equipment.** The number of ovens, kettles, etc. affects the food production staff's ability to efficiently operate; it also affects the type of foods served.

i. **Skill Level and Grade of Production Staff Required.** Many of the preceding factors (type of food utilized, preparation system, etc.) determine the skill level and grade of production staff required. The appropriate grade employee needs to be utilized to achieve labor savings. For example, a Wage Grade (WG)-2 Cook's Helper may be utilized for simple production techniques and cleaning (see the Office of personnel management (OPM) series 7404 and 7408 grading standards when writing position descriptions). *NOTE: A Cook Matrix is in the NFS intranet Web site under Food Service and Production at: <http://vawww.nutrition.va.gov/docs/CookMatrixSep13-04.xls> . This is an internal VA Web site and not available to the public.*

j. **Type of Food Service System.** The type of Food Service System also affects the production staffing level. If an advance preparation and delivery system is utilized with a cold trayline, the production FTE employee may be lower than if an advance preparation delivery system is paired with a conventional hot trayline, which requires re-therming food from the foodbank. In the latter case, additional food production staff may be required to perform re-therming.

**6. Food Service.** The following factors must be taken into account when determining staffing levels for the food service section:

a. **Number of Meals and Meal Equivalent Served by Staff.** This includes inpatient meals, outpatient meals, resident meals, meals for non-patients (physicians, volunteers, etc.), and meals sold to VCS for a revenue generating contract, etc. A site producing a higher number of meals and meal equivalents may require additional FTE employee in the food service section.

**b. Meal Delivery System Utilized**

(1) Traditional Hot Assembly Line. This system requires a trayline operation for breakfast, lunch and evening meals. Assembly needs to take place at times close to the actual meal service periods.

(2) Advanced Delivery System. This system allows a site to run assembly for meals in advance. Assembly does not need to occur close to actual service periods, and it eliminates the peaks and valleys throughout the day for meal assembly.

(3) Room Service. Trays are assembled according to specific orders submitted by the patient and delivered within the time specified by NFS.

(4) Selective Menus. Menus which allow the patient to select their food choices require additional staff to maintain the menu, pass the menus, collect the menus, and organize and tally items for meal assembly.

(5) Cafeteria Line. Some sites may utilize a cafeteria, patient, or resident dining room to accomplish patient or resident feeding for certain patient sub-sets (typically psychiatry and rehabilitation patients that are ambulatory). These areas need to be sufficiently staffed to accomplish the patient or resident feeding goal and staffing levels are dependent upon the number of patients or residents served in the cafeteria.

(6) Mobile Serving Cart. Trays may be assembled onsite using a mobile serving cart to allow for patient or resident food selection in a specialized unit such as a Polytrauma unit.

c. **Tray Passing Technique.** The manner in which trays are passed to patients or resident will determine the staffing level necessary to accomplish this function. Most facilities will utilize a variety of tray passing techniques depending on the unit being served. For example, long term care may request a congregate dining room setting where all trays are passed in a resident dining room. Community living centers promote serving family style. The use of trays is discouraged with food being removed from the trays prior to serving the residents. Tray passing includes:

(1) Food service workers, nursing, or other staff passing trays; and

(2) Food service workers trained to participate in assisting with tray set-up and assisting the resident with the meal; in this case, additional NFS staff may be needed.

d. **Nourishment and Tube Feeding Preparation and Delivery.** A facility may utilize multiple ways to accomplish nourishment preparation and delivery, such as:

(1) Snack and hospitality carts may be utilized to pass nourishments in these situations. Food Service carts are stocked and employees go “door-to-door” offering and passing nourishments to patients or residents. NFS must be familiar with the patient’s and resident’s diet and diet restrictions. The number of staff needed for this type of nourishment system is highly dependent on the number of patients or residents served, the number of carts utilized, and the number of times in a day snacks are offered. *NOTE: Snack baskets may be used for additional nourishments throughout the day.*

(2) NFS may deliver between meal nourishment items to patients or residents or deliver “par stock” to unit refrigerators. In this case, nursing passes the items to the patients or residents; this requires less NFS staffing.

(3) Individual nourishments may be ordered. Nourishment area staff prepare individual nourishments per order and attach a label to each order indicating the patient's or resident's name, location, day and time for snack to be given. The nourishments are then delivered either by NFS staff or Nursing staff.

(4) Tube feeding products need to be prepared and delivered to the ward. Certain products may require mixing and reconstitution, which increases the NFS staffing levels.

e. **Meal Plan.** A meal plan of three meals per day may be modified depending on the resident population served in CLCs; for example, a continental breakfast may replace an early morning breakfast.

f. **Special Food Items.** Sites may honor patient or resident special food requests (such as special salads, desserts, and sandwiches). These items may require additional staff to prepare and serve.

g. **Diet Communication Office.** Dependent on the written position description Diet Communication Office staff are usually at a higher grade level; requirements are based on the volume of calls received and the duties assigned. These duties may include:

- (1) Printing, sorting, and updating tray tickets or diet cards;
- (2) Receiving calls from ward staff regarding food service needs, such as late trays, nourishment needs, and tray pick up;
- (3) Copying menus;
- (4) Resolving tray ticket errors;
- (5) Checking traylines; and
- (6) Conducting diet and tray changes.

h. **Location of Preparation Area Compared to Service Area.** If food service staff is required to travel long distances to prepare and pass trays and nourishments, additional staff may be warranted. Time studies may be conducted to determine what level is required. If special equipment is needed to transport carts (i.e., motorized vehicles), additional staff or higher grade staff may be needed.

i. **Trayware.** Use of disposable dishware may eliminate the need for additional staff in the dishwashing area.

j. **Skill Level and Grade of Food Service Staff.** The preceding factors will determine the skill level and grade of food service staff required (see OPM series 7404 and 7408 grading standards when writing position descriptions). *NOTE: A Food Service Matrix is on the NFS*

*Intranet Web site at: <http://vaww.nutrition.va.gov/docs/FoodServiceMatrixSep13-04.xls> under Food Service and Production. This is an internal Web site and is not available to the public.*