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**Medical Operations**

**NUTRITIONAL MEDICINE**

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This manual sets guidelines for providing nutrition education and medical nutrition therapy (MNT) and management of manpower, subsistence, equipment, and expendable supply resources in Nutritional Medicine operations in Air Force medical treatment facilities (MTF). This manual interfaces with AFD 44-1, *Medical Operations*; AFD 40-1, *Health Promotion*; AFI 40-104, *Nutrition Education*; AFI 41-120, *Medical Resource Operations*; and AFI 41-303, *Aeromedical Evacuation Dietetic Support*. Send comments and suggested improvements on AF Form 847, Recommendation for Change of Publication, through channels to 959 MDTs/CC, 2200 Bergquist Drive, STE 1, Lackland AFB, TX 78236-5300. This manual does not apply to the Air Force Reserve and Air National Guard. This instruction requires collecting and maintaining information subject to the Privacy Act of 1975, authorized by Public Laws 91-513 and 92-255; Chapters 13 and 16 of Title 21 U.S. Code (U.S.C.); Public Law 92-129; 5-U.S.C. 501; and 10-U.S.C. 8013. Privacy Act system notice F044 AF SGE, Medical Record System, applies. Ensure that all records created by this AFMAN are maintained and disposed of IAW AFMAN 37-139, *Records Disposition Schedule*.

**SUMMARY OF REVISIONS**

**This document is substantially revised and must be completely reviewed.**

This document combines and updates AFMAN 44-144, Nutritional Medicine Management, AFI 44-135, Clinical Dietetics and the informal *NM Guide*. This publication should be completely reviewed for updates.

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## Chapter 1

### MISSION AND ORGANIZATION

**1.1. Mission.** Nutritional Medicine (NM) promotes sound nutrition practices and healthier lifestyles to ensure maximum wartime readiness to support military contingency operations and quality healthcare in peacetime.

**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 HAWC as appropriate to complete health promotion nutrition education programs and Medical Nutrition Therapy (MNT) to support the Weight and Body Fat Management Program (WBFMP). In clinics, the Medical Treatment Facility (MTF) Commander decides the best location in the organization for Nutritional Medicine personnel. Two desirable locations would be in a Primary Care Clinic or in the Health and Wellness Center (HAWC). Regardless of location, NM personnel will simultaneously provide health promotion nutrition education programs, as well as complete referrals for MNT IAW AFI 44-102, *Community Health Management*. Organizational structure for NM flights and elements is more fully described in **Chapter 3**, Personnel Administration.

## 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. Management planning provides NM an opportunity to establish direction and policies, and 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 should include representation from airmen, civilians, 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. **Attachment 2** shows an example of an action planning worksheet and activities to be completed based on MTF and NM goals and objectives.

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.

**2.2. Performance Improvement (PI).** Performance Improvement is the organized, planned, systematic, and ongoing process to objectively and systematically monitor, evaluate, and pursue opportunities, based on the NM Management plan, to improve services, functions, processes, and/or outcomes. Performance Improvement includes determining the needs and expectations of patients and other customers, prioritizing and selecting processes to be measured, collecting appropriate data, comparing and analyzing data to formulate action plans, and re-assessing the impact of improvements. Performance measures should focus on critical processes in nutrition care, food production and management of personnel and financial resources.

2.2.1. Prioritization of functions, processes, and outcomes to be measured are determined by health needs of our customers (**EXAMPLES:** Nutrition Management Information System (NMIS) outcomes, Health Affairs surveys, population health surveys); management plan goals and objectives (**EXAMPLES:** Outcomes of MNT for management of hyperlipidemia, diabetes, weight control); department process/task analysis (**EXAMPLES:** Kardex accuracy, cost/dining room meal, cost/patient meal, cost/unit, absenteeism per time period, number of work injuries per hours worked, promotions, retention); procedures that are high volume, high risk, high cost, or problem prone (**EXAMPLES:** tray accuracy, patient tray food temperatures, nutrition clinic no-show rates); required by licensing or accrediting bodies (**EXAMPLES:** Joint Commission on Accreditation of Healthcare Organizations (JCAHO) required NPO/clear liquid tracking, nutrient-drug interaction counseling documentation, inpatient screening timeframes, patient tray and menu accuracy); opportunities for improvement as identified by individuals or teams at any level in the organization (**EXAMPLES:** new menu items introduced), required by Command HQ/SG, HQ USAF/SG, or DOD Health Affairs (**EXAMPLE:** Rates of NM personnel meeting mobility requirements).

2.2.2. NM will have Performance Improvement Teams consisting of a team leader, facilitator, recorder and team members as appropriate. Minutes will be recorded and maintained on team meetings.

**2.3. 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.

**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 part of the MTF's Medical Contingency Response Plan (MCRP). 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, disruption of utilities, water purification, sanitation, and fire evacuation. 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.

**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, patient age group considerations, cultural, and nutritional needs.

2.5.1.1. General selective menus are designed to achieve or maintain optimal nutritional status in persons who do not require MNT. These menus should promote the USDA and Department of Health and Human Services (DHHS) Dietary Guidelines for Americans to meet nutrient requirements, promote health, support active lives, and reduce chronic disease risks. Offer a selection of lower fat entrees and salad dressing. Serve whole grain breads, 2 percent fat (or less) milk, and margarine as standard items for all general and soft diets. (Whole milk, however, should be offered on 1-3 year old preschool child menus.) Vitamin C rich food should be offered daily. Vitamin A rich foods should be offered every other day. Consult the *Manual of Clinical Dietetics*, General Diets section, for additional information on planning healthy menus.

2.5.1.2. Regular and therapeutic menus must be evaluated to ensure nutritional adequacy. At a minimum, the regular and selective menus must be compared to the Food Guide Pyramid for nutritional adequacy. NMIS or other commercial nutrient analysis programs may be used for more detailed nutritional analysis.

2.5.1.3. Plan the therapeutic cycle menu, using items on the regular/lower fat & calorie menu as much as possible. Using the therapeutic worksheets, plan therapeutic menu items in the same

sequence as used for the regular menu. To assure maximum variety on severely restrictive diets, develop and use the planned rotation cycles for cream soups, ice creams, supplements, and gelatins.

2.5.1.4. Rotations. Standard daily/weekly rotations should be developed for cream soup, supplements, ice cream, gelatin, juice, fruit, breakfast pastry, sandwiches, pizzas, salad bar, and short order grill items, as necessary.

2.5.1.5. The hospital master menu should be written in a format that can easily be transferred to the general selective menu forms, AF Forms 1737, or 1739, **Selective Menu**, and reproduced. Use three-way perforated menus with centralized tray assembly operations. Use six-way perforated menus with hot and cold food carts.

2.5.1.6. Menus should be updated and modified at least annually, eliminating unpopular items, and adding new items to the menu.

## 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 the **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	1	1	1
4	1	1	2
5	1	1	3
6	1	1	4

3.1.1. With the exception of organizations that support the Chief Consultant to HQ USAF/SG for Nutrition and Dietetics or those supporting the US Military Dietetic Internship Consortium, all registered dietitians, other than the squadron or flight commander will be assigned to patient care or health promotion positions. Only Wilford Hall USAF Medical Center is authorized a Chief, Food Production and Service. 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 titles for officer and enlisted personnel will conform to the standardized job titles described in the Addendum to the 1996 Objective Medical Group (OMG) Implementation Guide. A staffing plan must be developed and available in each section to ensure an adequate number of personnel are available.

### **3.2. Duties.**

3.2.1. 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 support to clinical dietetics, 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 and performs technical nutrition care functions, 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 and responsibilities and written performance standards must be available for each duty position. These documents are reviewed during the initial interview, orientation, and an on ongoing basis throughout an individual's tour of duty.

**3.4. Competency Assessment.** NM Squadron/Flight Commander/Element Chief will ensure that policies, procedural guidelines, and national care standards are followed IAW AFI 44-119, *Clinical Performance Improvement* 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 they provide.

3.4.1. Dietitian Credentialing and Privileges. Registered dietitian competency is documented through the credentialing and privileging process. Active duty, reserve, 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 American Dietetic Association (ADA)-approved didactic program in dietetics; written verification of successful completion of one of the following ADA-accredited supervised practice programs: Dietetic Internship, Preprofessional Practice Program (AP4), Coordinated Program in Dietetics; written verification of current registration by the American Dietetic Association (ADA) *OR* written proof of eligibility to take the ADA registration examination. Registration status must be obtained prior to entry on active duty, if applicant entered the Air Force as a "fully qualified" dietitian. If applicant is a graduate of the US Military Dietetic Internship Consortium, registration must be obtained within one year of graduation.

3.4.1.1. Specialized roles subject to advanced certification are Certified Nutrition Support Dietitian (CNSD) and Certified Diabetes Educator (CDE). CNSD certification is granted by the American Society of Parenteral and Enteral Nutrition (ASPEN). The National Certification Board for Diabetes Educators (NCBDE) grants CDE certification. In addition to the core privileges of the Registered Dietitian, the CNSD may be privileged to order: tube feedings (TF), 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. The CDE dietitian may practice as a case manager. In addition to the core privileges of the registered dietitian, the CDE dietitian may be privileged to: regulate insulin; and educate patients on the use of a glucometer. When privileged to perform as a CNSD 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 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 the skill level commensurate with their grade, and attend Professional Military Education appropriate for their grade. Diet Therapy Craftsmen working in HAWCs should attend Nutrition In Prevention, Diet Therapy Supplemental (J3AZR4D070-00X) course.

3.4.2.2. . Enlisted Specialty Training (EST). Enlisted Specialty Training (EST) will be conducted IAW AFI 36-2201v3, *Air Force Training Program, On the Job Training Administration*. All training will be annotated on AF Form 1098, **Special Task Certification and Recurring Training**, for diet therapy specialists. A 6-part training folder must be maintained for each diet therapy specialist assigned.

3.4.2.3. Diet Authorizations. A military registered dietitian must use AF Form 628, **Diet Instruction/Assessment Authorization**, to evaluate and authorize diet therapists to: complete nutrition screenings and nutrition assessments, nutrition progress notes in patient's medical records and perform patient and family education. Diet authorizations are valid for two years. Contract dietitians are not allowed to evaluate and perform diet authorizations for diet therapy personnel. When significant changes in diet instruction materials or nutrition practice occur within the two-year period, a reauthorization by a military registered dietitian must be accomplished.

3.4.2.4. Dietary Manager's Association (DMA). Dietary Manager's Association certification for diet therapy personnel is encouraged.

**3.5. Work Schedules and Daily Assignments.** The NM Work Schedule contains the names of all persons employed by, assigned to, or attached to NM. Personnel, when possible, should be scheduled for a 40-hour week of 8 hours per day, 5 days per week, unless local directives prescribe an alternate scheduling procedure. NOTE: The meal period is not counted as work time for MEPRS accounting. The schedule must forecast each person's duty day, hours of duty, and days off. The NM work schedule, three or more weeks in length, must be prepared and posted at least one week in advance of the start date. Use AF Form 2578, **Medical Food Service Work Schedule**, or an applicable substitute. Maintain completed copies of the work schedule for one year. Post unplanned work schedule changes as they occur. Use AF Form 2581, **Daily Absenteeism Record**, or SF 71, **Application for Leave**, for civilian employees. Develop an annual leave plan at the beginning of each calendar and fiscal year for civilian and military personnel, respectively and update IAW local policy. 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 and civilian employee within the first 30 days of employment. Orientation must include NM mission

and values, 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 patient served and includes the ability to obtain and interpret information in terms of the patient's needs, knowledge, growth and development as well as range of treatment options. This training must be provided before staff work with specialized age groups.

3.6.3. In-service training. Recurring training/in-service training should be based 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. An annual in-service training schedule must be established and documented. The following training must be provided on an annual basis:

3.6.3.1. Fire Safety/Safety.

3.6.3.2. Federal Hazard Communication Training and Workplace Specific Hazard Communication Training (HAZMAT). All training will be documented on AF Forms 55, **Employee Safety and Health Record**. Handling of hazardous materials is also briefed on employees' initial and annual Occupational Safety and Health Administration (OSHA) training. The training will be given individually and in small groups by authorized trainers.

3.6.3.3. Disaster Preparedness/Readiness.

3.6.3.4. Anti-Robbery/Resource Protection.

3.6.3.5. Food Handlers Training IAW AFI 48-116, *Food Safety Program*.

3.6.3.6. Infection Control/Bloodborne Pathogens.

3.6.3.7. Basic Life Support (BLS)/Obstructed airway will be conducted biennially.

3.6.4. In-service training should be evaluated using written post-quiz, skill demonstration, group discussion or other evaluation methods. In-service training shall be documented to include date conducted, learning objectives, detailed topic outline, names of attendees at initial session and instructor. A method of training personnel not in attendance at the initial session must be identified. Documentation of training must indicate that personnel on all shifts have received the training. A dietitian or NCO will ensure effective preparation, presentation, and documentation of each session.

3.6.5. Coordination of Formal Training. Support for coordinated undergraduate, professional practice, and advanced degree dietitian programs, or independent study programs for dietary managers must be coordinated through the Chief Consultant to the USAF Surgeon General for Nutrition and Dietetics to ensure that support will be likely to continue during the tenure of future assigned dietitians. Additional staffing will not be authorized to support these programs.

**3.7. Performance Feedback.** Performance Evaluations and Performance Feedbacks are completed and reviewed with each staff member. Supervisors of civilian employees are to conduct feedback sessions and document in the employees AF Form 971, **Report on Individual Personnel**, according to local procedures and IAW AFI 36-1001, *Managing the Civilian Performance Program*. Military members will receive feedback IAW AFI 36-2406, *Officer and Enlisted Evaluation Systems*.

## Chapter 4

### NUTRITION AND HEALTH PROMOTION

**4.1. Air Force Health Promotion Program.** The purpose of the Air Force Health Promotion Program (HPP) is to enhance readiness through optimal health and total force fitness. Health Promotion programs are dedicated to health, force enhancement, disease and injury prevention, and health risk identification and reduction of all Air Force personnel and their families (AFI 40-101, *Health Promotion Programs*). Both nutrition education and MNT provided by NM personnel in MTFs and HAWCs are used to support the goals of Air Force HPP to promote health awareness, education, and intervention.

**4.2. Population-Based Health Care.** Population-based health care is the process of improving the overall health of a defined population through needs assessment, proactive delivery of preventive services, condition management, and outcomes measurement. Its objectives are to: describe population demographics, needs and health status of the enrolled population; deliver preventive services proactively; manage medical and disease conditions; and facilitate a total community approach. Determining appropriate types of nutrition education programs and MNT services should start with a population needs assessment. A needs assessment includes a determination of the population demographics, patient health needs, TRI-CARE entitlements, provider needs, health practices, and service/program utilization data.

**4.3. Nutrition Education and Force Enhancement.** Nutrition education should be an integrated component of many health promotion programs: total fitness enhancement, tobacco use reduction and cessation, cardiovascular disease prevention, cancer prevention, alcohol and drug demand reduction, injury prevention, stress management and health promotion programs for various age groups.

4.3.1. Nutrition education is the provision of basic nutrition information to enhance awareness, provide general nutrition principles and guidelines and offer generalized written nutrition information. This first tier in nutrition services is basic nutrition education and advice, which is generally provided incidental to other health services. Nutrition Education can be conducted in a group or individual encounter, however it does NOT include an individualized diet prescription (e.g., 1800 calorie). Nutrition education can be provided by NM personnel or by most health care professionals who have had basic academic training in food, nutrition, and human physiology (e.g., physicians, nurses, pharmacists). Nutrition education may be performed in MTFs, HAWCs, workcenters, and throughout the community.

4.3.2. Some examples of nutrition education include: very brief discussion of nutrition during a provider visit/provision of initial materials, referral and follow-up instructions; commissary tours; cooking demonstrations; HAWC nutrition classes; computer-assisted nutrition education; nutrition booths at health fairs; newspaper articles on nutrition.

4.3.3. NM personnel assigned to HAWCs should obtain additional certifications to increase flexibility, credibility and enhance their ability to support the nutrition components of other HAWC programs. Health promotion orientation, certification to perform cholesterol checks from the laboratory, and personal trainer certifications from reputable organizations are examples of additional recommended training. NM personnel pursuing additional certifications must check with the Associate Chief, BSC, for Nutrition and Dietetics or Career Field Manager to ensure that the certifications are addressing Air Force needs.

**4.4. Health Promotion and MNT.** The second tier of nutrition services is MNT, which involves the secondary and tertiary prevention and treatment of specific diseases or conditions. MNT is the highly individualized in-depth assessment of the nutrition status of a patient followed by therapy to include diet modification and management of appropriate nutrient intake and self-management training. (See [Chapter 5](#), Nutrition Care, for more information on MNT).

4.4.1. MNT can be performed at both MTFs and HAWCs as an important component in health promotion to enhance an individual member's fitness and performance, to reduce health risks and prevent disease. MNT may be provided at HAWCs only by privileged dietitians and/or authorized and supervised diet therapy personnel. There must be access to patient records, appropriate medical record documentation in JCAHO format, and workload and outcomes recording and reporting. All MNT provided will be reported under the BALA UCA code.

4.4.2. MNT differs from nutrition education in the several important ways. MNT requires an individual prescription indicative of medical significance (e.g., 1500 calorie Weight Reduction). It is offered in separate 30-60 minute, highly individualized visits/group encounters. MNT is provided by registered dietitians who are privileged providers and/or authorized, supervised diet therapy personnel. MNT monitors outcomes, evaluates progress, and reinforces progress toward specific goals. MNT must be documented in SOAP/R format in the medical record

4.4.3. The 90-day diet and exercise program is considered to be MNT and is normally offered at HAWCs to support the active duty population (AFI 40-502, *The Weight And Body Fat Management Program*). The preferred 90-day diet program is one that is multifactorial, including diet education, exercise information, lifestyle change, and behavior modification. Examples of such programs are *The Sensible Weigh* and the LEARN® program.

## Chapter 5

### NUTRITION CARE

**5.1. Medical Nutrition Therapy.** MNT is the assessment of the nutritional status of a client, followed by therapy, ranging from diet modification to the administration of specialized nutrition therapies such as intravenous or tube feeding. MNT includes review and analysis of medical and dietary history, laboratory values, and anthropometric measurements. It involves management of appropriate nutritional intake and self-management training

5.1.1. Evidence-Based Care. MNT should be provided according to evidence-based standards and protocols IAW the VA-DOD Clinical Practice Guidelines and the ADA MNT Evidence-Based Guides for Practice (formerly referred to as the ADA MNT protocols) The most current edition of The American Dietetic Association's *Medical Nutrition Therapy Across the Continuum of Care* should be used or the latest electronic version available, if applicable, as the preferred sources for evidence-based standards of care. MNT is performed for both inpatients and outpatients.

5.1.2. Prescribing and Ordering MNT. Physicians and other providers such as dentists, certified nurse-midwives (CNM), physician assistants, nurse practitioners, or registered dietitians may prescribe MNT in accordance with their MTF clinical privileges. MNT must be an integral component of medical care for patients with diseases including, but not limited to, Diabetes, Pediatric Failure To Thrive, Dyslipidemia, Hypertension, Malnutrition, High Risk Pregnancy, Renal Disease, Complicated Inflammatory Bowel Disease and patients on enteral and parenteral feedings as described in AFI 44-102.

5.1.2.1. For inpatients, the diet order, nourishments, nutritional supplements, initial nutrition assessments, re-assessments, and laboratory tests are ordered, along with any changes or verbal prescriptions, on AF Form 3066, **Doctor's Orders** or electronic equivalent. Inpatient MNT is provided without consult. Requests for MNT for outpatients are indicated in the provider's notes on SF 600, **Chronological Record of Medical Care**, SF 513, **Medical Record Consultation Sheet** or electronic consult.

5.1.2.2. Standardized diet terminology conforming to the ADA *Manual of Clinical Dietetics* must be used. Any non-standardized diet orders must be clarified with the provider. Nursing service will ensure prompt delivery of inpatient MNT consultation requests from the inpatient unit.

5.1.3. MNT Providers. Registered dietitians and/or authorized diet therapy personnel under the supervision of a registered dietitian are the providers of choice for MNT to outpatients and inpatients per AFI 44-102 and AFI 44-119. Registered dietitians will provide MNT IAW their MTF clinical privileges. Diet therapy craftsmen will provide MNT as authorized by AF Form 628, **Diet Assessment/Instruction Authorization**.

5.1.3.1. Technicians will not be authorized to provide MNT for eating disorders or pediatric failure to thrive. These individuals must be referred to a registered dietitian. Technicians providing MNT for patients with gestational diabetes must have AF Form 628 documenting their annual certification, signed by their MAJCOM consultant RD, and should always be under the supervision of a registered dietitian who has privileges to provide that type of care.

5.1.3.2. When MTFs have no dietitian or diet therapy personnel assigned, the MTF Commander must consider other options to ensure that inpatients and outpatients receive high quality nutrition

services. Options include assigning a dietitian as full-time health promotion officer with additional responsibility for providing nutrition care as needed, or hiring a part-time civilian registered dietitian or contracting for registered dietitian services. Nutrition care services via telemedicine may be feasible.

5.1.4. MNT Outcomes and Outcomes Management. MNT outcomes are the clinical, functional, behavioral, and quality-of-life outcomes that are the result of receiving MNT. MNT outcomes are used by MNT providers to guide the treatment process and to demonstrate value and accountability of care. MNT outcomes management is the process of measuring, and monitoring MNT outcomes. Documenting and tracking outcomes will be done to illustrate the value of MNT to case managers, other providers and administrators. Each MTF will ensure that their MNT is effective through identifying, prioritizing and tracking assessment factors significant for their patient groups receiving nutrition services. Outcome assessment factors chosen for review should be those that are important and relevant to each MTF, its interdisciplinary teams, case managers, and disease and condition management programs.

5.1.5. Medical Liaison. The MTF Commander must appoint a physician provider to act as Medical Liaison with NM to review diet manual and MNT protocols, perform records review, and address other NM issues at all facilities, including those with a registered dietitian assigned.

## 5.2. Standards and References.

5.2.1. Diet Manual and Supplements. NM will use the current American Dietetic Association's *Manual of Clinical Dietetics* (also referred to as the ADA Diet Manual) as its primary diet manual. To assist providers in prescribing appropriate diets and using standardized terminology, each MTF will centrally locate at least one current copy of the ADA Diet Manual. MTFs using the Composite Health Care System (CHCS) diet file, updated with the current *ADA Diet Manual*, need not maintain diet manuals on each inpatient unit. MTFs needing copies of the ADA Diet Manual for inpatient units and clinics must purchase these manuals from the American Dietetic Association, 120 S. Riverside Plaza, Chicago, IL 60606-6995, 1-800-877-1600 EXT 5000 or <http://www.eatright.org>.

5.2.1.1. AFMAN 44-139, *Clinical Dietetics*, is the Air Force supplement to the ADA Diet Manual. It provides menu patterns, patient education materials (may be reproduced locally), and additional information to adapt the ADA Diet Manual to meet Air Force requirements. Local supplements to the ADA Diet Manual may be developed to meet the special needs of the MTF. The use of diets and menu patterns not located in the *ADA Diet Manual* is generally discouraged and MTF-specific diets/meal patterns must be approved by the MTF's Medical Liaison.

5.2.1.2. Required Review of Diet Manual. Each MTF's professional staff must review the ADA Diet Manual, AFMAN 44-139, and any locally approved supplements every three years, or earlier if indicated by major content revisions. A signed letter from the Chief of Hospital Services approving use of the diet manual and any local supplements should be inserted in the front of each diet manual. At facilities where no dietitian is assigned, other patient education materials must be reviewed and approved for use by the MAJCOM Consultant Dietitian.

5.2.2. Patient Education Materials. Reproducible patient education materials that conform to the ADA Diet Manual are available in *Patient Education Materials and Instructor's Guide: A Supplement to the Manual of Clinical Dietetic*. Each MTF orders a set of these materials from ADA as they are

updated every 3 to 4 years. The OIC or NCOIC of NM keeps and reproduces these masters for patient education.

5.2.3. VA-DOD Clinical Practice Guidelines. Nutrition Practice Guidelines are systematically developed statements or specifications, based on scientific evidence and/or verified through rigorous testing, which are designed to help practitioners and clients choose appropriate nutrition care for specific disease states or conditions in typical settings. The VA-DOD Clinical Practice guidelines or other validated guidelines should be used in developing nutrition care. The VA-DOD guidelines are available at <https://phsd.afms.mil/PHSO/indexPHSO.htm> under the “Programs/Tools” section on the menu bar.

5.2.4. MNT Evidence-Based Guides for Practice or Protocols. MNT Evidence-Based Guides for Practice or Protocols are plans or sets of steps, developed through a consultative process by experts and practitioners, which incorporate current professional knowledge and available research, and clearly define the level, content, and frequency of nutrition care appropriate for a disease or condition. The preferred source for MNT Protocols will be the most current electronic edition of *Medical Nutrition Therapy Across the Continuum of Care* (however, some protocols may still only be available in the hardbound edition), available from the American Dietetic Association. Each MTF’s professional staff will review the MNT Evidence-Based Guides for Practice or Protocols for approval in conjunction with the review of the ADA Diet Manual.

**5.3. Patient Rights and Privacy.** 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, and special needs are met. Efforts to ensure patient privacy should include shielding all patient information from plain view in work areas and discussing patient information only in private areas. Individual patient information should not be discussed in group nutrition classes. Records should be protected, disclosed, and destroyed IAW AFI 33-332, *Air Force Privacy Act Program*.

#### **5.4. Nutrition Assessment.**

5.4.1. Nutrition Screening. Using an integrated, interdisciplinary approach, a nutrition screening process must be developed and tailored for each MTF to determine both inpatients and outpatients at nutritional risk.

5.4.1.1. Inpatient screening must be accomplished within 24 hours of admission and must include criteria for any age-specific or disease-specific needs (e.g. pediatric, obstetric) of patients receiving care at the MTF. Pre-admission screening, inclusion of nutrition screening with admission packets/initial patient assessments and nutrition screening questionnaires or forms used by diet therapy personnel are possible techniques to be used, depending on the facility’s resources and needs. Procedures for patients staying on inpatient units less than 24 hours (Ambulatory Surgery), Intensive Care or any other special care units must also be developed. Basic adult inpatient nutritional screening criteria should include current gastrointestinal problems, appetite changes, recent significant weight loss, diseases that include significant nutritional risks, special dietary needs, food allergies and nutrition education needs.

5.4.1.2. Considerations when conducting inpatient obstetric nutrition needs assessment/screening should include current gastrointestinal problems, appetite changes, recent significant weight loss, diseases that include significant nutritional risks, special dietary needs, food allergies and nutrition education needs as well as an assessment of weight gain, and an evaluation of conditions specifi-

cally pertinent in pregnancy such as anemia, gestational diabetes, pre-eclampsia, toxemia, and hypertension.

5.4.1.3. Inpatient pediatric nutrition needs assessment/screening criteria should include an assessment of weight for age, weight loss, special dietary needs, food allergies, chronic illnesses, and nutrition education needs.

5.4.1.4. Outpatient nutrition screening should initially target patient populations at high nutritional risk (e.g. oncology, prenatal) and procedures coordinated to allow interdisciplinary outpatient clinic support of the process. If an outpatient is screened and determined to be at severe nutritional risk, every effort should be made to counsel the patient within 72 hours. Prenatal nutrition screening for outpatients should be accomplished at the obstetrical orientation or according to local policy. Outpatient screening criteria should include current gastrointestinal problems, appetite changes, recent significant weight loss, diseases that include significant nutritional risks, special dietary needs, food allergies and nutrition education needs.

5.4.1.5. Local operating instructions or MTF policies should detail both inpatient and outpatient populations to be screened, screening criteria and local processes and documentation techniques used. All involved disciplines should be informed and educated on screening criteria, processes, and documentation.

5.4.2. Initial Nutrition Assessment. Initial Assessments will be performed for both inpatients and outpatients determined to be at nutritional risk. Clinical dietitians or authorized diet therapy personnel will complete an initial nutrition assessment of all inpatients identified by the nutrition screening process to be at nutritional risk within 48 hours of patient's admission. All patients receiving therapeutic diets, tube feedings and/or parenteral nutrition, along with patients undergoing ordered calorie counts or having been NPO or on only clear liquids by day 4 for ICU and day 6 for other inpatient units, will receive an initial nutrition assessment. Initial nutrition assessments will also be performed at the request of the provider via SF 513 or electronic consult.

5.4.2.1. MNT Evidence Based Guides for Practice or Protocols and/or Clinical Practice Guidelines should be used to determine appropriate criteria for inclusion in the initial nutrition assessments for both outpatients and inpatients.

5.4.2.2. The initial nutrition assessment includes a medical record review, physical exam as appropriate, discussion with nursing and medical personnel, as well as a patient/family interview when possible. The initial nutrition assessment may include the following information, as appropriate.

5.4.2.2.1. Patient Information: age, gender, ethnic background, language spoken, educational level, occupation/hours worked, activity level, household members, religious, economic or psychosocial factors.

5.4.2.2.2. Patient Medical History: medical diagnoses or conditions, family medical history, onset of current problems, current medications along with dosage and frequency, nutrient-drug interactions, weight history, oral/gastrointestinal functioning, laboratory tests.

5.4.2.2.3. Patient Nutrition History: current and previous MNT, appetite, feeding problems, vitamin/mineral intake, food/supplement allergies/aversions/intolerances, food purchase/preparation information, food assistance needs, dietary intake analysis, and receptivity to change.

5.4.2.2.4. Anthropometric measurements: includes height, weight, skinfold measurements, mid-arm and mid-arm muscle circumferences, elbow breadth, and wrist, waist, hip, and neck circumferences, as appropriate.

5.4.2.2.5. Physical Exam: clinical signs and symptoms of nutritional deficiencies. Includes subjective global assessment.

5.4.2.2.6. Nutrition classification category: includes use of local policy and ICD-9-CM classification system for assigning a suitable nutritional classification category, as appropriate, based on evaluation of nutritional and medical histories, anthropometric data, laboratory values, and clinical judgment.

5.4.3. The Initial Nutrition Assessment must be documented on a locally developed Initial Nutrition Assessment Form, or in SOAP/R or Nutritional Diagnostic Charting format on SF 513, SF 509, **Medical Record Progress Note** for inpatients or SF 600 for outpatients. If a SF 513 or a locally approved form is submitted to a patient record, a short note referencing its completion and inclusion should be added sequentially to the progress notes section of the record.

5.4.3.1. SOAR/P Method Charting. The general meaning of each initial in SOAP or SOAR is as follows: Subjective (S) - Concerns, perceptions, attitudes reported by the patient, family, or other source not directly verifiable; Objective (O) - Factual, verifiable information such as laboratory data, height and weight measurements, or nutrient analysis, which is related to the patient's nutritional status or medical problem; Assessment (A) - Impression, interpretation, or judgment based on the analysis of factual data and reference materials; Recommendation (R) - Recommended course of action based on findings in the assessment. Plan (P) - Course of action to be taken for diet modifications and adjustments, patient education, progress evaluation, and continuing care. This section can also be used to indicate preventive health and nutrition recommendations for the patient.

5.4.3.2. Nutritional Diagnostic Charting. Nutritional Diagnostic Charting is a concise, patient-oriented charting method that may be used to communicate and document nutrition assessments and care in preference to the SOAR/P method. In Nutritional Diagnostic Charting three components are written in a Nutritional Diagnostic Statement: Problem/s or Nutritional Diagnostic Category (NDC); Etiology; Signs, symptoms and/or other defining characteristics that relate to the identified problem or NDC. [Attachment 3](#) shows an example of Nutritional Diagnostic Charting.

5.4.3.3. Other forms that may be placed in the medical record to support nutrition assessments include: AF Form 2572, **Nutritional Assessment of Dietary Intake**; AF Form 2508, **Calorie Count** which is ordered and stocked by nursing personnel to be used when a daily dietary assessment of nutrient intake is ordered by an authorized health care provider. Nursing service uses DD Form 792, **Twenty-four Hour Patient Intake and Output Worksheet**, to record the exact amounts of fluids consumed by a patient and AF Form 3067, **Intravenous Record**, to record intravenous fluid intake. The dietitian or authorized diet therapy personnel or supervisor uses the information written on all of these forms to perform the daily dietary analysis.

5.4.3.4. All medical record entries must include the date and time (inpatient only), signature and information in [Figure 5.1](#).

**Figure 5.1. Medical Record Signature Format.**

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

5.4.3.5. The NMIS MNT module may be used to assist in nutrition assessment tasks, such as assessment of weight desirability, identification of any nutritional deficiencies of prescribed diet, identification of abnormal laboratory findings commonly associated with inpatients at nutritional risk (i.e. serum albumin, blood urea nitrogen, glucose, triglycerides, cholesterol, iron, and total iron binding capacity). NMIS MNT module may also be used to collect patient historical data and print out an Initial Assessment Report.

**5.5. Nutrition Care Plans.** Nutrition Care Plans are developed by dietitians for both inpatients and outpatients. The nutrition care plan should be part of a multidisciplinary patient care plan whenever possible. Actively participating in interdisciplinary team meetings, unit rounds, education working groups and discharge planning conferences are methods that should be used to facilitate multidisciplinary care plans. The Nutrition Care Plan should include a Problem/Diagnosis List, Goals and expected time frames to accomplish, and the Plans and Therapeutic Interventions planned. Forms and administrative procedures may differ from facility to facility, however the standard of care provided will be equivalent in each MTF. The Nutrition Care Plan must be documented using a locally approved overprint or in SOAP format on SF 509, SF 513, or SF 600. The NMIS MNT module may be used to develop, store and print both Standard Care Plans for Diagnoses and individualized Patient-Specific Care Plans.

**5.6. Nutrition Re-Assessment.** Re-assessment will be done at regular intervals to determine the patient's response to MNT. Re-assessment will also be done when a significant change occurs in the patient's condition, or when a significant change occurs in the diagnosis, and prior to discharge, as appropriate. A local instruction should be developed for each MTF to detail frequency of nutrition re-assessment procedures for inpatients and outpatients. All inpatients previously determined to be at nutritional risk generally should be reassessed weekly, or more often depending on the patient's clinical course. Stable, long term patients or those designated as "Do Not Resuscitate (DNR)" may require less frequent evaluation or review only if the diet changes. Re-assessments will be documented on the Nutrition Care Plan or in SOAP or Nutritional Diagnostic Charting format on SF 509, 600, or 513.

**5.7. Inpatient Dietary Patient Rounds.** Inpatient dietary rounds during meal service are used to physically observe patients' tolerance and satisfaction with the nutrition care plan, to obtain additional patient information for assessments/re-assessment, planning non-selective therapeutic diets, to provide diet rationale overview and menu selection assistance, and to observe patient tray and nourishment accuracy. For inpatients on non-select therapeutic diets, information on food preferences and any food intolerances should be obtained within 24 hours after the therapeutic diet is ordered. Patient food allergies should be obtained the same day the therapeutic diet is ordered. Local instructions should outline how often patients

on non-selective therapeutic diets should be visited on dietary rounds. Information from dietary rounds is recorded in the patient kardex on AF Form 1741, **Diet Record** or **NMIS Patient Kardex**.

**5.8. Ordering Inpatient Meals and Nourishments.** Nursing service uses AF Form 1094, **Diet Order** and AF Form 2567, **Diet Order Change**, to order diets and individual nourishments from NM; order tube feedings and nutritional supplements; notify NM of any food allergies, ages of patients, special tray preparations; record new patient admissions, discharges, or transfers; identify patients on NPO status or out on pass; identify patients receiving parenteral nutrition; indicate Medical Expense Performance Reporting System (MEPRS) codes for patients receiving pharmaceutical enteral food items.

5.8.1. Nursing service submits a new AF Form 1094 each day before 0500 hours, and changes twice daily on AF Form 2567, usually NLT 1000 and 1500 hours or according to local procedures. Care must be taken that for patients who are "Hold/NPO," that the actual meal not provided is indicated as "B" or "L" or "D" instead of simply indicating an "X." When there are no changes, an AF Form 2567 should still be prepared, indicating "no changes" and submitted. All telephone changes should be followed in writing on the next AF Forms 1094 or 2567 submitted. At facilities using computerized diet order forms, or CHCS diet order entry functions, appropriate local procedures must be identified. Diet orders must comply with the *ADA Diet Manual*. NM clarifies ambiguous diet orders and updates AF Form 1094 as changes occur. For patients who need cooked therapeutic in-flight meals (CTIM) for the aeromedical evacuation system, diet orders phoned to NM from the inpatient units are recorded on AF Form 2464, **CTIM Telephone Diet Order (for C-9 and C-141 Flights)**, or an equivalent (see AFI 41-303). NMIS and CHCS may be used to identify patients on units and order diets and nourishments.

5.8.2. Nourishment Service.

5.8.2.1. Individual Nourishments. Some, but not all, therapeutic diets have nourishments as a basic part of the diet (Ref: AFMAN 44-139). If a dietitian or other authorized health care provider determines that a patient needs a nourishment which is not already included, he or she may order a nourishment consistent with the diet order for the patient. These individual nourishments are written on AF Form 2568, **Nourishment Request**, or on AF Form 1094, and sent to Nutritional Medicine. NM personnel do the following: ensure individual nourishment requests are in compliance with the diet order; maintain a nourishment kardex; annotate and insert or remove AF Form 2579, **Nourishment**, or NMIS equivalent, for patients whose diet order requires a standard nourishment and for patients who receive individually ordered nourishments. NM must prepare labels for each individual nourishment, including the patient's name, inpatient unit, room number, hour to serve, food item, preparation date and time, and expiration date. Nursing service will deliver and serve nourishments to patients.

5.8.2.2. Bulk Nourishments. Nursing service staff orders beverages and other bulk nourishments daily on AF Form 2568. The order should be based on patient count, diet orders, and stock on hand IAW directions provided on the form. NM staff approves and prepares the nourishment request. Inpatient unit, food item, date and time prepared, and expiration date must be on all bulk nourishment labels. Nourishments are provided for patient feeding only, not for staff and visitors. Bulk nourishment requests must be reviewed/signed by the unit nurse and reflect the current census. Local NM instructions should outline appropriate time frames for nursing service to deliver diet and nourishment ordering forms, along with any ordering needs for specialized units.

5.8.2.3. Inpatient Nourishment Refrigerators. Nursing service must monitor temperatures in inpatient refrigerators and freezers used for patient nourishments. Temperatures must be monitored

three times a day with refrigerator and freezer thermometers located in the interior of the equipment and recorded on a locally developed temperature chart. The outside temperature gauge on refrigerators and freezers is not always reliable and will not be used to monitor interior temperatures. Acceptable temperature ranges should adhere to the FDA Food Code and local policy must indicate specific procedures to be followed should temperatures not meet standards. Acceptable ranges for refrigerators and freezers are: 34 to 40° Fahrenheit and -10 to 10° Fahrenheit respectively.

## 5.9. Inpatient Meal Service.

- 5.9.1. Tray Identification and Menu Slips. Use menu slips to assemble and identify food trays for inpatients.
- 5.9.2. Selective Menus. Overprint blank selective menu forms with local menus, then distribute and collect them using local procedures.
- 5.9.3. Nonselective Menus. NM personnel prepare nonselective menus using the dietary kardexes, AF Forms 1094 and 2567, therapeutic worksheets, and the individual patients' menu pattern. Menu patterns will be modified based on food tolerances, food allergies, preferences and diet order. The NMIS MNT module may be used to prepare and maintain menus. Use the menu forms in **Table 5.1**.
- 5.9.4. 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.
- 5.9.5. 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.
- 5.9.6. 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."
- 5.9.7. Mothers of breast-fed pediatric inpatients. Treat as a patient and maintain usual kardex entries, if necessary.

**Table 5.1. Menu Forms.**

<i>DIET</i>	<i>COLOR</i>	<i>3-way</i>	<i>6-way</i>
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

**5.10. Dietary Kardexes.** Use dietary kardexes to write therapeutic menu patterns. As needed, place an AF Form 1741 in the dietary kardex for patients on therapeutic diets, except clear, full and T&A liquids, T&A soft, and no added salt diets. An AF Form 1741 may be kept for any patient on any diet if the dietitian or diet therapy technician determines it is needed. The AF Form 1741 is used to record future medical and dietary treatment and communicate nutritional care to other dietitians and diet therapy personnel. On the front, record pertinent data such as patient's height, weight, age, sex, diet order, food likes and dislikes, dates of patient interviews, medical record entries, and diet orders. (Initials are used when more than one person performs dietary rounds or charting). Keep a complete record of the patient's nutritional care during his or her entire hospital stay. As appropriate, update the kardex by recording pertinent information from dietary rounds, AF Forms 1094, medical records, lab printouts, and dietary calculations. Use the reverse side (diet calculation side) of AF Form 1741 to compute nonstandard therapeutic diets.

5.10.1. Therapeutic Menu Pattern Cards. These cards, or an appropriate substitute, match the therapeutic menu patterns. Local reproduction of the cards in color-coded card stock is authorized, if available. Modify the cards to reflect the dietary restrictions and preferences of the patients for use daily when writing the therapeutic menu patterns. The reverse side of the cards may be printed with a meal record format to record meal attendance of outpatients receiving therapeutic diet meals.

5.10.2. NMIS MNT electronic dietary kardex be may used to record patient's dietary information.

**5.11. Meal Hours.** The MTF Commander approves meal hours for the dining room and patients. For inpatients, the number of hours between the evening meal and breakfast the following morning must not exceed 15 hours. 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.

**5.12. Bedside Tray Service.** Nursing service prepares patients for eating (raises the bed, clears bedside tables, and so on) checks trays against diet orders before serving, and helps patients feed themselves. Nursing service supervises serving food to bed patients when no dietitian is assigned. (**NOTE:** This instruction does not relieve the NM Officer or diet therapy supervisor of the responsibility for checking patient tray service). 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. 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.

5.12.1. 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, 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.

5.12.2. 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.

5.12.3. 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.

**5.13. Enteral Tube Feedings.** Providers will order appropriate enteral feedings on AF Form 3066, Doctor's Orders, indicating product name, strength, and rate. If rate of feedings is less than 24 hours, indicate the times of feedings and total number of cc per day.

5.13.1. Nursing Service personnel will order enteral feedings on AF Form 1094, Diet Order, AF Form 2567, or appropriate computerized substitute, indicating the patient's name, UCA code, room, product name, strength and rate required. Nursing Service is responsible for diluting products not requiring mixing and administering all feedings to the patient IAW the physician's orders. Feeding bags are procured by the inpatient unit/ASF from Medical Materiel. A local policy must be developed on ordering, preparing, and delivering enteral feedings. Hang-times for open-system tube feedings should not exceed four hours. Ready-to-hang, closed systems cannot hang for more than 24 hours.

5.13.2. In MTFs where there is a dietitian assigned, NM will maintain an adequate supply of enteral feeding products, prepare (if indicated) and deliver enteral feedings to the inpatient unit. Enteral feedings are routinely prepared for a 24-hour period. In MTFs where no dietitian is assigned, tube feedings and medical foods sold by pharmaceutical companies may be purchased, prepared and dispensed by the Pharmacy or Nursing Service. Tube feedings and medical foods are not normally issued to outpatients in CONUS medical facilities. The MTF Commander has the prerogative to grant approval for the pharmacy to dispense these items on a patient-by-patient basis. Medical foods for outpatients with inborn errors of metabolism may be requested and dispensed by the pharmacy on the written prescription of a provider (AFI 44-102). The enteral formulary must be approved by a multi-disciplinary committee, normally the Pharmacy and Therapeutics Committee. Infant formulas are not procured, stored, or supplied by Nutritional Medicine. See paragraph 6.2.2. for further information on infant formulas.

5.13.3. Clinical dietitians will advise the physician concerning nutrient composition and administration rates of products available and will provide MNT to patients receiving enteral feedings through an initial nutritional assessment and Nutrition Care Plan. Re-assessment should occur as determined by the individual patient's nutrition care plan and local policy.

**5.14. Parenteral Nutrition.** Parenteral nutrition care for patients should be planned and monitored in a multidisciplinary manner. A local instruction must be developed to detail specific local responsibilities and guidelines for care of patients receiving parenteral nutrition. Clinical dietitians will participate in multidisciplinary nutrition support team rounds. Providers will order Total Parenteral Nutrition (TPN) or Peripheral Parenteral Nutrition (PPN) on AF Form 3066, Doctor's orders and/or locally approved order forms. Nursing service submits orders to the inpatient pharmacy. Nursing Service is responsible for administering the parenteral nutrition solutions IAW provider orders. The inpatient pharmacy is responsible for preparing and delivering parenteral formulas to the inpatient unit. NM does not prepare, provide, or administer parenteral nutrition solutions. Patients receiving parenteral nutrition will receive MNT through an initial nutrition assessment and Nutrition Care Plan. Nutrition re-assessments will occur as outlined in the Nutrition Care Plan, generally once or twice weekly. Clinical dietitians will closely monitor patients and assist in making recommendations for transition feedings and advancement of the diet. Arrangements for home TPN are available through discharge planning.

**5.15. Therapeutic Diets for Outpatients.** Serve therapeutic diets for outpatients only if the healthcare provider and dietitian consider them necessary. Accept orders for therapeutic meals only from a physician, dentist, or credentialed healthcare provider. Healthcare providers write therapeutic meal orders on SF 513 for a specified time period, normally not more than 30 days. A request for diet instruction should be included. After 30 days, or if the patient frequently misses meals or does not comply with the diet order, the provider cancels the diet order. 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 (e.g., for diabetes and hypoglycemia).

**5.16. Patient and Family Education.** Patient and family education is provided throughout the continuum of care to meet ongoing needs. It should include interactive, collaborative, and interdisciplinary processes that promote healthy behavior and encourage patient/family involvement in the plan of care. The need for patient and family education for inpatients is assessed upon admission and re-assessed throughout hospitalization. The need for outpatient education is assessed at clinic encounters.

5.16.1. MNT Evidence-Based Guides for Practice or Protocols should be used to determine appropriate assessment and educational intervention criteria. Assessment should consider cultural and religious practices, emotional barriers, desire and motivation to learn, physical and cognitive limitations, language barriers, and financial implication of care choices.

5.16.2. Patient and family education should be 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.

5.16.3. Documentation of each session, materials provided, expected outcomes, interventions and goals attained, and compliance potential will be done via Nutrition Progress Notes on SF 509, SF 600 or SF 513. The ADA MNT disease specific Progress Notes templates found in *Medical Nutrition Therapy Across the Continuum of Care* may be used for overprinting progress notes for medical records.

5.16.4. The types of nutrition education and MNT for patients/families that are offered on an ongoing basis should relate to the needs of the patient population and the NM staffing and resources. MNT for Prenatal Nutrition, Diabetes, Hyperlipidemia, and Weight Control must be offered upon referral IAW AFI 44-102. Local instructions should outline responsibilities and procedures for operating an outpa-

tient nutrition clinic: referral, scheduling, class preparation, patient/family check-in procedures, lesson plans, education evaluation tools, communication with other health care professionals, and documentation.

## Chapter 6

### FOOD PRODUCTION AND SERVICE

#### 6.1. Production Planning.

##### 6.1.1. (Automated) NMIS Production Planning.

6.1.1.1. Menu Maintenance. All meal changes and assignment of meals to cycle days is performed under the Data Maintenance function in NMIS. All recipes and food items are verified as being on the menu either by crosschecking the screen or by using the Master Menu Report. When the menu has been verified, the Menu Item Costing Report should be run. This process will produce an error report, letting the user know what menu items are marked incomplete, have missing cost information, have incorrect measurement conversions, and/or have no link to an inventory item and cannot be costed. These items must be corrected before the menu can be used for production. Once production has gone live, the Menu Item Costing report should be run at least monthly (although weekly is recommended) to update food costs in the system. The Selling Price Report should then be run to report the updated costs. Note: The Selling Price Report does not update costs it only reports cost data. The Menu Item Costing MUST be run to update the most current food item costs.

6.1.1.2. Forecasting. When the menu is corrected and verified, the user is ready to do forecasting. Forecast only for those items that the produced quantity needs to be controlled. Items like PC condiments, fountain soda, fresh fruit and other like items need not be forecasted. The Table Maintenance function of NMIS is where the site manager identifies what courses are to be forecasted (soup, entree, vegetable, etc.). If it is desired to forecast an item such as "Apples", but no other fresh fruits, move the menu item "Apple" to a course such as desserts and turn the forecasting function off for fresh fruits in Table Maintenance. If you would like to forecast all starches except for French Fries, then move the menu item "French Fries" to a course that you have turned off for forecasting and you then will only need to forecast those items in the starch course. Once forecasting has been done it is recommended that the Forecast Planning Report be run for review purposes.

6.1.1.3. Calculate Yield Adjust. Forecasting must be done five days out from the day that the user would like to yield adjust. This is necessary because NMIS allows 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.). Some of the by-products of the Calculate Recipe Yield function are the Withdrawal and Delivery List and the Requisition List. In order for the pull numbers on these reports to be accurate, the system must look ahead over the next five days to identify all items that need to be pulled for any given date.

6.1.1.4. Run Production Reports. Once the Calculate Recipe Yield function has been run, all production reports can be run by the user to include the Production Planning Report and the Production Recipes Report.

6.1.2. (Manual) Production Planning. AF Form 662, Food Production Log, is used to forecast food production needs for the meals in the cycle menu, to establish a food use monitoring system, and communicate instructions to food production personnel in the planning, preparing, cooking and serving of meals. Facilities with inpatient feeding only may want to establish an alternate method of creating an audit trail for food use, AF Form 543, menus and tally sheets. If the NM cash register does not have

the capability of inputting patient meal counts, then menu items served to patients must be documented and the total number of servings written in on the AF Form 662. The tally sheet for patient meals should be attached to the AF Form 662. Tally and add any late trays to the AF Form 662. Information regarding the therapeutic menu may be included on AF Form 662 in the “special instructions” section on the reverse side.

## **6.2. Purchasing Non-Food Supplies.**

6.2.1. 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.

6.2.2. Tube Feedings and Medical Foods. Tube feedings and/or medical foods sold by pharmaceutical companies, and infant formulas are supply items, and are purchased through Medical Logistics for inpatient use. Medical foods for outpatients with inborn errors of metabolism may be requested and dispensed by the pharmacy on the written prescription of a physician (AFI 44-102). Tube feedings and medical foods are not normally issued to outpatients in CONUS medical facilities. The MTF Commander has the prerogative to grant approval for the pharmacy to dispense these items on a patient-by-patient basis. Infant formulas are supply items and are purchased and maintained by the nursery and pediatric nursing units.

**6.3. Food Portion and Waste Control.** 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. Solving food waste problems conserves food and provides for a more satisfied patron.

**6.4. 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.

6.4.1. Analyze hazards. Potential hazards associated with a food 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.

6.4.2. 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.

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

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

6.4.5. Establish corrective actions to be taken 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.

6.4.6. 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.

6.4.7. 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.

6.4.8. Food Temperatures. NM personnel complete AF Form 2582, **Food Temperature Chart**, before and during each meal to ensure foods are served at appropriate temperatures according to directions printed on the form. Reheat or chill (as appropriate) foods that are at other than optimum temperatures.

**6.5. 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. Nursing personnel must check patient trays for possible contamination, i.e., syringes, wound dressings, or body fluids, before the trays leave the inpatient unit and are returned to NM. If contaminated items are found on carts returned to the staging area, NM must notify nursing service to retrieve and properly dispose of the items. NM personnel performing dishwashing duties must always wear gloves as a protective device against possible infections or contamination. NM personnel may complete AF Form 765, **Hospital Incident Report**, when syringes, wound dressings or body fluids are found.

**6.6. 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.

6.6.1. 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.

6.6.2. 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.

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

## Chapter 7

### FINANCIAL MANAGEMENT AND WORKLOAD REPORTING

**7.1. Financial Accountability.** Duties of personnel purchasing subsistence and completing ration accounting must be separated so that no one individual both originates data (source records) and inputs or processes data. Individuals who physically purchase and issue food will not post or verify purchase and issue documents to the official inventory. In NM facilities with Medical Service Account (MSA) clerks residing within their departments, financial accounting security procedures must include:

- 7.1.1. Allowing storeroom personnel NMIS access to all Purchase Order (P.O.) functions, except posting. Posting or verifying must be an MSA function only. Storeroom personnel will not have access to subsistence accounting functions.
- 7.1.2. Allowing the MSA clerk read and write access to NMIS accounting functions and inventory management receipts and issues.
- 7.1.3. Allowing supervisors “read only” access to accounting functions, but “read/write” access for all other NMIS functions.
- 7.1.4. Allowing only two persons in the department, one being the site manager and the other an individual who is very knowledgeable about NMIS, such as the NCOIC of production or Superintendent, “read and write” access to all NMIS functions.
- 7.1.5. Allowing storeroom personnel “read and write” access for data maintenance, inventory items within data maintenance, and inventory management’s receipts and issues, but no access to accounting functions.
- 7.1.6. Ensuring the MSA clerk (responsible for NM accounting functions) does not have cash control responsibilities or access to controlled forms.

**7.2. Subsistence Purchasing.** NM will purchase subsistence primarily through Defense Supply Center Philadelphia (DSCP) or Department of Veterans Affairs (DVA) prime vendor contracts and local direct delivery contracts. Small facilities with limited NM operations 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), Subsistence in Kind (SIK), Military Personnel Appropriation. (Example: 5703500 320 48 562 525725). The correct SIK accounting classification number is updated annually and is effective 1 October. A letter from the Air Force Services Agency (AFSVA), coordinated through the Chief Consultant to the Surgeon General for Nutrition and Dietetics, and distributed to MAJCOMs and MTFs indicates the updated SIK account classification number. Contact your MAJCOM Diet Therapy functional advisor to obtain the correct number.

**7.3. 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 DSCP or the DVA.

- 7.3.1. 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.

7.3.2. Prime vendor orders are submitted according to locally established procedures. Typically, the vendor awarded the contract supplies software and/or hardware to electronically place all orders. The DSCP Subsistence Total Order and Receipt Electronic System for Windows NT (STORES) is an alternate, installation-level, subsistence ordering and receipting system used for DOD food customers. The STORES Electronic Price Catalog should be updated weekly. Purchasing may also be done with the automated Purchase Order in NMIS.

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

7.3.4. NM is responsible for the receipt of subsistence. Storeroom personnel should verify the storeroom hard copy purchase order with the vendor invoice from the driver. Tally-in for quantity, count, weight, and verification that products received match those ordered will be accomplished 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 (phone and/or Memo For Record on bottom file copy) with the DSCP account manager. 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.

7.3.5. Accurate invoicing and bill payment is essential for correct subsistence accounting. If using DSCP STORES equipment, NM sends bills electronically to DSCP. If using a DSCP or VA prime vendor, invoices are certified with the statement "I certify and accept that foods and services have been received." Ensure that all numbers on invoices are readable before faxing. Verify invoice receipt and readability after faxing. Include the prime vendor contract number and fund cite number. If using a VA Prime Vendor, NM will fax invoices to the regional Defense Finance and Accounting Service (DFAS). The regional DFAS inputs the invoice into the Integrated Accounts Payable System. DFAS-Denver pays all VA Prime Vendor bills. If using DSCP prime vendor, NM will fax invoices to DSCP.

7.3.5.1. Each month, SF 1080, **Voucher for Transfers Between Appropriations and/or Funds** should be verified. Any billing errors are corrected through the DSCP account manager. The SF 1080 should also be verified with the NMIS Vendor Procurement Surcharge Report. At the end of each month the MSA Account Clerk will compare the amount disbursed by DFAS to the amount of subsistence purchased as shown on the invoices. The MSA Account Clerk accomplishes this by comparing the total subsistence purchases recorded in NMIS with total disbursements for the month. At the end of the month the MSA Account Clerk will request a "Linked Invoices and DOV's View Report" from the DFAS Integrated Accounts Payable System for the last month for each vendor's contract that subsistence is purchased against (i.e., Prime Vendor, direct delivery,

etc.). Each invoice paid will be verified and marked if accurate payment was made. A Memo for Record will be attached to the report indicating invoices from previous months paid during the current month and an annotation made by invoices to be paid in the next month. Any discrepancies in amounts reimbursed by DFAS or invoices not paid within two months will be submitted in a letter format to the regional DFAS office for correction. NOTE: Throughout the month the MSA Account Clerk may want to record each invoice number and dollar value to facilitate reconciliation at the end of the month.

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

7.3.5.3. 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 SIK accounting classification.

7.3.5.3.1. 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" would be incorrect. To verify correct NM DODAAC number, contact your MAJCOM Diet Therapy functional advisor who will coordinate with MAJCOM DODAAC monitor.

7.3.5.3.2. 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. The MILSTRIP profile must contain a valid DODAAC number and the "XP" Fund Code. If using STORES NT, the MILSTRIP profile can be updated from the main menu under Maintenance, then MILSTRIP Profile. If using DSCP Prime Vendor and vendor supplied electronic equipment, contact the DSCP account manager for guidance to correct the MILSTRIP profile. If using VA Prime Vendor, contact the regional DFAS and Prime Vendor for guidance.

7.3.5.3.3. TAC 3 billing addresses require 3 addresses for SIK requisitions. TAC 1 is the administrative/ mailing address. TAC 2 is the delivery/freight address. TAC 3 is the billing address, which is often the same as TAC 1 & TAC 2. The following is an example of a correct billing address: 6 MDSS/SGSD, Hospital Dining Facility, Bayshore Boulevard, Bldg 711, MacDill AFB, FL 33621-1607.

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

7.3.6. NM must communicate to DSCP specific subsistence needs such as lowfat 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.

**7.4. Operational Rations Purchase.** Operational rations, such as Meals, Ready-to-Eat (MREs) and Meals, Flight Feeding (MFFs) or Unitized Group Rations (UGRs) are stocked by DSCP to support feeding under war, emergency or contingency plans. These special meals may be used for emergency or unusual conditions that preclude normal feeding, for alert or field exercises and for NM training and educational purposes. They are not served in NM activities to rotate the stock. Operational rations should be ordered 30 days in advance of the date needed. They can be ordered by the case in any quantity directly from DSCP. Note: Forecast needs appropriately as excess quantities cannot be returned. To order operational rations from DSCP, use STORES or fax the order using a DD Form 1348, **DOD Single Line Item Requisition System Document** or equivalent. A requisition number will be needed to place the order. For small facilities supported by base food service, operational rations may be ordered through base food service.

**7.5. Subsistence Purchases using the GPC.** The 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 only. The government purchase card cannot be used to purchase subsistence from any other local sources unless approved by HQ AFSVA/SVOHF with coordination with SAF/FMB.

7.5.1. 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. Only the primary approving official will receive a monthly summary statement, the R090 **Business Account Summary Report**. Complete AF Form 616, **Fund Cite Authorization**. This form should cite only the subsistence account used to pay for the purchase of food. Have the Resource Management Office (RMO) review completed form for accuracy and format. Be sure to have an original plus four copies. Take original plus copies to the Accounting and Finance liaison for certification. Keep original copy in NM files. Submit application forms for all cardholders and approving officials, the AF Form 616, and the letter of request for GPC cards to the base contracting office.

7.5.2. The base contracting office is responsible for scheduling mandatory GPC card training for all cardholders and approving officials. Cards are often issued at the end of the training class. Reference material obtained during the class should be filed in a notebook maintained by each cardholder. Refresher training in standards of conduct may be requested if the OIC/NCOIC feels it would be beneficial to their personnel. Base contracting and logistics are possible sources for the training.

7.5.3. The GPC Card may be used at the local Defense Commissary Agency (DeCA) store. For internal inventory control, complete AF Form 287, **Subsistence Request**, (or a locally developed substitute) listing all required purchases from the commissary and have the approving official sign the form. Upon completion of shopping, place items on the checkout counter in the order they are listed on the

AF Form 287. Check out through the cash register, update the forms as needed to reflect quantities obtained, and pay with the member's GPC card. Obtain the cash register receipt, attach to the AF Form 287 and sign both the cash register receipt and the AF Form 287 verifying the quantities received and the purchase price. Provide the accountant with the cash register receipt and the AF Form 287 for documentation. Each cardholder should keep a copy of each AF Form 287 they use to purchase subsistence with their GPC card. These forms are then used to reconcile the monthly statement sent to each cardholder.

7.5.4. At the end of the month, each cardholder should receive a statement from the bankcard system. If cardholder and/or approving official summary statements are not received by the first of the month, cardholders must call the bankcard system and request a faxed copy of all required statements. Within 3 days of receipt of this statement each cardholder must verify all purchases made to their card using copies of the AF Form 287 and register receipts as source documents. Once the statement is verified, each cardholder must sign the reverse side of the statement. If there are any discrepancies on the statement, first try to resolve the issue with the commissary or vendor. If unable to do so, complete the GPC Program Cardholder Statement of Questioned Item and send in with the R090 report, which is actually the approving official's summary, and supporting documentation to the approving official for review. Statements are only received if there is activity on the card. After review by the approving official, statements must be filed in each cardholder's binder. The approving official then reconciles all the cardholder statements with the approving official's summary statement, the R090 report. In the absence of the primary approving official, an alternate approving official can reconcile statements. Once reconciled, the approving official signs the R090 report verifying that all the purchases were made and accounted for and therefore authorized for payment. The R090 must be completed and sent to the Accounting and Finance liaison within 5 days after initial receipt of the cardholder's statements. These forms are highly time sensitive and must be forwarded to Accounting and Finance by the 10<sup>th</sup> of the month. Payment for all purchases is centrally managed, thus requiring timely submission of all paperwork. If not turned in on time, Accounting and Finance will make phone calls up the chain of command in order to obtain the documents they need to release payments for the GPC card. The approving official returns all cardholder statements and maintains a file copy of the R090.

7.5.5. Each cardholder must maintain an GPC account documentation binder which includes funding documents, monthly log sheets (including receipts and back-up documentation) and bank statements, certificate of training and delegation of authority letter, account set-up information, general correspondence, USAF Internal Procedures for using the GPC Card and other training materials.

**7.6. 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.

**7.7. 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.

**7.8. Maintaining a Perpetual Inventory.** The MSA clerk or NM accountant 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, AF Forms 287, NMIS Withdrawal and Delivery Sheets, or AF Forms 543, Food Issue Record.

7.8.1. (Automated). NMIS perpetual inventory is maintained in the NMIS Inventory Management Module. The **NMIS Stock Record Card Report** lists all transactions to an inventory item by date and type, and can be viewed on the screen or printed. The system automatically maintains stock record cards on all inventory items as transactions are posted in the system. See NMIS system documentation for appropriate procedures. Separate manual perpetual inventory records are not recommended.

7.8.2. (Manual). AF Form 542, **Subsistence Stock Record**, is used to maintain a perpetual inventory of all food items in the storeroom. This completed form provides the NM with data needed to order, purchase, control, and issue food items. NM will maintain an AF Form 542 on all food items except those items that are issued directly, such as milk, bread, produce, ice cream, and bulk beverages. Maintain AF Form 542 for operational meals but the meals are maintained in the operational account (AHE294) until the day of use. Keep the number of subsistence items that are not maintained in the perpetual inventory to a minimum. Food purchases and issues are posted daily and new balances for stock on hand are calculated and entered. NM does not complete the cost column of AF Form 542. MSA office maintains separate AF Forms 542 or automated substitute.

7.8.3. Performing a Physical Inventory.

7.8.3.1. When Inventory is performed. A physical inventory is performed each month (except September) on one of the last 3 normal duty days and is representative as of the date of the inventory (with the exception of FY close-out). Pre-issuing subsistence through the weekend or last calendar day is not authorized. Any inventory adjustment is to be posted to AF Form 546, Food Cost Record, or Daily Facility Summary Report as of the date of inventory. Post the remaining days of the month and close out the AF Form 546 or Daily Facility Summary Report 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.

7.8.3.2. Conducting Inventory. The MTF Commander appoints a disinterested person, an officer, noncommissioned officer in grades E-7 or above, or civilian of comparable grade, to inventory all food items and operational rations. The inventory officer must be trained on their responsibilities and inventory procedures. This training should include directions on using the wall-to-wall inven-

tory 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 prepared by the MSA Officer. Add items found in stock that are not on the inventory listing. Count operational rations and document the quantity on the inventory list, but do not cost the operational rations as part of the perpetual inventory. The inventory officer delivers the completed and signed inventory listing to the MSA Officer/NM Accountant.

7.8.3.3. Inventory Discrepancies. If the physical count and the MSA Officer's/NM Accountant's inventory records do not agree, attempt to reconcile the differences using AF Forms 542, 287, 543, GPC receipts, and/or NMIS reports. When differences cannot be reconciled, the MSA Officer prepares the Inventory Adjustment Report.

7.8.3.3.1. Inventory Adjustment Report. When approved, this report is a valid accounting document. It supports entries to subsistence stock record cards used to adjust discrepancies found during a regularly scheduled inventory. The MSA Officer/NM Accountant:

7.8.3.3.2. Prepares this 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 of that total.

7.8.3.3.3. 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 (AFMAN 23-110, Vol. 5).

7.8.3.3.4. Files the approved report with the costed inventory listing after subsistence stock record cards have been adjusted.

7.8.3.3.5. When using NMIS, it is recommended that copies of the Accounting Issue Cost Summary Report and the Issue/Physical Inventory Documentation Report be attached to the inventory report for approval as these reports are the source documents for the information.

7.8.3.4. 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."

7.8.3.5. 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, Medical Food Cost Report, or Monthly Facility Summary 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 a Prime Vendor contract for subsistence will reduce inventory levels to 2-3 days supply, or no 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. Inventory levels may vary depending on seasonal weather changes that interfere with delivery schedules.

7.8.3.6. **Periodic Inventory Adjustment.** When the mission decreases, such as when staff feeding is discontinued, purchases and issues also decrease. Reevaluate the length of the menu cycle and foods offered on the patient menus to ensure the per capita consumption cost is consistent with earnings. Decrease the inventory level in proportion to the decrease in subsistence issues to comply with the authorized inventory level (approximately 25 percent of average monthly cost of food used). Under-purchasing (using items in inventory and replacing them at a lower stock level to decrease value of the inventory) is recommended to the maximum extent possible. Reasons for under-purchasing should be noted on the AF Form(s) 541 for the quarter(s) it takes to decrease inventory to the appropriate level. If the mission expands, a request for a one-time inventory adjustment to increase inventory value is submitted through MAJCOM to HQ USAF for approval, and a letter will be attached to the end of fiscal year reports.

7.8.3.7. **Activating a NM Activity.** Before starting up a new NM activity, the MTF Commander must obtain written authorization from the major command to establish a subsistence account and purchase an initial inventory of food supplies. The initial inventory should be approximately 30 percent of the estimated cost of food to be used for one month. For the first fiscal year in which the subsistence account is started, food purchases may exceed the monetary credit earnings by the dollar amount allowed for the initial inventory.

7.8.3.8. **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.

## **7.9. Issuing Subsistence.** Food items will always be issued on a First In First Out (FIFO) basis.

7.9.1. **(Automated) NMIS Requisition List.** The Requisition List is used to issue subsistence. There are four types of requisition lists: Forecasted, based on the menu items forecasted for a given meal; Non-Forecasted, based on those items not forecasted for a given meal; Standing DOW (Day of the Week), based on templates created by users for standing issues by day of the week; and User, being a blank requisition list that the user can add anything to. When an item is pulled in advance from the freezer for thawing (i.e. beef roast, chicken) for use on a later date, NMIS will record this item as an issue on the day it was pulled, if the forecasted requisition list is used. If the user does not want the issue to show until day of use, the user must not enter any early withdrawal day on the inventory item. The MSA officer/NM accountant verifies each entry and makes any additions/deletions to the original requisition list that was saved in NMIS when the original report was printed. The final, posted version of the requisition list is filed in a chronological file for audit purposes. See system documentation for exact procedures on performing this function.

7.9.2. **(Manual) AF Form 543, Food Issue Record.** AF Form 543, prepared in three copies, is used to issue food supplies and to calculate the cost of food issues each day. This form is a source document used by the MSA officer/NM accountant to maintain the official perpetual inventory of food items. Storeroom personnel complete AF Form 543 for each day of the week, including Saturdays, Sundays, and holidays. Issue direct delivery items (bread, milk, ice cream, etc.) on the day they are received. Perishable fresh fruits and vegetables may be issued the day of purchase and receipt. High volume, low-cost food items (condiments, individual jams and jellies, catsup, etc.) 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 reviewing.

7.9.2.1. The person receiving the food items from the storeroom counts and verifies food received and signs the form in the "Received" block. If more food items are issued than needed, they are returned to inventory under the "Returned" column of the form.

7.9.2.2. No later than the day following issue of food, NM posts 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. The original and one copy are forwarded to the MSA officer/NM accountant. NM retains the third copy.

7.9.2.3. The MSA clerk 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.

7.9.2.4. 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.

7.9.3. Costing Subsistence Issues. All medical treatment facilities with NMIS support the Last-In First Out (LIFO) costing method for recording purchases and costing issues. 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 an accepted procedure and is designed into the automated system.

7.9.4. Supplemental Income/Other Income. Supplemental Income/Other Income (Credit) formerly known as "Excess Costs" are for 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 when earnings minus issues is calculated. The dollar value of issues will not reflect any costs that were credited.

7.9.4.1. Supplemental/Other Income (Credit) may be taken for use of A-rations, operational rations and flight meals during disaster and combat conditions and field, alert, and medical readiness exercises. Administrative and accounting procedures for the operational ration 04(X) account are accomplished only when peacetime use of the operational rations is directed.

7.9.4.1.1. (Automated). Check to make sure that cost centers and Issue Destinations are set to "Y" for Field Training. Create and post a User Requisition List with field feeding items, making sure that the correct "field" issue destination is designated. Print out the Issue Cost Summary Report, again making sure "field" destination is selected and items are sorted by category. Enter the total from the Issue Cost Summary Report into the first column of the Food Credits/Other Revenue screen.

7.9.4.1.2. (Manual) The day the operational meals are served use AF Form 129, Tally-In-Out, to transfer the operational meals from the AHE294 shred-out account to the subsistence account. Transfer only the actual amount signed or paid. (This amount should equal line 32D of AF Form 544 used for operational meals.) Post the number of meals transferred on the AF

Form 129 to the AF Form 542 as an issue. This procedure issues the meals from the subsistence account. Initiate a separate AF Form 543 in three copies to issue the operational rations for use. Write in above the title of the form "Issues and Other Income (Credit) for Operational Meals." Write in the type and number of operational meals with a unit of issue as "each". This should be the same number transferred on the AF Form 129. MSA price extends and adds the cost of operational rations issued to the dollar value of all other issues for the day and records in the appropriate column of AF Form 546. MSA cost extends AF Form 129. The dollar value of the operational meals transferred from the AHE294 account to the subsistence account is added to the total value of AF Form 287, and vendor receipts to become part of the total dollar value of purchases for the day on the AF Form 546. Keep the AF Form 129 on file. The cost of the MREs minus the earnings credit for operational meals must also be credited to issues using the same AF Form 543. (Cost of MRE – Earnings = Credit to Earnings).

7.9.4.1.3. When operational rations reach their shelf life, they are credited to issues and disposed of using approved procedures.

7.9.4.2. Allowance for enhancements is limited to the cost of the items actually supplied, but cannot exceed 15% of the cost of the meal. To determine monetary allowance limit for enhancements when operational rations are served, perform the following calculation: Cost of one operational meal x 0.15 (15%) x number of operational meals issued = allowable cost of enhancements. This credit is in addition to the earnings credit received in para [7.9.4.1.2](#).

7.9.4.2.1. (Automated) See para [7.9.4.1.1](#).

7.9.4.2.2. (Manual) List food items issued as enhancements on the AF Form 543 with the operational meals that were issued. Price extend and total. Below these items write the following statement, "Authorized allowance for enhancements is 15% X cost of one operational meal x number of operational meals issued = \$ \_\_\_\_\_." If no enhancements are used, no additional allowance is authorized. Normal issue procedures are used for enhancements and A-rations designated for field feeding items issued from the inventory. They are included on a separate AF Form 543 and totaled with patient and dining room issues for the day. Direct issue items (milk, bread) will have been issued the day they were purchased. The cost of operational meals plus enhancements exceeds operational meal day earnings. The total supplemental income will equal the difference of the operational meals cost minus the operational meal day earnings added to the cost of enhancements. The total supplemental income is then credited to (subtracted from) the total cost of issues for the specific date they were used.

7.9.4.3. Supplemental/Other Income (Credit) may be taken for loss of meals during disaster and combat conditions and field, alert, or medical readiness exercises. Disaster situations, combat missions and field, alert, or medical readiness exercises occurring during serving hours may cause patrons who must leave the dining tables to be deprived of individual menu items or complete meals. If personnel are able to resume the meal, replacement meals will cause an unplanned increase in the cost of feeding. If required and properly supported, the expense of replacement is "allowed other income" (credit).

7.9.4.3.1. 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.

7.9.4.3.2. (Automated) Check to make sure that cost center and Issue Destination are set to “Y” for spoilage. Create and post a User Requisition List with spoiled/replacement food items, making sure that the correct “spoilage” issue destination is designated. Print out the Issue Cost Summary Report, again making sure “spoilage” destination is selected and items are sorted by category. Enter the total from the Issue Cost Summary Report into the second column of the Food Credits/Other Revenue screen.

7.9.4.3.3. (Manual) The diet therapy supervisor or other specified person initiates a separate AF Form 543 in three copies. Write in above the title of the form, “Other Income (Credit) Due to Loss of Meals During a Disaster or Field, Alert or Medical Readiness Exercise (or Combat Mission).” The person preparing the form then lists the food items, unit and amounts to be issued and credited. The information on this AF Form 543 is then posted to AF Form 542, Subsistence Stock Record, as an issue. The certification statement and AF Form 543 are taken to the MSA officer along with AF Form 544. The MSA officer prices and extends the AF Form 543, posts the information on AF Form 543 to the appropriate AF Form(s) 542 as an issue, and adds the total amount to be credited.

7.9.5. Supplemental/Other Income (Credit) may be taken for beverages during disaster, combat, and field, alert, or medical readiness exercises. Beverages are allowed for hospital personnel on duty without cost. The type of beverages and service items allowed are hot and cold coffee and tea, sugar, cream substitute, and fruit-flavored, non-carbonated drinks. The beverages may be provided to personnel in the manpower pool, security guards, command post personnel, and other personnel when required by the unique conditions of the disaster or exercise.

7.9.5.1. The MTF Commander provides the NM officer with a statement (verbal, followed in writing), that disaster, combat, field, alert or medical readiness conditions prevail and that these beverages are needed to keep productivity and morale high for personnel assigned to the MTF. The NM officer or diet therapy supervisor receives the statement from the MTF Commander and provides the beverages.

7.9.5.2. (Automated) See [7.9.4.1.1](#).

7.9.5.3. (Manual) List subsistence items used for beverages on a separate AF Form 543. Write “Credit for Beverages During Disaster and Combat Conditions and Field, Alert or Medical Readiness Exercise” and date. The information on this AF Form 543 is then posted to AF Form 542 as an issue. The certification statement from the MTF Commander, the memos from the squadron orderly room and hospital services, and AF Form 543 are taken to the MSA clerk along with AF Form 544. The MSA clerk prices and extends the AF Form 543, posts the information on AF Form 543 to the appropriate AF Form(s) 542 as an issue, and adds the total amount to be added to the daily earnings on AF Form 544, continuation page, line 46.

7.9.5.4. The daily monetary value allowed each day cannot exceed 5% of the MTF BDFA times the number of personnel involved in the disaster or exercise. Obtain memos from medical readiness or the Medical Command Center (MCC) giving the numbers of personnel involved each day the credits are allowed.

**7.10. Dining Room 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.

7.10.1. Change Fund. DODFMR 7000-14-R Vol 5, Financial Management Regulation authorizes and states how the NM Officer requests a change fund. The size of the change fund is based on the size of the MTF and number of meals served. The size of the change fund should be adjusted if the dining room mission and number of patrons served either increases or decreases. AF Form 2570, **Nutritional Medicine Flight Cash and Forms Receipt**, is used to issue the change fund, and any AF Forms 1087, **Cash Meal Log** or AF Form 1339, **Dining Facility Signature Record** to the cashier as required. The same AF Form 2570 is used by the cashier to return the change fund, cash collected, and AF Forms 1087 and 1339, to the diet therapy supervisor after the meal. Cash deposit paperwork (AF Form 544, AF Form 1305, **Receipt for Transfer of Cash and Vouchers**, and cash register receipts) must be done on a daily basis, even if the money must be held over the weekend.

7.10.1.1. Control of signature and cash collection forms and cash. The cash control supervisor indicates funds and guarded forms, (AF Forms 1087 and 1339) for turn in to MSA, using AF Form 1305, 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.

7.10.1.2. Guarded forms are obtained from the MSA office and recorded, individually, on AF Form 1254. A separate form is used for AF Form 1087 and AF Form 1339, to record each serial number. The AF Form 1254 is stored in the safe/funds storage container, with the guarded forms, and is used by the cash control supervisor, in conjunction with AF Form 2570, to record the issue and return of guarded forms to cashiers. When issuing multiple forms to a single cashier, it isn't necessary to sign each line. Simply draw a diagonal line from the first form issued to the last form issued and have the cashier sign along the diagonal line. The final column of AF Form 1254, (DD 1131 Voucher No.) is not used by NM personnel.

7.10.1.3. Cash and Forms turn in to MSA. As indicated in paragraph **7.10.1.**, all cash collected and AF Forms 1087 and 1339 used, must be turned in to the MSA office the following day, excluding weekends. However, if the storage limit on your safe/funds storage container is inadequate to support the amount of cash collected over a 2 or 3 day weekend, you must make arrangements with the MSA office to turn in excess cash to the MSA office during the weekend period, or request an increase, through Security Forces, in the amount of funds your safe/funds storage container can store.

7.10.2. 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 according to AFI 31-101, *The Air Force Resource Protection Program*.

7.10.3. 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 Air Force medical facilities, prescribe the extent of care allowed, provide guidance for care, and delineate who pays full and discount meal rates. 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.

7.10.3.1. 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 for use on AF Form 544, **Nutritional Medicine Daily Facility Summary Report** or **NMIS Daily Facility Summary Report**.

7.10.3.2. Nonmedical attendant (NMA). The nonmedical attendant of a hospitalized patient pays the appropriate charges for all meals consumed. Meals served to NMAs on the inpatient unit must be paid for before the meal is served. The appropriate meal charge is determined by the type of service offered, a la carte (ALACS) or subsistence credit allowance management system (SCAMS), and the subsistence eligibility category. Non-active duty NMAs, except for dependents of E-4 and below, manifested in the aeromedical evacuation system pay the full meal rate. Dependents of E-4 and below pay the discount meal rates. Active duty NMAs who are manifested in the aeromedical evacuation system, and are on orders and receiving per diem, pay the full meal rate.

7.10.3.3. Subsistence in Kind (SIK). SIK diners are enlisted members authorized to eat at government expense. Medical enlisted personnel and airmen assigned to the MTF present DD Form 2, Geneva Conventions Identification Card. Enlisted personnel who are in TDY status show valid orders and their DD Form 2. Enlisted casual personnel show their DD Form 2.

7.10.3.4. Inpatients and ambulatory procedures visit (APV)/same day surgery (SDS). Inpatients and ambulatory procedures visit/same day surgery are identified by nursing staff using AF Form 1094, Diet Order or locally approved computerized diet roster.

7.10.3.5. 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 policy 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.

7.10.3.6. 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 policy. 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 policy allows for the provision of parental meals. NM earns ration earnings credit for newborns (bassinet bed days) and the charge is collected by Resource Management, therefore a parent or significant other may have one guest meal or "Proud Parent Meal" in place of the infant. When the infant is readmitted and the parent (non-patient) is required to stay with the infant as a parental bonder, the parent may receive a tray in place of the infant. A local policy 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.

7.10.4. ALACS Cashier Operations. In ALACS each menu item is priced and sold on an individual item basis. Computerized menu pricing reports such as Services Information Management System (SIMS) or Nutrition Management Information System (NMIS) must be available. Each recipe cost not available from these programs must be manually calculated using AF Form 1212, ALACS Item Pric-

ing. Menu item pricing must include surcharges from DSCP or locally established prime vendor surcharges in addition to prices on subsistence requests/invoices.

7.10.4.1. The MTF Commander requests approval to implement ALACS through the MAJCOM Surgeon to HQ USAF/SGMC.

7.10.4.2. Cash registers are used with the capacity to identify SIK 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 SIK 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 (at the time of this printing, DoD surcharge is 33 percent) and correctly total the surcharges from each meal period. The surcharge collected goes into a central base fund, with half being returned to the MTF O & M account and half to the Air Force central subsistence account. Cash register maintenance contracts are established and adequate supplies of tapes and ribbons are procured through Medical Logistics.

7.10.4.3. Patrons receiving basic allowance for subsistence (BAS) pay cash for the total cost of the items selected at the full or discount meal rate. Menu boards are used to identify the appropriate meal prices for all menu items available at any given meal.

7.10.4.4. For SIK diners, the cashier enters the entire nine-digit social security number (SSN) into the cash register. The SIK diner must show a valid ID card. A local method of verifying SIK patrons must be established and monitored periodically to ensure only authorized personnel are subsisting at government expense. AF Form 1339 may also be used at a la carte facilities to document SIK diners when the cash register fails to function. The OIC/NCOIC of NM will periodically contact base food service to validate SIK diners using SSNs for identification and spot check signature/cashier records to ensure that only authorized personnel are subsisting at government expense

7.10.4.5. Serving line equipment should be configured to allow one entrance and one exit so patrons pass by the cash register(s) before food is consumed or removed from the dining room.

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

7.10.5. Subsistence Credit Allowance Management System (SCAMS) Cashier Operations. In SCAMS Cashier operations, all diners in a government dining facility, except ambulatory and transient patients, sign for meals. The cashier verifies the diner's identification. All non-SIK 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.

7.10.5.1. AF Form 1339, Dining Facility Signature Record is a guarded form used to obtain the signatures of all persons who eat in NM dining facilities at government expense, (SIK) except inpatients. This form is not normally used at MTFs that are a la carte facilities, except for billing Air National Guard Units for SIK meals. MSA must use the current FY DOD Food Rates as listed in the Comptroller message published in September of each year, not the MTF Basic Daily Food Allowance, to bill Air National Guard units. The MSA clerk consecutively numbers all AF Forms 1339 on a fiscal year basis and keeps a separate file of completed AF Forms 1339 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 Forms 1339 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 Forms 1339 as may be required. The AF Forms 1339 issued to NM are recorded on AF Form 1254. Completed AF Forms 1339 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 Forms 1087 and cash to MSA. The cashier(s) ensure(s) the AF Form 1339 is completed daily for each meal period. A separate form is provided for Air Force active duty and cross service personnel. Air Force Reserve members must present verification of eligibility for SIK 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 the correct AF form 1339 as required and write their names and social security numbers legibly on the forms. The diet therapy supervisor verifies entries on the AF Form 1339; signs the form; makes the appropriate entries on AF Form 544, **Food Cost Record**, and turns in the completed forms to the MSA clerk at least once each duty day.

7.10.5.2. AF Form 1087 is a guarded form and is used to calculate the number of meals served to each category of cash paying customers and the total cash collected in NM dining facilities using the SCAMS system. The AF Form 1087 is also used in A La Carte facilities when the electronic cash registers (ECR) are inoperable. Cashiers will use the selling price report and a calculator to total patrons' meal costs (including the surcharge), enter the total on AF Form 1087, and have the customer sign the appropriate line. NM will NOT revert to SCAMS pricing during ECR malfunction and downtime. Customers pay for meals in U.S. currency (cash). Checks will only be accepted from recognized base organizations as payment for special meals (awards ceremonies, Red Cross appreciation, etc.). Checks should be payable to the local Finance Service Office and processed through the MSA Office with other cash receipts for turn-in to the local Finance Service Office. 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.

7.10.5.2.1. The MSA clerk consecutively numbers all AF Forms 1087 on a fiscal year basis. No two AF Forms 1087 bear the same number in the same fiscal year. All AF Forms 1087 will be kept in a locked safe. MSA furnishes the NM cash control supervisor as many numbered AF Forms 1087 as may be required. The AF Forms 1087 issued are recorded on AF Form 1254. At least once a month a physical check is conducted to ensure that all AF Forms 1087 are accounted for by number.

7.10.5.2.2. Use separate AF Forms 1087 for non-U.S. citizen civilian employees overseas who are allowed to eat in the dining room. Use separate AF Forms 1087 for breakfast, lunch, and dinner. These forms will not be "carried over" from one meal to another.

7.10.5.2.3. After the meal, the NM Officer or other designated person who was not a cashier for the meal, completes Section I of the AF Form 1087. When more than one AF Form 1087 is used for a single meal, Section I of the first AF Form 1087 will reflect the totals for all cash meal logs used and the inclusive numbers of all forms used. Transfer the number of meals for each different category onto AF Form 544, Nutritional Medicine Daily Facility Summary Report, for the meal that the forms were used.

7.10.5.2.4. 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 on

Line 8 of Section I. 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.

7.10.5.2.5. All numbered, guarded AF Forms 1087 and cash must be accounted for by maintaining files of AF Forms 1254, (for AF Forms 1087 and 1339 received from the MSA Officer), and AF Forms 1305, (for cash turned in to the MSA Officer), and the same AF Form 1254, (for AF Forms 1087 and 1339, turned in to the MSA Officer).

7.10.5.2.6. The completed AF Forms 1087 and collected cash are then delivered to the MSA officer at least once each normal duty day. The MSA officer will, upon receipt of completed AF Forms 1339, AF Forms 1087, and the cash from the NM cash control supervisor, verify the cash receipts against the total and sign AF Form 1305, verifying the amount of cash received. The MSA officer will also indicate/verify on AF Form 1254 the serial numbers of AF Forms 1087 and 1339 returned. A copy of AF Form 1305 is given to the NM cash control supervisor as a receipt for the cash received. The MSA officer will also verify, on AF Form 1254, the numbered AF Forms 1087 and 1339 turned in. The NM cash control supervisor files the AF Form 1305 in the numerical sequence file for this form.

7.10.6. 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 Form 1087, Cash Meal Log, if required, and pay according to [Attachment 4](#) of this manual. Those persons unable to pay for meals sign a separate AF Form 1339. The diet therapy supervisor or other specified person writes the name of the group of persons being fed on the AF Form 1339 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 Nutritional Medicine officer certifies the number of meals furnished on a separate AF Form 1339 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. Credit is taken for all meals. The MSA officer/NM accountant maintains documentation to prove entries on AF Forms 1339 and 544. If feasible, the MSA officer bills for the costs of meals provided.

**7.11. NM Ration Accounting.** For accurate NM financial reports, NM accounting parameters must be accurate and up to date, whether calculated automatically in NMIS or manually.

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

7.11.2. 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).

7.11.3. 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. The Operational BDFA is the NMIS term equivalent to the BDFA.

7.11.3.1. (Automated). The Operational BDFA is calculated monthly in NMIS using the most current monthly Food Cost Index according to procedures in the NMIS Accounting module. The template built in NMIS must follow the Food Cost Index obtained from Headquarters Air Force Services Agency or DSCP websites. For correct computation of this allowance using a prime vendor, 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.

7.11.3.2. (Manual) The BDFA is computed quarterly by the base food service officer and is the installation's monetary food allowance to be used by base food service dining facilities. It is updated quarterly and provided to NM.

7.11.4. MTF Basic Daily Food Allowance (MTF BDFA) is the food allowance used in MTFs. This allowance requires 100% lean ground beef to be served and provides a small additional allowance (currently 3 percent) for condiments and accessory foods. If the BDFA from the food service officer is already calculated using 100% lean ground beef, the Operational BDFA does not need to be re-calculated and the Operational BDFA will also be the MTF BDFA.

7.11.4.1. (Automated) The MTF BDFA is calculated in the NMIS Accounting Module.

7.11.4.2. (Manual) Use the BDFA as provided by the base food service officer on AF Form 200, **Basic Daily Food allowance Computation**. The MTF BDFA is calculated by the MSA office and is used only by NM activities. The MTF BDFA is used to calculate earnings for SIK meal days, cash patrons meal days if the MTF is a SCAMS facility and CTIM earnings.

7.11.5. 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 supplementary nourishments. The Patient BDFA is only used to calculate patient meal day earnings. Only one Patient BDFA applies for the full calendar month.

7.11.5.1. (Automated) Use NMIS NM Accounting Module to compute Patient BDFA for patient meal days served each day.

7.11.5.2. (Manual) Multiply the MTF BDFA times 1.15 to obtain the Patient BDFA.

7.11.6. 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 SIK 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.

7.11.6.1. (Automated) NMIS automatically calculates the small volume feeding percentage.

7.11.6.2. (Manual) Multiply the MTF BDFA times 1.15 to obtain the MTF BDFA for small volume feeding facilities.

7.11.7. Cooked Therapeutic Inflight Meal (CTIM) Allowance. A special monetary allowance equal to 80 percent of the MTF BDFA is authorized for each CTIM furnished by the NM activity for aeromed-

ical evacuation patients to be consumed in flight. Guidance for preparing CTIMs is in AFI 41-303, Aeromedical Evacuation Dietetic Support.

7.11.7.1. (Automated). NMIS automatically calculates the CTIM allowance.

7.11.7.2. (Manual). Calculate CTIM allowances separately and add them to the regular allowance earned for weighted meal days served in the medical facility.

7.11.8. Holiday and Special Meal Percentages/Allowances. An additional meal allowance is permitted for all federal holidays, the Air Force birthday, Easter, and airman 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 SIK 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.

7.11.8.1. (Automated) NMIS 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 SIK 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. The additional earnings figure is entered in NMIS under the NM Accounting Section as a Food Credit/Other Revenue in the Credit and Revenues Screen. 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 SIK customers served.

7.11.8.2. (Manual) Instead of using 0.40 to determine the number of meal days for lunch or dinner on the holidays, use a factor of 0.65 (or 0.55 for airman appreciation meals). This factor will then provide the additional 25 percent (or 15 percent) supplemental holiday credit to the earnings when the meal days are multiplied by the applicable MTF BDFA.

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

7.11.10. 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). CTIMs are valued at 80 percent, ambulatory procedure visit/same day surgery meals at 40 percent, and holiday meals at 65 percent.

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

7.11.10.2. SIK Meal Days are obtained by multiplying the number of SIK patrons times the appropriate meal factors.

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

## 7.12. Subsistence Account Reporting and Management.

7.12.1. Food Service Financial Reports. Food Service Financial Reports are used to assist NM managers in overseeing their subsistence account, inventory value, earnings and collections.

7.12.1.1. (Automated). NMIS offers a number of automated reports to monitor key financial indicators in NM.

7.12.1.1.1. **Receipt Cost Summary Report or Purchase Order Summary/Detail 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 on the Credit Revenue Screen.

7.12.1.1.2. **Inventory Valuation Report, Category Summary** lists inventory items by category, NSN, vendor issue unit, issue cost, quantity on hand, and value of current inventory. The total from this report should also be compared to the Food Inventory Ending Value block on the Credit Revenue Screen.

7.12.1.1.3. **Issue Cost Summary Report** provides a list of all inventory items by category, NSN, vendor source, issue unit and quantity, and issued value. This report should be used to verify the amounts entered for issues since the last inventory, but its total should not be used for the total value of issues. The total value of issues is a calculated field using opening inventory plus purchases minus closing inventory.

7.12.1.1.4. **Daily Facility Summary Report** provides specific daily information on categories of patrons served for each meal, total meals, weighted meal days, cash and other income collected and earned income. Cumulative comparisons for date and month are provided for all categories of meal days, cost of food purchases and issues, total earnings, excess costs, earnings versus issues status, surcharge and cash collected, billings and total revenue.

7.12.1.1.5. **Monthly/Quarterly Facility Summary Report** provides a listing for each day of the month for patient and total meal days, total earnings, purchases, issues, income versus issues status, total meals and surcharge collections. Monthly, quarterly, and year-to-date figures for account status (earned income, purchases, opening and closing inventory), as well as current month and fiscal year monetary allowances are also included.

7.12.1.1.6. AF Form 541, **Nutritional Medicine Service Subsistence Cost Report**, or local equivalent must be submitted to each MAJCOM according to the template provided in [Attachment 5](#).

7.12.1.2. (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.

7.12.1.2.1. AF Form 544, **Ration Earnings Record** 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

CTIMs. A separate form is used daily and then taken to the MSA office where the rest of the rations earnings record is completed.

7.12.1.2.2. 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. The MSA office prepares AF Form 541 each quarter. The NM OIC or NCOIC should always be aware of the information and financial status reflected on the AF Form 541 and review it before it is sent to the major command.

7.12.1.2.3. AF Form 546, **Food Cost Record**, provides an overview of daily financial transactions and current monthly cumulative totals.

7.12.1.3. 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. The number of trays served is a workload factor used in determining NM manning; therefore, continued documentation is required. The OIC or NCOIC of NM gives the workload figures and weighted diet census from AF Form 2573 to the MSA Officer daily or at the end of each month to be included on the Daily Facility Summary Report and entered into the Medical Expense and Performance Reporting system (MEPRS).

7.12.1.4. MAJCOM Reporting. A spreadsheet detailing Operational BDFA, MTF BDFA, Patient BDFA, total purchases, cost of issues, total earnings, total meals, total rations, patient rations, other rations, operational rations and prime vendor used must be submitted monthly to each MAJCOM. **Attachment 5** shows a sample automated spreadsheet report.

7.12.2. 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.

7.12.2.1. Limitation on Food Served. The financial status of the NM subsistence account is measured using food issues adjusted for spoilage and supplemental/other income (formerly known as excess cost) which then becomes food served. The status of earnings minus food served 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. This same information is found in the credits and revenues screen in the NMIS accounting module or on the Daily and Monthly Facilities Summary Report. At the end of the fiscal year, earnings minus food served must not be more than \$100.00 or (plus or minus) 2 percent of the average monthly credit earnings, whichever is greater.

7.12.2.2. Earnings Minus Purchases. The financial status can be further checked by comparing earnings minus purchases. If the inventory value is within regulatory limits, this number should be approximately the same as earnings less food served.

7.12.2.3. Fiscal Year Close-out. If, at the end of the fiscal year, the earnings less food served on line 57 of AF Form 544 exceeds (either 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.

7.12.2.4. 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.

**7.13. 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.

7.13.1. 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: DoDM 6010-13, *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities*, and AFI 41-102, *AF Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities*. The FCCs that are used most frequently in NM are as follows.

7.13.1.1. (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.

7.13.1.2. (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.

7.13.1.3. (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.

7.13.1.4. (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.

7.13.1.5. (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.

7.13.2. Personnel 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. Two methods are most often used for reporting personnel hours: actual hours worked through manual entry on AF Form 3078, **Monthly Personnel Time and Salary Distribution Worksheet** or monthly averages on personnel templates. Regardless of the method used in the facility, 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 AF Forms 3078 or personnel templates for accuracy, consistency, and appropriate FCCs, before they are submitted to the MEPRS Program Manager. The FCCs listed in **7.13.1.** will represent the majority of work centers used for NM time reporting. Other codes used for specific activities include EBB – Health Promotion, FDCA – Consultant, FALA – Continuing Health Education, and readiness codes such as GBBA – Readiness Training – Wartime.

7.13.2.1. Personnel Templates. Each individual develops a template that converts their annual hours worked into monthly averages. The objective is to develop statistically significant estimates that will rarely require updating. Areas to consider include primary, secondary, and tertiary work centers, squadron or committee meetings, medical readiness activities, and support to special programs. Monthly exception reporting of significant changes to the template may include TDYs, details, deployments, etc. Individuals arriving to the MTF without knowing their exact duty requirements may develop an initial template by identifying an individual currently or previously in the work center performing similar duties. Manual collection of work hours on an AF Form 3078 for the first three months may be recommended until normal duty patterns are established.

7.13.2.2. 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 be 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.

7.13.3. Inpatient and Outpatient Nutrition Care Workload. The number of outpatient visits is to be recorded in the CHCS, Provider Work Station, or manually on AF Form 2576, **Clinical Dietetic Patient Visit Summary**, AF Form 555, **Patient Visit Register** or other MAJCOM directed method which contains all of the information listed on AF Form 2576. Inpatient workload data is assigned a relative value and recorded as an inpatient weighted nutrition procedure. Inpatient weighted nutrition procedures and numbers and types of outpatient visits from AF Form 2576 are provided to RMO monthly for inclusion in MEPRS.

**7.14. 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:

7.14.1. 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.

- 7.14.2. Compare data: Analyze last year's budget versus expenditures, and reasons for variation.
- 7.14.3. 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.
- 7.14.4. Draft the budget: Determine annual and quarterly costs.

## Chapter 8

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

#### 8.1. Procedures for MTFs supported by Base Food Service.

8.1.1. Medical Treatment Facility (MTF) Commander or designated NM representative responsibilities:

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

8.1.1.2. Ensures that a letter of agreement outlining the responsibilities of both Base Food Service and NM personnel is on file in both activities.

8.1.1.3. Arranges for Nursing Service personnel to complete an original and one copy of AF Form 1094 for each meal.

8.1.1.4. Arranges for an enclosed vehicle to transport NM personnel and supplies to Base Food Service and back three times daily. The closed vehicle will be used for transporting trays and nourishments from Base Food Service to the MTF and back.

8.1.1.5. Ensures that an appropriate healthcare provider prescribes any diets and supplemental feedings. Pharmacy personnel purchase and prepare medical nutritional supplements and tube feedings.

8.1.1.6. Makes sure that food items and meals are used only for patient feeding.

8.1.1.7. Coordinates in advance, by telephone, the number and types of meals required and arranges pickup times with the supervisor of the Base Food Service activity. Prepares a separate (by meal) request for meals on AF Form 812, **ALACS Meal Order Record**. Prepares, or helps NM personnel prepare, therapeutic meals.

8.1.1.8. 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.

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

8.1.1.10. Establishes a medical sub-account and purchases special patient feeding items, such as crackers, cans of juice, baby food, and dietetic foods. See paragraphs 7.2. and 7.5. on medical subsistence fund cites and procedures for purchasing food using an GPC account.

8.1.1.11. Accounts for meals served. Prepares duplicate copies of AF Form 812, ALACS Meal Order Record, (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 Form 812 to a copy of AF Form 1094. Base Food Service retains these forms for audit purposes. AF Form 812 will reflect the food items for meals and between-meal feedings. Forms will be maintained IAW AFMAN 37-139, Table 44-6. The A & D 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.

8.1.1.12. Uses AF Form 1741, Diet Record, to record food likes and dislikes, and any food allergies, for every patient requiring meals. Include therapeutic meal patterns or substitute as required for menu writing purposes and meal ticket preparation.

8.1.1.13. 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.

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

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

8.1.2. Base Food Service Officer or designated representative responsibilities:

8.1.2.1. Provides the NCOIC, NM, with the menu for the base dining facility at least 2 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.

8.1.2.2. Calculates and receives the appropriate earnings for reimbursement for meals provided. Each meal provided is counted as a "SIK customer." Adds 15 percent to the Basic Daily Food Allowance (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 form 812 with attached copy of AF Form 1094.

8.1.2.3. 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.

8.1.2.4. Provides NM personnel with a designated parking space and a work area to assemble trays and prepare therapeutic diet food.

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

**8.2. Procedures for facilities supported by Dietetic Sharing Agreements.** For facilities supported by Dietetic Agreements, the MTF Commander or designated representative coordinates the dietetic sharing agreement with the MAJCOM consultant dietitian to determine the best mix of services by USAF personnel and the other MTF dietary department. The MAJCOM consultant dietitian helps review all sharing agreements and ensures that the sharing agreement includes all appropriate performance improvement programs and internal controls to demonstrate that services are being provided in accordance with the sharing agreement. Sharing agreements must establish responsibility and procedures for:

8.2.1. Inpatient clinical dietetics services, including provision of basic, intermediate, complex and extensive nutritional care; provision of screening, assessment, and reassessment; use of MNT evidence-based guides for practice, protocols, and clinical care guidelines.

8.2.2. Inpatient consultation requests on SF 513 or other approved form and performing outpatient individual and group diet consultations and follow-up.

8.2.3. Requesting patient trays, menus, ordering diets, meal service, delivering and returning trays, and providing nourishments to patients.

8.2.4. Data collection, analysis, and implementation procedures to continuously improve quality of care, and measure and monitor performance and outcomes; determining standards for patient satisfaction, tray accuracy, and quality of nutrition care to establish a basis to pay for services.

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

## Chapter 9

### CONSULTANT SERVICES

**9.1. The NM Dietitian or Diet Therapy Personnel.** The dietitian or diet therapy personnel serve as a nutrition adviser to local medical, health promotion, base and community organizations. Only a dietitian shall serve as nutrition advisor to the MTF Commander. NM Nutrition Adviser Duties:

9.1.1. 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.

9.1.2. Health Promotion Program. Provides guidance to the health promotion program manager (HPM) on program planning, budgeting and purchase of nutrition education and reference materials for the base HPP or HAWC. Serves as a nutrition adviser for other components of the health promotion program involving nutrition education, and disease prevention.

9.1.3. Base Organizations. Provides nutrition counsel to Services Squadron and base Check It Out Program. Community nutrition resource for base agencies such as Child Development and Youth Centers.

**9.2. The Consultant Dietitian.** The Consultant Dietitian advises the USAF Surgeon General, MAJCOMs and numbered Air Force Surgeons, and provides consultant services to MTFs and HAWCs where no dietitian is assigned. Consultant Dietitian duties:

9.2.1. Professional Assistance. Provides interim professional assistance to the NM operations by telephone or in writing. 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. Quality communication between NM and the Consultant Dietitian must be frequent and well documented, as it is necessary to show oversight and training by a registered dietitian for JCAHO and Health Services Inspections (HSI). The consultant dietitian must keep records of all communications, including e-mails, teleconferences, and video-conferences.

9.2.2. Dietetic Sharing Agreements. Helps develop and reviews all Dietetic Sharing Agreements. Ensures that the sharing agreement includes all appropriate performance improvement and internal controls to demonstrate that service are being provided in accordance with the sharing agreement.

9.2.3. Advisor Duties. At facilities having no dietitian or diet therapy personnel, reviews provision of nutrition care by reserve dietitians, credentialed contract registered dietitian or telemedicine services. Performs urgent MNT services for MTF, as necessary. Provides guidance, monitoring, and evaluation for nutrition services at MTFs without a NM operation. MAJCOM consultants shall serve as advisors to fitness centers so that botanical and other supplements are properly labeled for PRP/aircrew safety.

9.2.4. Consultant Visits. Performs consultant visits at least annually or more frequently as requested by the facility. A written report is submitted for each visit. During consultant visits, performs the following duties, as appropriate:

9.2.4.1. Nutrition Care. Performs assessments, MNT, and patient and nutrition education beyond the scope of the assigned diet therapy staff. Performs patient and family nutrition education for interdisciplinary clinics. Screens inpatient and outpatient medical records for appropriateness,

timeliness, accuracy, and completeness of dietary progress notes and diet consultation records. Gives state-of-the-art nutrition presentations to professional staff and medical training programs in the MTF, as needed. Consultants providing only consultant services and advice to dietary personnel do not need MTF privileges; consultants actually providing MNT to patients (ordering and documenting care) need to have privileges at that facility per AFI 44-119, Community Health Management. The Interfacility Credentials Transfer Brief (ICTB) facilitates transfer of credentials and the privileging process for MTFs receiving healthcare providers on temporary practice assignments.

9.2.4.2. **Leadership.** Reviews the NM plans for provision and documentation of nutrition services, staffing and personnel training, facility, food service and fiscal management, and performance improvement activities. Provides recommendations to promote compliance with JCAHO/HSI standards. Reviews medical readiness contingency plans. Reviews NM operating instructions. Approves use of automated forms to replace any form listed in this instruction as long as the replacement form includes the same data. Checks to ensure menus comply with the ADA Manual of Clinical Dietetics. Advises NM personnel on planning, preparing and serving regular and therapeutic diets. Evaluates and makes recommendations for NM administration and food service management. Monitors and provides guidance for NM performance improvement activities. Advises the medical staff and MTF Commander on use of NM resources, including type of meal service, nutritional supplements, and medical foods. Reviews provision of care by contract dietitians, ensuring that the contract dietitian is not providing care and being paid for services that can be done by authorized diet technicians, and that the MTF is properly billed for appropriate services.

9.2.4.3. **In-service Training.** Plans, conducts and documents annual in-service training to NM personnel on management and clinical nutrition topics, as needed. Using AF Form 628, **Diet Instruction/Assessment Authorization**, trains and authorizes diet therapy personnel to give diet instructions, complete basic nutritional screenings, perform diet calculations, write basic progress notes, and complete nutritional assessments.

9.2.4.4. **Health Promotions.** Evaluates and makes recommendations for NM Health Promotions efforts. Ensures that weight management, nutrition education and MNT are appropriately performed and documented at HAWCs.

9.2.4.5. **Community Support.** Serves as nutrition advisor and community nutrition resource for base agencies. Reviews Base Child Development Center menus for compliance to USDA Child Care Food Program guidelines, as needed.

9.2.4.6. **Communication.** Provides inbriefs/outbriefs to MTF, Squadron, Flight Commanders and NCOIC, NM. Prepares SAV reports for MTF, Squadron, Flight Commanders, MAJCOM Consultant Dietitian and the Chief Consultant to the Surgeon General for Nutrition and Dietetics.

**9.3. Forms Prescribed.** Forms prescribed and their NMIS electronic equivalents are listed in [Table 9.1](#).

**9.4. Forms Adopted.** Forms adopted by this publication are listed in [Table 9.2](#).

**Table 9.1. Forms Prescribed.****Manual Form**

AF Form 287, Subsistence Request  
 AF Form 541, Medical Food 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 Assessment/Instruction Authorization.  
 AF Form 662, Food Production Log  
 AF Form 1094, Diet Order  
 AF Form 1741, Diet Record  
 AF Form 2464, CTIM Telephone Diet Order  
 AF Form 2508, Calorie Count  
 AF Form 2567, Diet Order Change  
 AF Form 2568, Nourishment Request  
 AF Form 2570, Nutritional Medicine Flight Cash and Forms Receipt  
 AF Form 2572, Nutritional Assessment of Dietary Intake  
 AF Form 2577, Medical Food Service – Daily Work Assignment  
 AF Form 2578, Medical Food Service Work Schedule  
 AF Form 2579, Nourishment

**Electronic Form/Report**

Daily Facility Summary Report  
 Stock Record Card  
 Requisition List  
 Daily Facility Summary Report  
 Monthly Facility Summary Report  
 Production Planning Report

**Table 9.2. Forms Adopted.**

AF Form 55, Employee Safety and Health Record	AF Form 2581, Daily Absenteeism Record
AF Form 129, Tally In-Out	AF Form 3066, Doctor's Order
AF Form 765, Hospital Incident Report	AF Form 3067, Intravenous Record
AF Form 971, Report on Individual Personnel	AF Form 3930, Clinical Privileges – Dietetics Providers
AF Form 1087, Cash Meal Log	AF Form 4009, Government Purchase Card Fund Cite Authorization
AF Form 1098, Special Task Certification and Recurring Training	SF 71, Application for Leave
AF Form 1212, ALACS Item Pricing	SF 513, Medical Record – Consultation Sheet
AF Form 1254, Register of Cash Collection Sheets	SF 600, Chronological Record of Medical Care
AF Form 1305, Receipt for Transfer of Cash and Vouchers	DD Form 792, Twenty-four hour Patient Intake and Output Worksheet
AF Form 1339, Dining Hall Signature Record	

GEORGE P. TAYLOR, Lt General, USAF, MC, CFS  
Surgeon General

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

American Dietetic Association , *Manual of Clinical Dietetics*

American Dietetic Association, *Patient Education Materials and Instructor's Guide: A Supplement to the Manual of Clinical Dietetics*

American Dietetic Association, *Medical Nutrition Therapy Across the Continuum of Care, 2<sup>nd</sup> Edition*

American Dietetic Association, *Medical Nutrition Therapy Across the Continuum of Care: Supplement 1 Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) Standards*

*USDA Food Guide Pyramid and Dietary Guidelines for Americans*

DODI 1338.10-M, *Manual for the Department of Defense Food Service Program,*

AFPD 40-1, *Health Promotion*

AFPD 40-5, *Fitness and Weight Management*

AFPD 44-1, *Medical Operations*

AFI 31-101, *The Air Force Resource Protection Program*

AFI 33-332, *Air Force Privacy Act Program*

AFI 36-1001, *Managing the Civilian Performance Program*

AFI 36-2201v3, *Air Force Training Program, On The Job Training Administration*

AFI 36-2406, *Officer and Enlisted Evaluation Systems*

AFI 40-101, *Health Promotion Program*

AFI 40-104, *Nutrition Education*

AFI 40-502, *The Weight And Body Fat Management Program*

AFI 41-102, *The Medical Expense And Performance Reporting System For Fixed Military Medical And Dental Treatment Facilities*

AFI 41-120, *Medical Resource Operations*

AFI 41-303, *Aeromedical Evacuation Dietetic Support*

AFI 44-102, *Community Health Management*

AFI 44-108, *Infection Control Program*

AFI 44-119, *Clinical Performance Improvement*

AFI 44-135, *Clinical Dietetics*

AFI 48-116, *Food Safety Program*

AFMAN 44-139, *Clinical Dietetics*

AFJMAN 34-40612, *Armed Forces Recipe Service*

Career Field Education and Training Plan (CFETP) 4D0X1, Diet Therapy

Addendum to the 1996 Objective Medical Group (OMG) Implementation Guide.

***Abbreviations and Acronyms***

**ADA**—American Dietetic Association

**AF**—Air Force

**AFI**—Air Force Instruction

**AFP**—Air Force Pamphlet (old acronym)

**AFPAM**—Air Force Pamphlet (new acronym)

**AFPD**—Air Force Policy Directive

**AFMS**—Air Force Medical Service

**AFSC**—Air Force Specialty Code

**AFSVA**—Air Force Services Agency

**ALACS**—A la Carte System

**AMA**—American Medical Association

**APV**—Ambulatory Procedure Visit

**ASPEN**—Association of Enteral and Parenteral Nutrition

**BCLS** —Basic Cardiac Life Support

**BDFA** —Basic Daily Food Allowance

**BEE**—Basal Energy Expenditure

**BSC**—Biomedical Sciences Corps

**CDE**—Certified Diabetes Educator

**CEU**—Continuing Education Unit

**CHCS**—Composite Health Care System

**CL**—Clear Liquid

**CNM**—Certified Nurse Midwife

**CNSD**—Certified Nutrition Support Dietitian

**CTIM**—Cooked Therapeutic Inflight Meal

**DBMS**—Director of Base Medical Services

**DeCA**—Defense Commissary Agency

**DFAS-CO**—Defense Finance & Accounting Service - Columbus

**DHHS**—Department of Health and Human Services

**DNR**—Do Not Resuscitate  
**DODAAC**—Department of Defense Activity Address Code  
**DSCP**—Defense Supply Center Philadelphia  
**EMEDS**—Expeditionary Medical Support  
**FAC**—Functional Account Code  
**FBS**—Fasting Blood Sugar  
**GTT**—Glucose Tolerance Test  
**GPC**—Government Purchase Card  
**HACCP**—Hazard Analysis and Critical Control Point  
**HAWC**—Health and Wellness Center  
**HAZMAT**—Hazardous Material  
**HCP**—Health Care Provider  
**HEAR**—Health Enrollment Assessment Review  
**HgbA1c**—Glycosylated Hemoglobin  
**HPD**—Health Promotion Director  
**HPM**—Health Promotion Manager  
**HPP**—Health Promotion Program  
**HSI**—Health Services Inspection  
**JCAHO**—Joint Commission on Accreditation of Healthcare Organizations  
**MAJCOM**—Major Command  
**MCRP**—Medical Contingency Response Plan  
**MEPRS**—Medical Expense Performance Reporting System  
**MILSTRIP**—Military Standard Requisitioning and Issue Procedure  
**MNT**—Medical Nutrition Therapy  
**MTF**—Medical Treatment Facility  
**NCBDE**—National Certification Board for Diabetes Educators  
**NCOIC**—Noncommissioned Officer in Charge  
**NDC**—Nutritional Diagnostic Category  
**NM**—Nutritional Medicine  
**NMIS**—Nutrition Management Information System  
**NMA**—Non-Medical Attendant  
**NPO**—Nothing Per Oral

**OIC**—Officer in Charge  
**OMG**—Objective Medical Group  
**OPAC**—On-Line Payment & Collection  
**OSHA**—Occupational Safety and Health Administration  
**PDO**—Publications Distribution Office  
**PI**—Performance Improvement  
**PN**—Parenteral Nutrition  
**QTP**—Qualification Training Package  
**REE**—Resting Energy Expenditure  
**SAV**—Staff Assistance Visit  
**SDS**—Same Day Surgery  
**SIK**—Subsistence in Kind  
**SIMS**—Services Information Management System  
**SF**—Standard Form  
**SOAP**—Subjective, Objective, Assessment, Plan (Medical Record Entry Format)  
**SOAR**—Subjective, Objective, Assessment, Recommendation (Medical Record Entry Format)  
**STORES**—Subsistence Total Receipt Electronic System  
**TF**—Tube Feeding  
**TPN**—Total Parenteral Nutrition  
**UGR**—Unitized Group Ration  
**USAF**—US Air Force  
**USDA**—United States Department of Agriculture  
**VA**—Veterans Administration  
**WIC**—Women, Infants and Children  
**WMP**—Weight Management Program

***Terms***

**A La Carte System**—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. Subsistence-in-kind (SIK) 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.

**Cooked Therapeutic In-flight Meal (CTIM)**—Therapeutic diet foods provided by the medical treatment facility to patients receiving a prescribed therapeutic diet who are embarking on aeromedical evacuation flights.

**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 SIK who eat in appropriated fund facilities (formerly known as surcharge).

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

**HACCP**—A systematic approach to the identification, evaluation, and control of food safety hazards.

**Joint Commission on Accreditation of Healthcare Organizations (JCAHO)**—The accreditation body for medical treatment facilities.

**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**—Tube 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.

**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.

**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

## SAMPLE ACTION PLANNING WORKSHEET

MEDICAL GROUP GOAL: Maximize Medical deployability for all department personnel

MEDICAL GROUP OBJECTIVES:

All qualified medical personnel are deployment ready

Minimize Travis personnel who are not worldwide deployable for health reasons

**Action Plan for Flight: Optimize Medical Readiness Capability of NM Personnel**

<b>Activity or Process</b>	<b>By Whom</b>	<b>By when or target finish date</b>	<b>Outcome to be measured</b>
- NM military personnel attend CMRT --Receive training on M2A burners and field cooking procedures - Provide meals to students	Mgr, NM	Oct 99	1. 100% of military personnel attend CMRT
- Complete Chemical Warfare Training - Complete small arms training - Immunizations are up to date - Mobility bags and other requirements are complete	NCOIC Subsistence, NM	Ongoing, report updates semi-annually	2. 100% of NM military personnel on mobility will meet training and mobility requirements
- NM military personnel are scheduled for and pass ergometry testing - Encourage routine exercises to help pass test	NCOIC, NM	Dec 99, report updates semi-annually	3. 100% of NM military pass ergometry testing
- NM personnel are scheduled for training prior to the expiration of BLS	Training/OJT Monitor	Ongoing, report updates semi-annually	4. 100% of all NM personnel are up to date on basic CPR
- NM personnel are scheduled for training during the month of expiration	Training/OJT Monitor  Safety Monitor	Ongoing, report updates semi-annually	5. 100% of NM personnel complete Recurring Annual Training

### Attachment 3

#### NUTRITIONAL DIAGNOSTIC CHARTING OVERVIEW

**A3.1.** Nutritional Diagnostic Charting is a system of charting in patient records that can provide the following benefits:

- A3.1.1. Enhances professional credibility.
- A3.1.2. Reduces charting to one concise statement, thereby improving quality and consistency of documentation.
- A3.1.3. Provides a common language to other care providers which facilitates the team approach.
- A3.1.4. Eliminates use of the words “appears” and “seems.”
- A3.1.5. Allows identification of co-morbidities for cases eligible for third party reimbursement.

**A3.2.** With this charting system, the dietitian makes a clinical judgment about an individual, a “nutritional diagnosis,” which describes an actual or potential nutritional health problem.

A3.2.1. This “nutritional diagnosis” is then categorized into a fundamental class of nutrition related problems or Nutritional Diagnostic Categories (NDC) that are assigned diagnostic codes.

A3.2.2. A nutritional diagnostic statement is the written, patient-oriented expression of an NDC that is entered under “Assessment” in the patient’s medical record. It has three components:

A3.2.2.1. P: Problem/s or NDC.

A3.2.2.2. E: Etiology or the most likely cause related and relevant to the identified problem, if known.

A3.2.2.3. S: Signs and symptoms or the defining characteristics. These characteristics are the subjective and objective findings that are presented related to the identified problem or NDC.

A3.2.2.4. In addition, nutritional diagnostic statements contain an optional introductory phrase, a connecting phrase between the problem and etiology, and a closing phrase between the etiology and the signs and symptoms. Figure A 9.1. illustrates shows a Summary Format of nutritional diagnostic statement components.

A3.2.2.5. Examples of a nutritional diagnostic statement are as follows: “Potential for continued protein depletion related to poor intake and calorie restriction as evidenced by low serum albumin” or “ Fluid imbalance related to excess sodium and fluid intake and characterized by excessive interdialytic weight gains of 10 pounds and shortness of breath.”

**Figure A3.1. Summary Format of Nutritional Diagnostic Statement Components.**

\*

<hr/> (introductory phrase) <hr/>	<hr/> (P component) <hr/>
<hr/> (connecting phrase) <hr/>	<hr/> (E component) <hr/>
<hr/> (closing phrase) <hr/>	<hr/> (S component) <hr/>
<hr/> (references) <hr/>	

Figure A3.1. Summary Format of Nutritional Diagnostic Statement Components.

1 From Diagnostic Nutrition Network, "A Dietetic-Specific Diagnostic Reasoning Approach for Communicating in Code." Copyright © 1993. M.A. Kight and Biodietetic Associates. Reprinted by permission.

**Attachment 4****PERSONS AUTHORIZED TO EAT IN MILITARY TREATMENT FACILITY DINING FACILITIES**

**A4.1.** Authority. DOD 1338.10-M.

**A4.2.** 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.

**A4.3.** General Entitlements. See Table.

**A4.4.** Special Considerations:

A4.4.1. 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.

A4.4.2. Inpatients traveling in the aeromedical evacuation system are not charged for their meals.

A4.4.3. Outpatients traveling in the aeromedical evacuation system pay the full rate for their meals in the dining room.

A4.4.4. 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).

A4.4.5. Military members of foreign governments pay the same rates as their US counterparts.

A4.4.6. 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.

A4.4.7. The discount rate includes the cost of food only.

A4.4.8. The full rate includes the cost of food and a proportional charge for food service operating expenses.

A4.4.9. Charges for meals are based on annual DOD rates. HQ USAF/SGMC provides the rates to medical resource management officers by message in October.

A4.4.10. 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 A4.1. 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 tuition.			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

These Customers	Pay This Amount		
	No Charge	Discount Rate	Full Rate
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

