

# **Standardizing Your Medical Diet Program - Benefits, Rationale and Compliance**

**Barbara Wakeen, MA, RDN, LD, CD, CCFP, CCHP**  
**Principal/Consultant Dietitian**  
**Correctional Nutrition Consultants, Ltd.**

# Faculty Disclosure

I do not have any relevant financial relationships with any commercial interests.

Disclaimer Statement:

**This informational presentation was developed by independent experts. The information provided in this presentation is not the official position or recommendation of NCCHC but rather expert opinion. This information is not intended to be appropriate for every clinical situation nor does it replace clinical judgment.**

**NCCHC does not endorse or recommend any products or services mentioned**

# Educational Objectives

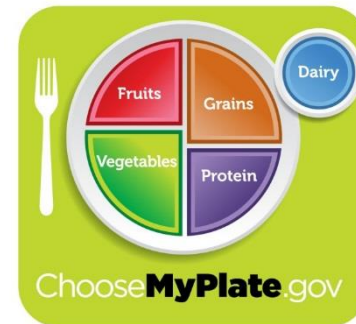
Review how standardizations improves compliance and controls cost.

Summarize the medical diet process from prescription to consumption.

Describe valid and their rationale associated with disease states.

# Standards, Guidelines & Accreditations

- ▶ Following nationally recognized standards, whether accredited or not, helps reduce grievances and potential litigation and aids in compliance.



CHILD  
**NUTRITION**  
PROGRAMS

School Nutrition Programs (SNP)

# Influences Affecting the Nutritional Content of Menus and Diets

- ▶ Governing agency
  - State Jail Standards
  - State DOC Policy/Directives
  - BOP Regulations
  - ICE Detention/Residential
- ▶ Contractual/bid specifications
- ▶ Court mandate
- ▶ Accrediting agency
  - NCCHC
  - ACA
- ▶ Individualized per facility/administration
- ▶ NSLP/SBP

# Nationally Recognized Guidelines and Standards

## Nutritional Guidelines

- ▶ USDA Dietary Guidelines

(2020 - 2025)



- ▶ MyPlate (2011)



- ▶ AHA Guidelines (2014)



- ▶ USDA NSLP/SBP (2012)



## Accreditation Standards

- ▶ NCCHC

- ▶ 2018 Jail and Prison Standards

- ▶ 2015 Juvenile Standards\*

- ▶ ACA

- ▶ 2020 ACI – Expected Practices Standards

- ▶ 4th Edition ALDF

- ▶ 2016 Standards Supplement

# **Guidelines and Standards Impact Medical Diet Programs and Facility Menus**

Direct relationship between  
menus and medical diet  
programs.

# Main Population Menus Impact

## Medical Diet Programs - Trends

- ▶ ↓ overall caloric content
- ▶ Sack meals (esp w/Covid), brunch, 2 meals
- ▶ Gender specific
- ▶ Modified foods - ↓ Na, ↓ sugar, fortified foods
- ▶ Altered recipes & cooking methods
- ▶ Alternate choices – HH entrees/desserts



# Heart Healthy Advances

- ▶ ↓ saturated fat, cholesterol, *trans*-fat and sodium
- ▶ ↑ fiber, whole grains
- ▶ **Consistent carbohydrate q meal**
  - means to identify the carbohydrate content of each food selection
- ▶ **Commissaries**
  - offer healthy choices
  - listing carbohydrate content of foods sold
- ▶ **Nutrition education**
  - empower offenders to make educated decisions and help control their diet



# Medical Diet Trends

- ▶ 6 -10% average medical diets
- ▶ Varied based on MP menus
- ▶ Built into MP
- ▶ Menu 'consolidation' and individualized diets d/t older sicker inmates w/ multiple diagnoses
- ▶ **Diet Education** offered most often by medical
  - ▶ Self accountability by inmates

# Medical Diet Considerations

- ▶ Medical rationale/Dx
- ▶ Desirable – special foods & snacks, time of meals
- ▶ Standardized program
- ▶ Compliance monitoring procedures
- ▶ Degree of acknowledgement varies per geography and authority
- ▶ Education – inmate and staff
- ▶ Keep simple, within budget and as close to main menu as possible

**Medical Diets ≠ Food Preferences ≠ Religious Diets**

# The Standardized Program

- ▶ Contributes to optimal inmate medical health
- ▶ Interdisciplinary – food service, medical, administration, security

## **Communications!**

- ▶ Eliminates potential issues – costs (food, staffing), communications, security, litigation
- ▶ Leads to compliance
- ▶ Positive impact on cost controls

# Standardized Medical Diets

- ▶ Mutually agreed upon and approved medical diet program
- ▶ Medical diets written to match diet order form (requisition)
- ▶ Restrictions/modifications of diet match anticipated need

***RESULT = What is ordered is what is served and planned in writing. THIS IS KEY!***

# Approved Diets

- ▶ **DIET TERMINOLOGIES** = explanations for the medical diets offered at **YOUR Facility.**
  - ▶ Therapeutic
  - ▶ Consistency Modified

# Cost Containment

## Costs become multidisciplinary

Labor = Medical, Food Service, Security

- supervision of preparation/delivery
- diet compliance
- timing of medications

## Multiple diet types

- can result in ↑ \$\$ food
- labor intense preparation and monitoring accuracy

## Heart Healthy main population menu/menu option

- Simplifies preparation, purchasing and ideally costs
- ↓ Compliance issues
- Education of inmate for self management

# Benefits of a Standardized Program

- ▶ Control of disease state during and after incarceration
- ▶ Communication = positive relationships
- ▶ Cost Containment – all disciplines
- ▶ Accountability with education



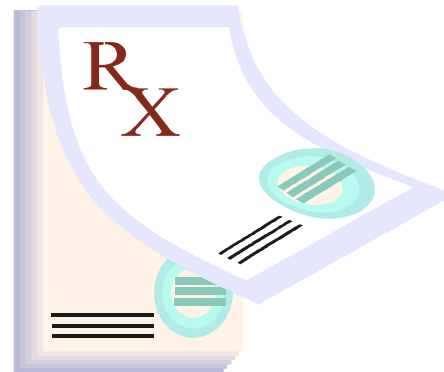
# Medical Diet Process

- **Who** Is authorized to order medical diets?
- **What** Diets are necessary ?
  - Documentation is required ?
  - Is the COST ?
- **When** Are medical diets appropriate ?

# Medical Diet Orders

## Medical diet = Prescription

- Ordered by authorized personnel
- Must be in writing
- Approved diet
- Approved form
- Start & stop date
- Ideally reviewed/rewritten monthly or quarterly
- Consultation w/RDN as needed



# Diet Process

- ▶ **Ordered by authorized medical personnel – in writing – on authorized form - with term limits**
- ▶ **Transmitted to food service**
- ▶ **Food service produces diet/diet food:**
  - ▶ Trayed, labeled and delivered – jail, detention, seg, medical
  - ▶ Trayed for diet line
  - ▶ Trayed upon inmate attendance in chow line requesting diet
- ▶ **Compliance Monitoring**
  - ▶ Trays signed for by security in cell blocks/housing units
  - ▶ Diet tray foods 'menu' signed and identified by signature
  - ▶ Inmate signs diet roster in chow hall
  - ▶ Commissary review
  - ▶ Lack of compliance procedures

# Conditions Requiring Medical Diets

- ▶ Cardiovascular Disease
- ▶ Hypertension
- ▶ Obesity/Bariatrics
- ▶ Diabetes
- ▶ Other – Lactose Intolerance, Celiac, Crohn's, Renal, etc.
- ▶ HIV/Unintended Weight Loss
- ▶ Pregnancy
- ▶ Allergies
- ▶ Dental

# Common Therapeutic Diets

- ▶ Diabetic/Consistent Carbohydrate/  
Calorie Controlled
- ▶ Cardiovascular
  - Low Cholesterol / Low Fat / Low Saturated Fat
  - Low Sodium
- ▶ High Calorie / High Protein / Pregnancy /Wt. Loss
- ▶ Other – Celiac, Crohn's, Allergy, Renal, Lactose Intolerance

# Consistent Carbohydrate/ House Diabetic

- ▶ **Regular Menu modified**
  - Limits/eliminate sweets
  - Fruit & juice = unsweetened, rinsed, juice or water pack
  - Artificial/diet sweeteners, jelly, syrup
- ▶ **Consistent carbohydrates = main focus**
- ▶ **Limited fat**
- ▶ **PM Snack may be ordered**

# Calorie Controlled

- ▶ **Varying calorie levels – 1800, 2000, 2200**
- ▶ **Weight reduction or diabetes**
- ▶ **May include PM snack (diabetes)**
- ▶ **Approximate nutrient breakdown**  
50 % carbohydrate, 20 % protein, 30 % fat

# Cardiovascular

## Limited in type and amount of fat

- $\leq 30\%$  total fat
- Cholesterol  $\leq 300$  mg
- Saturated Fat
- Trans Fat

## Limited Sodium (Na+)

- 2000 - 2300 mg/day
- 1500 mg/day (51+)



# High Calorie/High Protein

## Regular Menu (augmented)

- ▶ ↑ Milk
- ▶ PM Snack, i.e. milk, sandwich and fruit

**Rationale** = Pregnancy, AIDS/HIV,  
Malnutrition/ Unintended Wt. Loss

# Lactose Intolerance

- ▶ **Regular Menu**
- ▶ **Omit/limit**
  - ▶ milk to drink
  - ▶ milk products
  - ▶ foods containing milk
- ▶ **Individualize as tolerated**
- ▶ **Soy/almond based alternates**
- ▶ **Calcium supplement recommended**



# Allergy Diets



**BIG 8 Allergens = eggs, peanuts, tree nuts, soy, wheat, dairy, crustacean shellfish**

- ▶ Bona fide allergies
- ▶ Read ingredient labels
- ▶ Identify at *intake*
- ▶ ***Food preferences ≠ allergies***
- ▶ Allergy testing
- ▶ Multi-Allergy menu = peanut, fish, onion, tomato, mayo AND egg free

# Snacks and Supplemental Feedings

- ▶ Vary per medical diet program
- ▶ PM/HS snacks common for diabetes, HIV, pregnancy, unintended weight loss
- ▶ Varied frequency – contingent on Dx, need, nutritional status
- ▶ Supplements d/t poor PO intake

# Consistency Modified Diets

▶ IDDSI

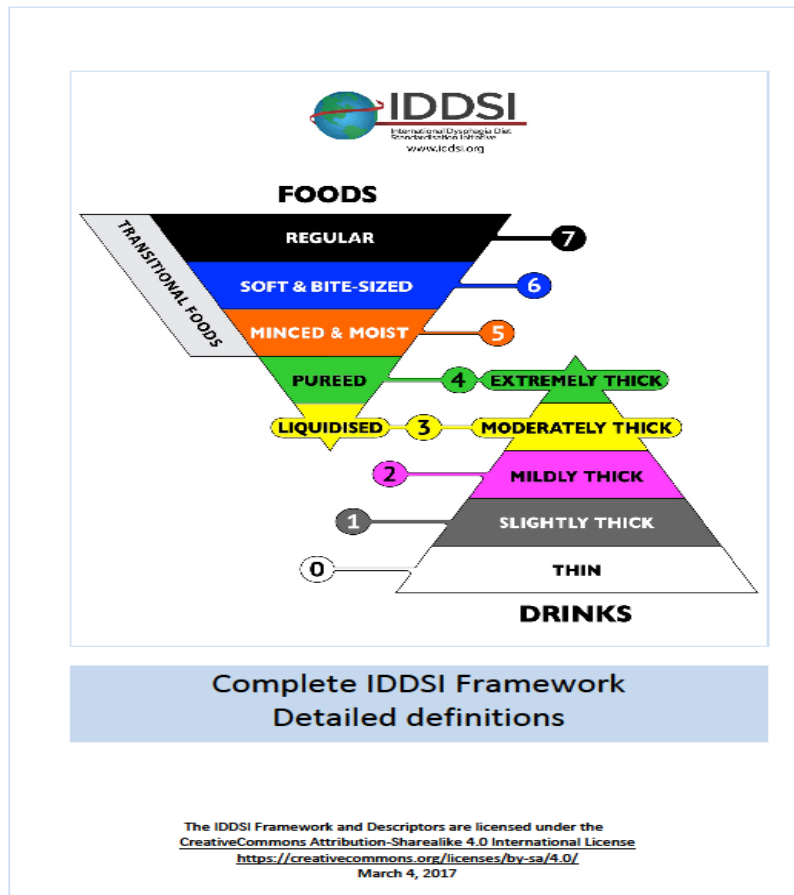
▶ Mechanical Soft

▶ Blenderized

▶ Clear Liquid

▶ Full Liquid

# International Dysphagia Diet Standardisation Initiative (IDDSI)



Source IDDSI Framework -- <http://iddsi.org/>

# Mechanical Soft

- ▶ **Regular Menu**
- ▶ **Individualize as needed**
- ▶ **Modify consistency as necessary**
  - ▶ Easy to chew foods
  - ▶ Ground whole meats, i.e. chicken
  - ▶ Chopped foods as needed
  - ▶ Limited fresh fruits and vegetables

# Blenderized

- ▶ Regular Menu
- ▶ Consistency thin enough to be consumed through a straw
- ▶ Nutritious thinning agent
- ▶ Broken jaw, wired mouth, poor dentition
- ▶ May require liquid supplements to maintain adequate nutrients and acceptance



# Liquid Diets

## Clear Liquid

- ▶ Transitional - post surgery, GI distress
- ▶ Short term 24 to 48 hours
- ▶ Usually transparent, no residue
- ▶ Broth, juice, gelatin

## Full Liquid

- ▶ Transitional from clear liquid → soft
- ▶ Short term  $\leq$  72 hours
- ▶ Pudding, soup, thinned cereal, milk, juice

- ▶ Inadequate in nutrients and calories
- ▶ Liquid @ room temperature

# Diet Trends - Result from Changes

**Standards**



**Guidelines**



**Budgets**



**Compliance**

# Summary

- ▶ Programs vary per governing agency
- ▶ Having a standardized diet program to contributes to optimal health of offenders/inmates helps to maintain compliance and budgets

# Questions

Barbara Wakeen, MA, RDN, LD, CD, CCFP, CCHP  
Correctional Nutrition Consultants, Ltd.

[bwakeen@gmail.com](mailto:bwakeen@gmail.com)

**330 -284- 2269**