



PSYCHIATRIC HEALTH FACILITY POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Section - PSYCHIATRIC HEALTH FACILITY	Effective:
Policy- Test Tray Evaluations	Revised:
PHF CEO's Approval <u>Ann DeSal</u>	Date: <u>8/29/11</u>
Executive Medical Staff Chair's Approval <u>Pete Tuck</u>	Date: <u>8/24/11</u>
Committee Chair's Approval <u>Cy</u>	Date: <u>8/24/11</u>
Registered Dietitian's Approval <u>Justine</u>	Date: <u>8/26/11</u>
Form Ref. <u>ND-1.7</u>	

POLICY: Test tray evaluations will be completed by the Psychiatric Health Facility (PHF) Registered Dietitian (RD) for the assurance that the nutritional needs of the patients are being met, as well as food served is acceptable in appearance and palatability. Test trays will assess food items served are accurate to the menu, correct in portion size, and proper temperature. Test trays will be completed at minimum one time per week by the PHF RD, and more often as needed based on the findings of test trays and patient complaints.

PROCEDURE:

- I. Test trays will be ordered for varying meals and diet orders by the PHF RD. Accuracy, appearance, and taste will be assessed, as well as temperatures and portions size measured, then recorded on the *Test Tray* form.
- II. If a test tray fails to meet compliance the PHF RD will immediately take corrective actions, including but not limited to substitution of any food group not found in sufficient quantity or quality, and as necessary substitution of the entire meal.
- III. The PHF RD will contact the vendor as soon as possible to discuss test tray results requiring corrective action. As needed, the PHF RD will coordinate with vendor regarding in-services for vendor's food services staff and/or coordinate in-services for PHF staff.
- IV. Completed test tray forms will be kept on file by the PHF RD for at least one year.

Test Tray

Date: _____ Meal: _____ Diet: _____ Time of meal service: _____

	Menu Item	Matches Menu (Y/N)	Temp (°F) Upon Delivery	Acceptable Temp to Standards (Y/N)	Portion Size on Menu	Portion Size Correct (Y/N)	Appearance Acceptable (Y/N)	Taste Acceptable (Y/N)
Entree								
Starch								
Vegetable								
Appetizer								
Beverage								
Fruit								
Dessert								
Hot Cereal								
Other								

Corrective action needed? Yes _____ No _____

Notes:

Completed by _____

Standard Delivery Temperature:
 acceptable temperature to maximize food quality, palatability, and safety of food, if hot 115-135 °F and if cold 30-50 °F.