

**MINISTRY OF HEALTH POLICY:
BC PROVINCIAL NUTRITION STANDARDS FOR ACUTE CARE**

Policy Objective

The objective of this policy is to establish provincial nutrition standards for acute care and rehabilitation hospitals to implement a consistent standard of quality-focused, patient-centered, meal experiences and nutrition care to prevent, identify, and treat malnutrition, which may otherwise lead to poor health outcomes and increased length of stay in hospitals.

Rationale

Food service and nutrition care are critical components of care needed to support the recovery of hospitalized patients. Food intake and nutritional status directly impact patient outcomes. Recognizing that people eat differently when they are ill, the *BC Provincial Nutrition Standards for Acute Care* provides a framework to enable facilities to meet the nutritional requirements of patients while considering their current condition and ensuring patients have autonomy and ability to exercise choice.

Implementing comprehensive malnutrition detection and treatment will lead to improvements in three patient outcome measures: length of stay, rate of complications, and rate of re-admissions. Reductions in each of these measures will contribute to a reduction in operational expenses.

Background

The *BC Provincial Nutrition Standards for Acute Care* are the result of a collaborative effort between the Ministry of Health and food service and clinical nutrition experts from across BC's Health Authorities. With consensus from the working group, the following Guiding Principles distilled from evidence and operational practice shaped the development of these standards:

- Food service is a critical component of patient care and treatment. Food intake and nutritional status directly impacts their clinical outcomes.
- Patient centered food service is required to uphold the rights, treatment, care, and dignity of patients. This includes ensuring patients have autonomy and choice with food decisions and personal and cultural preferences are considered in the foods available.
- People eat differently when they are ill. Food offered within acute and rehabilitation hospitals should minimize the risk of malnutrition, support optimal food intake for recovery, and consider the needs of patients given their current condition.
- Foods and beverages provided through the food service should be the first choice for promoting food intake and nutritional adequacy. Oral nutrition supplements are to be considered when patients are not able to meet their nutrition needs through the food available.

Effective implementation of these Nutrition Standards requires a collaborative approach from clinical teams, administrative staff, hospital management, senior leadership, physicians, nurses, dietitians, and food services staff.

BC PROVINCIAL NUTRITION STANDARDS FOR ACUTE CARE

Definitions

Acute Care - emergency services and general medical and surgical treatment provided to patients having an acute event (i.e., serious illness or traumatic injury) who require investigation, diagnosis, and treatment. The clinical and lab findings for such patients are not stable and frequent medical supervision, nursing intervention, and access to a full spectrum of diagnostic and therapeutic services may be required.

Default Meal - A meal provided to a patient who is unable to self-select off the menu. Default meals are created from food and beverage options available on the patient's assigned menu.

Diet - Historically used to describe the parameters around the types of food and beverages a patient would receive based on their medical condition and/or nutrition needs e.g., regular, diabetic, heart healthy.

Facilities- Health authority owned and operated acute care and rehabilitation hospitals in BC designated by the Minister and operating primarily for treating persons suffering from acute phase of illness or disability or convalescing from or being rehabilitated after acute illness or injury.

Menu - A list of all the food and beverage choices available to patients for meals or snacks. A facility will have multiple menus to accommodate patient needs.

Oral Nutrition Supplements - Commercially formulated products that contain essential micro and macro nutrients often used to replace or supplement a meal or snack.

Therapeutic Menu - A list of all the food and beverage choices available to patients for meals or snacks tailored to accommodate medical nutrition needs as indicated in their nutrition care plan. Historically referred to as therapeutic diet.

Scope

This policy applies to all acute care and rehabilitation hospitals designated under Section 1 of the [Hospital Act](#) that provide inpatient care and food services.

Policy

Health authorities will implement the following nutrition standards at acute care and rehabilitation hospitals and will report on their progress towards meeting these standards.

1. Patients are provided food and beverages that support optimal intake.
 - 1.1 Food served is visually appealing and tastes good as measured by patient satisfaction.
 - 1.2 Patients are provided with a menu that is the least restrictive possible.
2. Patients are offered choice to select their meals and snacks.
 - 2.1 Menus are designed to include sufficient variety and flexibility to support a patient's ability to exercise choice as measured by patient satisfaction.

BC PROVINCIAL NUTRITION STANDARDS FOR ACUTE CARE

2.2 Facilities have systems in place to inform patients of the menu selection process and to support patients who require assistance selecting food and beverages.

2.3 Patients who are unable to select a meal are provided a default meal aligned with their nutrition care plan.

2.4 Patients have the opportunity to select meals, snacks, and beverages as close to the point of service as possible.

2.5 Facilities will design menus to include a variety of culturally relevant food and beverages reflective of local population demographics.

2.6 Facilities will design menus to include traditional foods and/or recipes as reflected by the Indigenous populations in the local health area.

2.7 Between-meal snacks (food and beverages) are available and offered to patients.

2.7.1 The number of snacks is adapted to the patient's needs and nutrition risk ranging from one to three between-meal snacks per day.

2.7.2 Suitable snack offerings are available to patients on texture modified or therapeutic menus and patients with food allergies.

2.7.3 Facilities have clearly defined processes in place to support patients in making snack selections and ensuring selected snacks reach the patient.

3. Facilities have systems in place to support positive eating experiences and reduce barriers to eating.

3.1 Patients have access to food options outside of regular mealtimes to accommodate missed meals.

3.2 Where possible, mealtimes are protected to limit or avoid interruptions.

3.3 Facilities have processes, and staff training and resources, to ensure patients are in a posture supportive of eating and are aided with eating and opening packages during mealtimes.

3.4 Facilities have policies in place to allow family, friends, or caregivers to bring outside food to patients and provide feeding assistance.

3.5 Facilities have processes in place to provide meals at no or low cost for parents or caregivers of admitted pediatric patients who are experiencing food insecurity.

4. Facilities have processes in place to prevent, detect and treat malnutrition.

BC PROVINCIAL NUTRITION STANDARDS FOR ACUTE CARE

4.1 All patients are screened for nutrition risk within 24 hours upon hospital admission or transfer using a validated tool.

4.2 Facilities have processes in place to support optimal intake for patients who have a positive nutrition risk screen to enable early intervention while awaiting nutrition assessment.

4.3 A referral to a registered dietitian is initiated within 24 hours of a positive nutrition risk screen.

4.4 Patients with a positive nutrition risk screen will receive a nutrition assessment by a registered dietitian within 72 hours of admission to hospital.

4.5 Following a nutrition assessment, when indicated, a nutrition care plan developed by a registered dietitian will be put in place.

4.6 Admitted patients will receive a nutrition risk screen every 7 days or sooner if a decline in food intake is observed.

4.7 Discharge and/or transition plans for patients who are identified at nutrition risk during their admission include referrals to and/or information on relevant resources and nutrition supports in the community.

5. When patients are not able to meet their nutrition needs through food and beverages, oral nutrition supplements are to be considered.

5.1 Oral nutrition supplements will be provided only if requested by a patient or as indicated in their nutrition care plan.

5.2 Patients are consulted and involved in decision making around oral nutrition supplements.

5.3 If prescribed oral nutrition supplements, patients are regularly assessed for acceptance and intake.

6. Therapeutic menus are available when required.

6.1 Facilities will limit the number of therapeutic menus to only those that are evidence-based to manage a critical condition during an acute care stay.

6.2 Patients are only placed on therapeutic menus when dietary modifications are required for a patient's nutrition care plan and must be weighed against the risk of malnutrition.

6.3 Patients are consulted when a therapeutic menu is recommended in their nutrition care plan.

BC PROVINCIAL NUTRITION STANDARDS FOR ACUTE CARE

6.4 Terminology used for texture modified menus and thickened drinks will comply with the International Dysphagia Diet Standardization Initiative.

7. Facilities will prioritize environmentally sustainable choices.

7.1 Facilities will design menus that consider sustainability, reduce food waste, and prioritize local food.

7.2 Facilities will prioritize reusable dishware over single-use plastics.

8. Facilities will measure patient satisfaction.

8.1 Facilities will conduct surveys of patient food and meal service satisfaction at least once per year and will take corrective action as necessary.

Implementation

Health authorities will begin the implementation of the *BC Provincial Nutrition Standards for Acute Care* (at acute care and rehabilitation hospitals as of the effective date of this policy and will begin reporting on progress by May 31, 2026. The *BC Provincial Nutrition Standards for Acute Care* provide a 'North Star' for health authorities to strive for, with gradual and flexible implementation based on existing operating budgets.

Implementation Guidelines

The *Implementation Guidelines* for the *BC Provincial Nutrition Standards for Acute Care* serve as a companion resource to the *BC Provincial Nutrition Standards for Acute Care*, offering guidance to health authorities and acute care and rehabilitation hospitals across British Columbia on how to effectively implement the standards.

The guidelines are intended to provide support and assistance in the implementation process. While adherence to these guidelines is considered best practice, the guidance contained within is not mandatory. Instead, they offer a framework to implement the *BC Provincial Nutrition Standards for Acute Care* while allowing flexibility for facilities to tailor their approaches to local contexts and unique patient populations.

The *Implementation Guidelines* aim to facilitate the successful integration of the *BC Provincial Nutrition Standards for Acute Care* into daily practice, ultimately contributing to improved nutrition and health outcomes for patients across the province. We encourage facilities to use these guidelines in their ongoing efforts to enhance the quality of nutrition care provided to patients in acute care and rehabilitation settings.

BC PROVINCIAL NUTRITION STANDARDS FOR ACUTE CARE

Monitoring and Evaluation

General Parameters

All facilities to which this policy applies (see Scope section) must report annually to the Ministry of Health. This reporting will use the metrics and format outlined in **Reporting Requirements**, with Patient Satisfaction Survey Metrics data reported as averages for the calendar year. Reports are to be submitted annually on or before May 31st to the Provincial Dietitian, Population & Public Health Division, Ministry of Health, (nutritionandphysicalactivity@gov.bc.ca) with the first report due May 31, 2026.

Accountability

Senior level health authority executives responsible for food services and clinical operations are accountable for their health authority's compliance with this policy.

References/Related Policies

Ministry of Health 2023/24-2025/26 Service Plan – Objective 3.2: Enable sustainable health sector innovation for quality population and patient health care

Ministry of Health Frailty in Older Adults – Early Identification and Management

Ministry of Health, Feed BC Policy Communique 2018-19

Hospital Act

Hospital Insurance Act

Review

The policy is subject to review, as required.

Contact

For information on this policy, please contact the Provincial Dietitian, Population & Public Health Division, Ministry of Health via email: nutritionandphysicalactivity@gov.bc.ca