


Name of Policy: Family Guest Tray Service Policy Number: 3364-104-303 Approving Officer: Chief Executive Officer Responsible Agent: Food & Nutrition Management Scope: University of Toledo Medical Center, Food & Nutrition Service		 Effective date: Original effective date: 8/2002	
Key words: Family, Guest, Tray Service, Food, Meals			
	New policy proposal	<u>X</u>	Minor/technical revision of existing policy
	Major revision of existing policy		Reaffirmation of existing policy

(A) Policy statement

It is the policy of the Food and Nutrition Services Department to provide patient guest trays on a charge basis.

(B) Purpose of policy

This policy was created to establish a mechanism for providing meals to guest of patients.

(C) Procedure

1. Patient family members may request a guest tray by speaking with the nursing staff directly or through FNS Room Service.

~~Nursing:~~

2. Nursing should instruct the patient's family member to phone extension 383-2328 to order the guest tray. Notify the family member that there is a **charge of \$5.00 for a breakfast meal and \$7.00 for lunch or dinner. Upon delivery we ask that the guest have the exact change available in cash. No checks or credit/debit cards are accepted.**
3. If the patient's family member does not have sufficient funds to pay for the guest tray, nursing, social service or care coordination may be contacted for a courtesy meal ticket. This meal ticket will be charged back to the department. Courtesy meal tickets can be offered to the family (1 meal per day for 1 family member) to use toward guest trays or cafeteria meals.

~~Food and Nutrition Services:~~

4. Room Service calls from patients requesting a guest tray are acceptable. Diet Clerk will notify the patient of the charge for guest trays as above.

5. Diet Clerk will enter guest tray. Guest may choose a standard “house” meal tray or make their selections. Selections are limited to:

Breakfast: Fruit and Juice
 Breakfast Entrée with side ~~Meat~~
 Bagel, Muffin or Toast with margarine/butter and jelly
 Cereal with Milk
 Coffee or Tea

Lunch and Dinner: Choice of Appetizer, Soup or Salad
 Sandwich or Entrée
 Side Dish
 Vegetable
 Bread with Margarine/Butter
 Fruit or Dessert
 Hot or Cold Beverage

6. Diet Clerk will provide a written receipt to be used by the Tray Passer in collecting the charge. Cash only is accepted. ~~Tray Passer will collect the money and have guest sign receipt of tray. The meal and a copy~~ of the receipt is given to the patient and original left with Tray Passer, who then deposits cash in the hospital kitchen safe.
7. Food Service ~~Supervisor~~ administration will deposit cash for accounting purposes. The original receipt is kept with the cash register reports.
- ~~8. In the event the family does not have sufficient funds to pay for the guest meal at the time of delivery, the tray will not be given. Family members may contact Social Services or Care Coordination for assessment of need. These tickets will be charged back to the department issuing meal ticket.~~

<p>Approved by:</p> <p>_____</p> <p>Daniel Barbee Chief Executive Officer</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>Joshua Krupinski Director, Food & Nutrition</p> <p>_____</p> <p>Date</p> <p><i>Review/Revision Completed by:</i> <i>Director, Food & Nutrition</i></p>	<p>Policies Superseded by This Policy:</p> <p>Initial effective date: 8/2002</p> <p>All Review/Revision Dates:</p> <p>6/05 6/2/2008 7/1/2011 7/1/2014 7/1/2017 4/23/2019 5/16/2022</p> <p>Next review date:</p>
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