

Standards for nutritional health promotion in social services and health care

STESO ry, the Finnish Network of Health Promoting Hospitals, has on 7 March 2019 set up a drafting committee to develop a set of standards based on the international HPH standards for nutritional health promotion for the use of social services and health care organizations.

Drafting committee:

Alanne Soili (South Ostrobothnia Hospital District, from 1 January 2020)
Järvi Leea (Northern Ostrobothnia Hospital District)
Lahdensuo Anne-Mari (South Ostrobothnia Hospital District, 1 June 2020 through 6 April 2021)
Lehtimäki Katja (Central Finland Hospital District, from 1 April 2020)
Luhta Reetta-Maija (South Ostrobothnia Hospital District, until 2 October 2019)
Mutanen Susanna (Central Finland Hospital District)
Nykänen Eeva (Central Finland Hospital District)
Pesonen Karita (Northern Ostrobothnia Hospital District)
Pölönen Auli (Pirkanmaa Hospital District)
Sammallahti Kirsti (Pirkanmaa Hospital District, starting 1 January 2021)
Siljamäki-Ojansuu Ulla (Pirkanmaa Hospital District, VRN working group, starting 1 March 2021)
Suorajärvi-Bron Riikka (South Ostrobothnia Hospital District)
Varjonen-Toivonen Maarit (Pirkanmaa Hospital District)
Viitala Hanna (Pirkanmaa Hospital District, starting 1 January 2021)
Ylönen-Käyrä Niina (Central Finland Hospital District, until 1 April 2020)

The drafting committee has met 26 times between 2019 and 2021. The Board of Directors of STESO ry has provided guidance to the drafting committee.

In this document, “nutritional health promotion” is used to mean the promotion of well-being and health through nutritional means as well as nutritional care and guidance. “Patient” is used to also refer to a client or a customer.

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Management Policy				
Standard 1. The organization has a written policy for health promotion. The policy is implemented as part of the overall organization quality improvement system, aiming at improving health outcomes. This policy is aimed at patients, relatives and staff				
Objective: To describe the framework for the organization's activities concerning health promotion as an integral part of the organization's quality management system				
HPH Substandards	STESO Nutritional Health Promotion Standard			
	OBJECTIVES	IMPLEMENTATION	RESPONSIBILITIES	EVALUATION
1.1 The organization identifies responsibilities for the process of implementation, evaluation and regular review of the policy	1.1 Persons responsible for the drawing up, implementation, evaluation, and regular review of the organization's nutritional health promotion policy have been identified	The senior management of the organization will decide to commission a nutritional health promotion policy and identify persons responsible for planning, evaluation, and regular review of the policy	Senior management of the organization	The senior management of the organization has decided to commission the policy and identified the personnel responsible yes/no The policy programme is complete and ratified and signed by management yes/no
1.2. The organization allocates resources to the processes of implementation, evaluation and regular review of the policy	1.2. The necessary resources for the implementation, evaluation, and regular review of the nutritional health promotion policy have been allocated	The resources necessary for the nutritional health promotion working group and implementation of the nutritional health promotion policy will be allocated	Senior management of the organization	A chairperson and a secretary for the nutritional health promotion working group have been named yes/no
		The nutritional health promotion policy will be evaluated and reviewed annually	Nutritional health promotion working group	The evaluation of the nutritional health promotion programme with any necessary revisions has been conducted yearly and reported as part of the working group's report yes/no

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1.3. Staff are aware of the health promotion policy and it is included in induction programmes for new staff	1.3. The organization has a nutritional health promotion policy and a communications plan. The staff are aware of them and communicating the policy is part of the familiarisation programme for new staff	A separate communications plan will be employed to inform the entire staff of the nutritional health promotion policy	Nutritional health promotion working group	The organization has a nutritional health promotion policy yes/no The nutritional health promotion policy has been communicated to staff at least yearly yes/no
		The nutritional health promotion policy will be part of the familiarisation programme for new staff	Senior management of the organization Nutritional health promotion working group Unit supervisor	The nutritional health promotion policy is part of the familiarisation programme for new staff yes/no
1.4. The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities	1.4. Managing the promotion of nutritional health with knowledge	Information will be collected and an evaluation conducted on the organization's nutritional care practices to support knowledge-based management, such as: <ul style="list-style-type: none"> • enhanced diet • supplementary nutritional products • client feedback • evaluating malnutrition risk (NRS 2002, MNA, STRONGKids) • weight, height, BMI • structured documentation of nutritional guidance • documentation of nutrition-related diagnoses 	Nutritional health promotion working group Quality assurance working group	Knowledge of the organization's nutritional care practices is being gathered in a structured manner yes/no An evaluation is conducted and communicated to decision-makers to support knowledge-based management at least once a year yes/no

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1.5. The organization ensures that staff have relevant competences to perform health promotion activities and supports the acquisition of further competences as required	1.5 The organization's staff are trained and competent for the promotion of nutritional health	The organization will have set criteria for nutritional health competences specific to each personnel group	Nutritional health promotion working group	The need for further nutrition competences in different personnel groups will be discovered through appraisal discussions and written up as part of skills mapping yes/partially/no
		The need for further nutrition training for staff will be evaluated on a regular basis	Supervisor	Number of annual nutrition-related training sessions: units, sessions/year organization, sessions/year Staff participation in nutrition training: number of staff trained/unit/year number of staff trained/organization/year
		Staff will regularly receive nutrition training and guidance training	Continuing education unit	
1.6 The organization ensures the availability of the necessary infrastructure, including resources, space, equipment, etc. in order to implement health promotion activities	1.6. The necessary resources in order to implement nutritional health promotion, nutritional treatments, and guidance, are available	The necessary number of available clinical dietitians will be ensured	Senior and middle management	The need for nutrition therapy services and the number of available providers has been charted by service sector yes/no
		Nutrition health promoting personnel groups will be identified within the organization		Necessary resources have been allocated in the budget yes/no

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Patient Assessment				
Standard 2. The organization ensures that health professionals, in partnership with patients, systematically assess needs for health promotion activities				
Objective: To support patient treatment, improve prognosis and to promote the health and well-being of patients.Substandards				
HPH Substandards	OBJECTIVES	IMPLEMENTATION	RESPONSIBILITIES	EVALUATION
2.1. The organization ensures the availability of procedures for all patients to assess their need for health promotion	2.1. All patients have the means to assess their need for nutritional guidance and treatment	The website and the online platform of the social services and health care organization will offer tests or links to assess need for nutritional guidance and to self-evaluate nutrition status, diet, and nutrition intake.	Organizational nutritional health promotion working group	<p>What proportion of the organization's units / locations are available to the patients for</p> <p>2.1.1 Physiological measurements/nutritional status evaluation (height, weight, BMI) x % of units/locations</p> <p>2.1.2 Procedures for assessing diet or nutrition intake x % of units/locations</p>

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		<p>The organization will provide pre-designed procedures for professionals to assess the need for nutritional guidance, nutrition status, diet, and nutrition intake. The organization will also have guidelines for documentation</p> <p>The assessment will be conducted with the patient and the health care professional collaborating</p>	<p>Organizational nutritional health promotion working group</p> <p>Supervisors</p>	<p>The organization provides set procedures for patients to assess their need for nutritional guidance, nutrition status, diet, and nutrition intake.</p> <p>Does the organization provide guidelines for procedures to evaluate nutrition status</p> <p>2.1.3 Physiological measurements 2.1.3.1 height, yes / no 2.1.3.2 weight, yes / no 2.1.3.3 BMI, yes / no 2.1.4 For how many patients has the organization gathered 2.1.4.1 height, n 2.1.4.2 weight, n 2.1.4.3 BMI, n 2.1.5 BMI classification by age cohort (matrix) 2.1.6 Does the organization provide a guideline for identifying risk of malnutrition, yes/no 2.1.7 Does the organization provide procedures for assessing diet or nutrition intake yes/no</p>
<p>2.2. The organization ensures procedures to assess specific needs for health promotion for diagnosis-related patient-groups</p>	<p>The organization considers the differing needs of diverse patient groups in assessing the need for nutrition treatment and guidance</p>	<p>The organization will provide set procedures and materials for nutrition treatment and guidance for different patient groups and age cohorts</p>	<p>Middle management in charge of care operations</p> <p>Nutritional health promotion working group</p> <p>Supervisors</p>	<p>To what extent do units / locations make available set procedures and materials by patient group or age cohort</p> <ol style="list-style-type: none"> 1. Not at all (<10 %) 2. To some extent (10–39 %) 3. Partially (40–59 %) 4. To a large extent (60–89 %) 5. Nearly universally (≥90 %)

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2.3 The assessment of a patient's need for health promotion is done at first contact with the hospital. This is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request	2.3 The patient's need for nutrition treatment and guidance will be assessed and reviewed appropriate to their nutrition status or need for care in collaboration with the patient	The patient's need for nutritional guidance and treatment as well as their own views will be discussed on admission. The situation will be reviewed as nutrition status or treatment changes or on the patient's initiative.	Supervisors Professionals engaged in care	Preliminary questionnaires and discussions on admission collaborate with the patient to assess 2.3.1 height, yes/no 2.3.2 weight, yes/no 2.3.3 changes in weight, yes/no 2.3.4 BMI, yes/no 2.3.5 special dietary requirements, yes/no 2.3.6 functioning in feeding or taking care of one's own diet, yes/no 2.3.7 number of malnutrition risk assessments conducted, n 2.3.8 risk assessment results, as indicated in the risk classification of the procedure 2.3.9 ICD10 obesity diagnoses, n 2.3.10 ICD10 malnutrition diagnoses, n
		The need for nutrition guidance and assessment of nutrition status, feeding, and nutrition intake will be logged into a nutrition treatment plan for care and follow-up		Nutritional health assessment is included in self-care and treatment plan guidelines yes/no Guidelines exist for monitoring nutritional health as treatment proceeds yes/no Diet monitoring procedures have been set yes/no (same as section 2.2)

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2.4 The patients' needs assessment ensures awareness of and sensitivity to social and cultural background	2.4 The patient's nutritional health needs are assessed with sensitivity to their social and cultural background	Assessments of the need for nutritional guidance and diet choice, as well as food orders, will be aware of and sensitive to the patient's social and cultural background	Professionals engaged in care	Targeted preliminary questionnaires and diet assessment instructions, forms, and other tools specific to major ethnic groups are available yes/no
		Professionals will be able to make use of supporting material to provide nutritional guidance for different ethnic and cultural groups	Nutritional health promotion working group or nutrition working group	The organization offers professionals supporting material to provide nutritional guidance for different ethnic and cultural groups appropriate to the clientele yes/no
		The organization will allow professionals to benefit from training aware of and sensitive to the impacts of cultural or ethnic backgrounds on diet, nutrition, and nutritional care	Nutritional health promotion working group Training unit	Staff participating in training on the impact of cultural and ethnic factors on diet, nutrition, and nutritional care, number/unit/year
2.5 Information provided by other health service partners is used in the identification of patient needs	2.5 Information provided by partners will be used to identify needs related to the patient's diet and nutritional guidance and treatment	Information from the referral, medical records, and notes and food orders made through patient information systems will be examined and employed	Professionals engaged in care	Referral guidance includes nutritional health issues yes/no Medical record guidance includes nutritional health issues yes/no Treatment report guidance includes nutritional health issues yes/no Diet planning and monitoring is conducted in cooperation with catering services yes/no/in part

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Patient Information and Intervention				
Standard 3. The organization provides patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways				
Objective: To ensure that the patient is informed about planned activities, to empower the patient in an active partnership in planned activities and to facilitate integration of health promotion activities in all patient pathways				
HPH Substandards	OBJECTIVES	IMPLEMENTATION	RESPONSIBILITIES	EVALUATION
3.1 Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed	3.1 The patient will be informed about issues related to their nutritional health. The patient will participate in the planning and implementation of their nutrition treatment.	Issues with health impacts arising from preliminary assessments will be discussed with the patient. An individual plan will be drawn up in collaboration with the patient and based on the organization's guidelines for nutritional guidance	Nutritional health promotion working group Professionals engaged in care	The implementation of the guidelines set for the organization's nutritional guidance The role of the patient in drawing up the nutritional treatment plan is documented (refer to records) 1. Not at all (<10 %) 2. To some extent (10–39 %) 3. Partially (40–59 %) 4. To a large extent (60–89 %) 5. Nearly universally (≥90 %) The organization has set and documented guidelines for nutritional guidance in various situations (e.g. nutritional guidance for diabetic patients) yes/no

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<p>3.2. Patients are given clear, understandable and appropriate information about their actual condition, treatment, care and factors influencing their health</p>	<p>3.2. The nutritional guidance given to patients is evidence-based, clear, and appropriate to the client</p>	<p>The guidance will be based on nutritional recommendations and clearly communicated and understandable</p> <p>The guidance methods and the supporting materials used will be individually selected with a view towards the client and any recommendations on the treatment of the patient group in question</p>	<p>Persons responsible for the policy</p>	<p>Guidance recommendations are based on current nutrition and treatment guidelines yes/no</p> <p>As the guidance is given, it has been ensured the patient understands the guidance and is able to observe it, and this check has been documented. (Excerpt from records)</p> <ol style="list-style-type: none"> 1. Not at all (<10 %) 2. To some extent (10–39 %) 3. Partially (40–59 %) 4. To a large extent (60–89 %) 5. Nearly universally (≥90 %) <p>The social services and health care organization takes feedback on nutritional guidance yes/no</p>
<p>3.3. The organization ensures that health promotion is systematically offered to all patients based on assessed needs</p>	<p>3.3. Nutritional health promotion is systematically offered based on assessed needs</p>	<p>Procedures to promote nutritional health will be set and in active use</p>	<p>Nutritional health promotion working group</p> <p>Supervisors</p> <p>Professionals engaged in care</p>	<p>The procedures to be employed and planned follow-up are part of the organization's nutritional health promotion policy yes/no</p>

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		<p>The food served to clients of social services and health care organizations will be compliant with nutrition recommendations and will be a model of food choices that promote nutritional health. Patients and staff will be kept informed about nutrition health promoting food, the environment, food choice, and the makeup of meals</p>	<p>Procurement officers within the social services and health care organization</p> <p>Catering service</p>	<p>There are documented objectives for the implementation of and follow-up on the social services and health care organization's catering services agreement yes/no</p> <p>A model of a nutritional health promoting meal is displayed for customers yes/no</p>
		<p>Nutritional guidance will be incorporated into the organization's service and care pathways and processes</p>	<p>Staff responsible for the care pathways and processes of the social services and health care organization</p>	<p>Nutritional guidance is incorporated into the social services and health care organization's service and care pathways and processes yes/no</p>
		<p>Information provided by the nutritional health promoting services within the organization will be collated and communicated</p>	<p>Nutritional health promotion working group</p>	<p>Inhabitants receive information about the organization's nutritional health promotion services (e.g. a service tray) yes/no</p>
<p>3.4. The organization ensures that information given to the patient, and health promoting activities are documented and evaluated,</p>	<p>3.4. Documentation in patient records is uniform and evaluative of the results of nutritional guidance. There are no gaps in the transfer of data</p>	<p>Patient nutritional treatment plan: matters concerning meals, nutrition intake estimates, nutrition status and its changes, and guidance will be documented in patient records in accordance with the practices of structured documentation</p>	<p>Professionals engaged in care</p> <p>Supervisors</p>	<p>Monitoring the documentation is properly conducted through at least annual sampling. Reporting results as previously agreed</p> <p>Using procedure codes for nutritional care (OAB series in the THL procedure classification)</p> <ol style="list-style-type: none"> 1. Not at all (<10 %) 2. To some extent (10–39 %) 3. Partially (40–59 %) 4. To a large extent (60–89 %) 5. Nearly universally (≥90 %)

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including whether expected and planned results have been achieved				
		The organization will commit to collaboratively agreed criteria for documenting nutritional treatment and guidance		<p>The social services and health care organization has guidelines for documentation style and data transfer yes/no</p> <p>The matters agreed to be incorporated into the nutritional treatment plan / individual plan are documented using structural documentation. Annual monitoring (sample)</p> <ol style="list-style-type: none"> 1. Not at all (<10 %) 2. To some extent (10–39 %) 3. Partially (40–59 %) 4. To a large extent (60–89 %) 5. Nearly universally (≥90 %)
		Information transmission between health care units and organizations and to the patient (Kanta repository) will be ensured.		<p>Outcome of the nutritional treatment can be found in the patient's treatment summary, which is transferred to Kanta. Annual monitoring (sample)</p> <ol style="list-style-type: none"> 1. Not at all (<10 %) 2. To some extent (10–39 %) 3. Partially (40–59 %) 4. To a large extent (60–89 %) 5. Nearly universally (≥90 %)
		Staff will be trained on documenting nutrition issues		<p>Staff is offered the chance yearly to participate in structural documentation training related to nutrition issues yes/no</p>
3.5. The organization ensures that all	All patients, staff, and visitors have access to	General information supporting nutritional	Persons responsible for the policy	The nutritional health self-management support provided is documented annually with the nutritional health promotion policy

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patients, staff and visitors have access to general information on factors influencing health	information on factors influencing nutritional health	health self-management will be easily available		yes/no
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Promoting a Healthy Workplace				
Standard 4. The management establishes conditions for the development of the hospital as a healthy workplace				
Objective: To support the establishment of a healthy and safe workplace, and to support health promotion activities for staff				
HPH Substandards	OBJECTIVES	IMPLEMENTATION	RESPONSIBILITIES	EVALUATION
4.1. The organization ensures the establishment and implementation of a comprehensive Human Resource Strategy that includes the development and training of staff in health promotion skills	4.1. The organization's personnel strategy includes developing staff skills and offering training in nutritional health promotion	A plan to develop staff competencies in the nutrition field will be created and appended to the personnel strategy	Persons responsible for the nutritional health promotion policy	Development of staff skills in nutrition issues is part of the personnel strategy yes/no

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4.2. The organization ensures the establishment and implementation of a policy for a healthy and safe workplace providing occupational health for staff	4.2. The employer enables nutritionally healthy practices for staff through the catering and occupational health services	Meals during working hours and staff catering will be developed to realize health-promoting goals in collaboration with staff, the catering services, the occupational health services, and dietitians.	Persons responsible for organizing catering services	Meals during working hours and staff catering are developed in a multidisciplinary working group yearly yes/no
		Dietitian services through the occupational health system will be provided to staff	Senior management of the organization	The organization's occupational health service contract includes nutritional health services yes/no
4.3. The organization ensures the involvement of staff in decisions impacting on the staff's working environment	4.3. Staff will participate in decision-making concerning meals during working hours and their arrangements	Staff will be continuously invited to submit proposals and provide feedback on the catering services	Persons responsible for organizing catering services	Proposals and feedback from the staff are received and communicated yes/no
		Staff meal provision will be evaluated as part of broader staff opinion surveys	HR management of the organization Staff well-being at work services	Organization has conducted a survey yes/no Number of respondents The group processing the results has included a member of the nutritional health promotion working group yes/no
		A staff representative will be part of the working group developing staff meal provision		A staff representative is part of the working group developing staff meal provision yes/no

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4.4. The organization ensures availability of procedures to develop and maintain staff awareness on health issues	4.4. Staff have the means to maintain and develop their awareness of health-promoting nutrition and food choice	The organization provides different professional groups regular maintenance training on nutrition, nutrition-related media literacy and food choice skills	HR management of the organization Training unit Supervisors	The organization's annual training plan includes at least one training session on nutrition yes/no Employee training sessions completed/year
		Practical food choice skills will be supported, e.g. through information available in the staff cafeteria and thematic events involving the entire organization	Persons responsible for organizing catering services	Organized at least 1 event/year yes/no
		Organization internal communications will be employed to raise topical nutrition issues	HR management of the organization Training unit Supervisors	The number of nutrition-related communications will be documented in the annual report of the nutrition health promotion working group yes/no
		The nutritional health promotion policy will be part of the familiarisation programme for new staff	Nutritional health promotion working group	The familiarisation materials for staff engaged in patient care include guidelines for nutritional health promotion practices 1. Not at all (<10 %) 2. To some extent (10–39 %) 3. Partially (40–59 %) 4. To a large extent (60–89 %) 5. Nearly universally (≥90 %)

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Continuity and Cooperation				
Standard 5. The organization has a planned approach to collaboration with other health service levels and other institutions and sectors on an ongoing basis				
Objective: To ensure collaboration with relevant providers and to initiate partnerships to optimise the integration of health promotion activities in patient pathways				
HPH Substandards	OBJECTIVES	IMPLEMENTATION	RESPONSIBILITIES	EVALUATION
5.1. The organization ensures that health promotion services are coherent with current provisions and health plans	5.1. Nutritional health promotion, nutritional care and catering services are included in the social services and health care organization's strategy and operational plan	Health promoting nutrition and nutritional care will be included in the social services and health care organization's operational plan and treatment processes	Social services and health care organization management teams	Nutrition is included in the social services and health care organization's operational plan yes/no Implementation is documented in the annual report on operations yes/no
		Health promoting nutrition and nutritional care will be incorporated into regional service and care pathways	Unit responsible for regional service and care pathways	Nutrition is included in any new or updated service and care pathway 1. Not at all (<10 %) 2. To some extent (10–39 %) 3. Partially (40–59 %) 4. To a large extent (60–89 %) 5. Nearly universally (≥90 %) Implementation is documented in the annual report of the unit responsible for regional service and care pathways yes/no

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		The catering services used by the social services and health care organization will have set quality objectives that take nutritional health into account	Social services and health care organization management teams and managers responsible for catering provision	Catering services used by the social services and health care organization have written quality objectives that include nutritional health yes/no Catering service provider report compliance with the quality objectives to the social services and health care organization through an annual report 1. Not at all (<10 %) 2. To some extent (10–39 %) 3. Partially (40–59 %) 4. To a large extent (60–89 %) 5. Nearly universally (≥90 %)
5.2. The organization identifies and cooperates with existing health and social care providers and related organizations and groups in the community	5.2. Cooperative relationships are established with local social services and health care as well as nutrition experts	A regional nutritional guidance organization model will be built	Social services and health care organization management teams	A regional nutritional guidance organization model has been built 1. Not at all (<10 %) 2. To some extent (10–39 %) 3. Partially (40–59 %) 4. To a large extent (60–89 %) 5. Nearly universally (≥90 %)
		Groups working on municipal and regional wellbeing reports will include social services and health care as well as nutrition expert(s)	Regional and local wellbeing and health promotion working groups	The primary care services of the region employ dietitians at least 1/20,000 inhabitants yes/no
		Health promoting nutrition and associated services will be prominent on regional and municipal lifestyle guidance service trays	Regional and local wellbeing and health promotion and nutrition working groups	The material in nutrition section of the regional lifestyle guidance service tray has been updated annually yes/no

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<p>5.3. The organization ensures the availability and implementation of activities and procedures after patient discharge during the post-hospitalisation period</p>	<p>5.3. The continuity of a patient's nutritional health promotion and nutritional care will be ensured</p>	<p>A follow-up plan drawn up with a patient will include a nutritional treatment need assessment, a plan for carrying out nutritional treatment, and an impact assessment and follow-up</p>	<p>Management of the social services and health care organization</p> <p>Professionals engaged in care</p>	<p>Annual sample: a follow-up plan drawn up with a patient includes a nutritional treatment need assessment, a plan for carrying out nutritional treatment, and an impact assessment and follow-up</p> <ol style="list-style-type: none"> 1. Not at all (<10 %) 2. To some extent (10–39 %) 3. Partially (40–59 %) 4. To a large extent (60–89 %) 5. Nearly universally (≥90 %) <p>The results are documented as part of the social services and health care organization's annual report on operations yes/no</p>
<p>5.4. The organization ensures that documentation and patient information is communicated to the relevant recipient/follow-up partners in patient care and rehabilitation</p>	<p>5.4. Documents related to the patient's nutritional care and rehabilitation have been communicated to partners in continued treatment and follow-up of the patient</p>	<p>The organization will have set responsibilities for documenting information related to the patient's nutritional care and transferring it to partners in continued treatment and follow-up of the patient</p>	<p>Management of the social services and health care organization</p>	<p>The social services and health care organization's familiarisation materials include set responsibilities for documenting information related to the patient's nutritional care and transferring it to partners in continued treatment and follow-up of the patient yes/no</p>