

# Using Written Protocols to Guide Direct Procurement of Food From Sustainable Farmers, Producers

### WHY ADOPT A FARM-TO-HOSPITAL SUSTAINABLE FOOD PURCHASING PROTOCOL?

Hospitals are encouraged to adopt one or more farmto-hospital sustainable food sourcing protocols for the following reasons:

- To assure hospital administrators and other interested parties that the foods <u>purchased directly from one or more sustainable farmers/producers</u> came from "approved sources" in compliance with voluntary food service implementation of Hazard Analysis and Critical Control Points (HAACP) principles, designed to reduce food safety risks.<sup>1,2,3</sup>
- To provide sustainable farmers/producers with the same information on hospital requirements and preferences and increase transparency
- To provide a simple, less onerous way to assure that foods <u>purchased directly from one or more sustainable farmers/producers</u> are as safe, if not safer, than similar foods <u>purchased</u> via a distributor
- To formalize goals, procedures and requirements related to purchase of foods <u>directly from one or more</u> <u>sustainable farmers/producers</u>

- To mainstream hospital procurement of food <u>directly</u> from sustainable farmers/producers
- To address the general food safety concerns that arise when serving both healthy and immune-compromised people
- To engender consumer confidence

### FIVE STEPS TO DEVELOPING A PURCHASING PROTOCOL

### Step 1

Review the next section containing information on the important components of a purchasing protocol and the sample protocols provided. Then, use the information provided to develop one or more draft protocols for the hospital.

### Step 2

Share the draft protocol with key food service staff, including but not limited to those involved in menu planning, placing orders and supervising kitchen staff. Be sure to engage any staff member who has past experience in wholesale purchase of products from farmers/producers.

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#### Step 3

Use the draft protocol(s) as a guide for identifying, conducting outreach and interviewing potential sustainable farmer/producer partners. Learn what is currently achievable and what may have to change in the short term.

#### Step 4

Tweak as necessary to create balance between what the hospital requires and what farmers/producers can achieve in the short-term, while communicating longer-term preferences. If necessary, gain approval of the revised draft protocol, before making purchases. If no higher approval is necessary, it is still a good idea to share the steps that food service is taking to buy food directly from sustainable farmers/producers.

#### Step 5

Use the hospitals new purchasing protocol to establish and maintain relationships with sustainable farmers/producers as needed and on an on going basis.

**NOTE:** This document is primarily for hospitals that manage food service operations in-house. If a hospital has hired a food service contractor to manage one or more portions of their food service operations, and the food service contractor prohibits purchase of food items directly from sustainable farmers/producers, and/or has prohibitive requirements in place, hospitals should consider adopting their own protocol and regaining the flexibility needed to purchase food from farmers/producers that meet the hospitals' protocol.

## IMPORTANT COMPONENTS OF A PURCHASING PROTOCOL

## Hospital name and purpose of protocol

List the name of hospital and location or other identifying information if more than one hospital in the area shares the same name. In addition, describe briefly the purpose of the protocol, i.e., the type(s) of products sought.

### Distance preferences/requirements

Indicate whether the hospital prefers or requires that sustainable farmers/producers be located within a specific geographic area, such as the city, county or state where the hospital is located or within a specified mileage range. Ideally, this section and the sustainability/preferences section of a hospital's protocol would be informed by a hospital's overall food policy or vision and sustainable procurement goals. However, a hospital can always start with a draft or test version of a protocol and use lessons learned to inform policy and goal development.

**NOTE:** Be sure to consider whether there are sufficient sustainable farmers/producers located within the preferred or required range.

### Payment method and timing preferences/requirements

Indicate whether the hospital prefers or requires that sustainable farmers/producers accept certain types of payment, such as, credit card, check or electronic transfer.

**NOTE:** Not all farmers and producers are set up to accept credit card payments. Hospitals should also indicate the timeframe in which the sustainable farmer/producer can expect to be paid, such as within 30 days of invoice receipt.

#### **Contact for additional information**

List contact information for a hospital staff person who can answer farmer/producer questions and questions from other hospital staff. Though more than one hospital staff person can and should probably be involved in the development and review of the protocol, at least one person should be responsible for using it to interview and screen potential sustainable farmer/producer partners.

## Sustainability preferences/requirements

Indicate whether the hospital prefers or requires that farmers avoid or use certain practices, and if certification/audits of claims related to these practices are required. For instance, a hospital can require that farmers/producers interested in selling them produce use integrated pest management practices and prefer that they not use of synthetic pesticides, herbicides or fungicides and be able to demonstrate compliance, or that farmers/producers interested in selling them beef avoid use of antibiotics or added hormones and prefer that the beef cattle are also USDA Grassfed.

**NOTE:** It can be challenging to ascertain whether a farmer/producer is using practices that would be considered sustainable for the products they produce without a certifier to back up their claims. However, in some cases it just does not make sense for a farmer/producer to go to put the time and money into third party audits, even when, for instance, the practices they follow meet and exceed USDA organic standards. In these cases, the hospital will need to rely on the word of the farmers/producers and what can be seen when conducting site visits. See below.

### **Pricing preferences/requirements**

Indicate the type of pricing the hospital prefers or requires (wholesale, by the pound, etc.), and whether delivery cost should be included in the product price or separate.

## USDA Grade or other preferences/requirements

Indicate whether the hospital prefers or requires certain USDA product grades, such as Grade 1 or Grade 2 produce, Prime, Choice or Select for beef, etc., and whether pasteurization or other processing practices are required.

## Pack size preferences/requirements

Indicate whether the hospital prefers or requires products to be packed in a certain way, e.g., standard box, loose pack, bulk, etc.

## Product labeling preferences/requirements

Indicate whether the hospital prefers or requires the name of the farm or farmer/producer cooperative/collaborative on the product, product packaging and/or purchasing documents.

## Safe food handling preferences/requirements

#### **Training**

Indicate whether the hospital has any preferences or requirements as to whether a sustainable farmer/producer and their workers have had training in on-farm food safety practices, such as USDA Good Agricultural Practices (GAPs) for produce. Though participation may vary throughout the North Central SARE region, of the 22 farmers/producers and farmer cooperatives who completed IATP's 2012 and 2013 SARE project farmer/producer surveys and are

interested in selling whole and/or pre-processed produce to hospitals 40.9 percent (9/22) stated that they had completed a USDA GAPs training program.

NOTE: This percentage is likely to increase considerably once the new produce regulations associated with the December 2012 passage of the Food Safety and Modernization Act are official. In addition, USDA GAPs training is inexpensive and increasingly available via on-line webinars. In the meantime, hospitals that do not wish to limit their purchases from sustainable farmers/producers in this way, could just ask sustainable farmers/producers to disclose whether they have completed a USDA GAPs training program, and provide a copy of the certificate for the hospital to keep on file.

#### Written plan

Indicate whether the hospital prefers or requires farmers/ producers to have a written food safety plan for their farm. Currently, a hospital may find that many sustainable farmers/ producers who operate smaller-scale farms or operations do not have written food safety plans, in part because they may not have been asked to provide them previously. Of the 32 farmers/producers who completed IATP's 2012 and 2013 SARE project farmer/producer surveys and are interested in selling products to hospitals, 50.0 percent (16/32) stated that they have a written food safety plan. Since it is important for your hospital to feel confident in the produce it is purchasing, it is recommended that sustainable farmers/producers be asked to provide the hospital with at least a short written description of how they ensure food safety on their farm/ operation.

#### Certification

Indicate whether the hospital prefers or requires sustainable farmers/producers to self-certify compliance with USDA Good Agricultural Practices (GAPs) or be audited/certified to be in compliance through the USDA audit program or to a comparable standard by another third party. These certifications apply to fresh produce.

**NOTE:** Of the farmers/producers and farmer co-operatives who completed IATP's 2012 and 2013 SARE project farmer/producer surveys and are interested in selling fresh produce to hospitals 18.2 percent (4/22) had completed a USDA GAPs self-audit and 18.2 percent (4/22) of these had obtained third party GAPs certification).

#### Produce pre-processing

Indicate whether the hospital prefers or requires produce to be pre-processed or arrive with limited processing. Note: Of the farmers/producers who completed the IATP 2012 and 2013 SARE project surveys and are interested in selling their produce to hospitals, most engage in only limited processing including sorting or trimming (e.g., topping carrots or husking corn) as part of the harvesting process, or washing (e.g., to start the cooling process or to remove extraneous soil and debris). Those who were interested in selling processed produce items such as cider, said their products were processed in an inspected and approved retail kitchen or processing facility.

#### Meat and poultry processing

Indicate whether the hospital prefers or requires that meat and poultry products be processed in a state-inspected or federally-inspected facility. If your hospital will be buying from a sustainable farmer/producer or group of farmers/producers in another state, the products will need to be processed in a USDA-inspected facility. Meat and poultry products purchased from farmers/producers located within your state will typically only need to be processed in a state-inspected facility, but you should always consult with your state department of health to determine what is required for your state.

## Farm visits preferences/requirements

Indicate whether and how frequently someone from the hospital will conduct a site visit of the farm. If the hospital plans to buy fresh produce from a sustainable farmer/producer who does not have GAPs or equivalent third party certification, it is recommended that a hospital food service representative visit the farm at least once during the growing season to assure that at least some basic practices are in place, such as hand washing stations for farm workers. Consider contacting the department of agriculture or department of health to see if they have any recommendations for conducting site visits.

Farm visits can also be used to have the farmer/producer provide additional details on pesticide use and storage, use of fertilizers and storage, manure management, antibiotics and hormone use, etc. This can be helpful when a farmer uses organic practices, but lacks third party certification. However, when a sustainable farmer/producer does comply with one or more eco-label standards, farm visits can help hospital food service staff to learn first-hand about the different production methods used by these farmers.

### **Delivery preferences/requirements**

Indicate whether the hospital has specific delivery-related preferences or requirements to maintain product quality and enhance shelf life. For instance, a hospital may want to prefer that cooled produce register above 41 degrees upon delivery or that cartons and carriers used to transport products be clean and sanitary at all times.

**NOTE:** Many smaller farms cannot afford a refrigerated truck for deliveries. Only 35 percent (11/31) farmers/ producers not selling shelf-stable products, such as milled grains, deliver their products in a refrigerated truck. Among the remaining farmers/producers, those who sell meat use coolers and ice or cold packs, and those who sell produce use a mix of pre-cooling of product before delivery and using air conditioned vehicles or coolers to transport over short distances.

## Insurance preferences/requirements

Indicate whether your hospital prefers or requires that sustainable farmers/producers have certain types and amounts of insurance coverage. For instance, whether your hospital prefers or requires that sustainable farmers/producers carry product liability insurance.

**NOTE:** Some sustainable farmers/producers do not carry this type of insurance, but based on farmer/producer surveys conducted for the IATP SARE project "Connecting Sustainable Farmers to Emerging Health Care Markets," most of the farmers/producers interested in selling to hospitals carried at least a \$1 million dollar policy and many carried \$2 million or more. Only three farmer/producers interested in selling to hospitals did not carry product liability insurance. Thus, hospitals could likely require that sustainable farmers/producers provide proof that they carry at least a \$1 million policy without barring too many farmers/ producers from selling to them. Hospitals that do not wish to limit their purchases from sustainable farmers/ producers in this way, could just ask sustainable farmers/ producers to disclose whether they typically carry product liability insurance and the amount of coverage, and be clear that it is for informational purposes only. Hospitals should also consider asking for a copy of the certificate of coverage to keep on file.

## Product recall, reporting and return preferences/requirements

Indicate preferences or requirements related to product recall, reporting of issues or returns.

**NOTE:** Though many large-scale farms may carry recall insurance, nearly 80 percent of the sustainable farmers/ producers who expressed interest in selling to hospitals via the IATP SARE project surveys do <u>not</u> carry recall insurance.

### Communication preferences/requirements

Indicate the hospital's preference for providing and receiving feedback on how the relationship is working, both what is working well and what could be improved. Per the IATP SARE project 2013 survey results, 67 percent of farmers/producers consider open communication between themselves and their hospital customers to be "very important."

**NOTE:** This is not typically included in a purchasing protocol, but should be. Hospitals should also discuss the ways in which they intend to maintain the identity of the farmer/producer as the product source via patient, cafeteria and catering menus or other labeling mechanisms as well as interest in having the farmer/producer attend an occasional event to market products, provide pictures of the farm, etc.

#### SAMPLE PROTOCOLS

The attached sample protocols can be used alone as part of broader process, such as through a request for information (RFI) or request for proposal (RFP), to determine the interest of one or more sustainable farmers/producers in selling the specified types of food directly to a hospital or health system. For examples of how this has been done, see the school-related resources listed below. The protocols can also serve as the basis for a written purchasing agreement.

#### **ADDITIONAL RESOURCES**

The document was informed by a review of the following resources:

- Chartwells Request for Information (chicken raised without antibiotics) www.familyfarmed.org/wp-content/ uploads/2013/01/ChartwellsChikRFI-jan14.pdf
- Chartwells Request for Information (local produce) www.familyfarmed.org/wp-content/ uploads/2013/01/ChartwellsProdRFI-Jangc.pdf

- Greenway Insurance Group and Clinics Local Sourcing Protocol http://danedocs.countyofdane.com/webdocs/pdf/ plandev/ifm/sample\_template.pdf
- Institutional Buyers 101 Fact Sheet www.ifmwi.org/documents/pdf/Institutional\_ Buyers\_101\_0.pdf
- Local Produce Procurement Guide for VA NFS 10-09 (unpublished)
- Minneapolis Public Schools Culinary and Nutrition Services Request for Information (local produce) http://nutritionservices.mpls.k12.mn.us/uploads/ mps\_f2s\_request\_for\_information-application.pdf
- On-Farm Food Safety Information for Food Service Personnel, Minnesota Department of Health and University of Minnesota www1.extension.umn.edu/food/farm-to-school/docs/ farm-food-safety-questions.pdf
- Wisconsin Farm to School: Toolkit for School Nutrition Directors (section on produce bid process) www.cias.wisc.edu/wp-content/uploads/2011/09/4-locate-and-purchase-local-foods.pdf

#### **ENDNOTES**

- 1. Managing Food Safety: A Manual for the Voluntary Use of HACCP Principles for Operators of Food Service and Retail Establishments. US FDA (2008) http://www.fda.gov/Food/GuidanceRegulation/HACCP/ucm2006811.htm (accessed July 22,2013).
- 2. HACCP-Based Standard Operating Procedures (SOPs). National Food Service Management Institute and United States Department of Agriculture (2005), http://sop.nfsmi.org/HACCPBasedSOPs.php (accessed July 22, 2013).
- 3. HAACP-based SOPs: Receiving deliveries (Sample SOP), http://sop.nfsmi.org/HACCPBasedSOPs/ReceivingDeliveries.pdf (accessed July 22, 2013).

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#### Sample

# [NAME OF HOSPITAL]'S PROTOCOL FOR PURCHASING PRODUCE DIRECTLY FROM SUSTAINABLE FARMERS, PRODUCERS

Whenever possible, [name of hospital] is committed to purchasing fruits, vegetables and herbs directly from one or more sustainable farmers/producers or groups of sustainable farmers/producers. Farms should be located within a 250-mile radius, and the closer to our hospital the better. In addition to the mile preference, our produce-specific sustainability preferences are listed in the table below.

[Name of hospital] food service staff should determine the ability of farmers/producers to meet the needs, preferences, and requirements outlined in the table below, before initial purchase. In addition, farmers/producers must be willing to accept payment by check or credit card. When paid by check farmers/producers can expect payment within 30 days of receipt of their invoice. Credit card payments are made upon receipt of their invoice. A bill of lading or detailed invoice should be provided upon delivery to the hospital.

Questions about this protocol or exceptions should be directed to: [insert contact name, title, phone and email address]

Needs, Preferences and Requirements		
Sustainability	Produce must be grown using integrated pest management practices and without use of genetically engineered seed, chemical/synthetic fertilizers, sewage sludge, or raw manure. May prefer produce that is Certified Naturally Grown, Food Alliance Certified, Food Justice Certified, Non-GMO Project Verified, Protected Harvest, Salmon Safe, or Certified Organic, if available.	
Pricing	Will pay wholesale market prices at a minimum. Prefer cost of delivery be included in price. Also prefer pricing by the pound.	
USDA Grade	US #1 preferred, US#2 may be acceptable with prior notice	
Packaging	All produce must be packed and prepared under sanitary conditions and in accordance with good commercial practice. No pack size requirements. Preference for pack sizes will vary by type of produce.	
Product labeling	Name of farmer/producer or group of farmers/producers must be listed on purchasing documents (order forms, invoices, etc.). Prefer clear identification on product and/or product packaging as well.	
Food safety training	Require proof of training in USDA good agricultural practices (GAPs) or state-based equivalent and keep a copy on file	
Written food safety plan	Farmers/producers required to provide a written description of how they ensure food safety on their farm. Prefer at least a two-page written plan that outlines their worker hygiene standards, food handling guidelines, washing/packing/cooling procedures, pest control measures, trace back procedure, etc. and keep a copy on file.	
GAPs Certification	No GAPs certification required. Prefer USDA GAPs/GHP certification or third party equivalent.	
Farm visits	A hospital food service representative must conduct an on-site visit to the farm at least once during the growing season, if the farm does not have GAPs or equivalent third party certification.	
Processing	Produce must be processed in a state-approved kitchen or processing facility.	
Delivery	Produce must be properly cooled upon harvest and cold chain maintained from farm to hospital door, as recommended per type of produce to maximize retention of nutrient value and enhance shelf life. Prefer that cooled produce register above 41 degrees upon delivery. Cartons and carriers used to transport products must be clean and sanitary at all times.	
Product liability insurance	None required. Prefer \$1 million policy coverage.	
Product recall, reporting and return	Farmers/producers must provide a written copy of their product recall and return procedures. Also, hospital reserves the right to refuse deliveries of produce if produce is not cooled to proper temperature, see above, is encrusted with field dirt and/or plant materials, insects or rodents are found within packaging or packaging is torn, dirty or suspect to tampering.	
Communication	Hospital will make time to provide farmer/producer with feedback, both positive and negative, on both product and service.	

# [NAME OF HOSPITAL]'S PROTOCOL FOR PURCHASING MEAT AND POULTRY DIRECTLY FROM SUSTAINABLE FARMERS, PRODUCERS

Whenever possible [name of hospital] is committed to purchasing beef, bison, chicken, turkey and/or pork products directly from one or more sustainable farmers/producers or groups of sustainable farmers/producers. Farms should be located within a 250-mile radius, and the closer to our hospital the better. In addition to the mile preference, our produce-specific sustainability preferences are listed in the table below.

[Name of hospital] food service staff should determine the ability of farmers/producers to meet the needs, preferences, and requirements outlined in the table below, before initial purchase. In addition, farmers/producers must be willing to accept payment by check or credit card. When paid by check farmers/producers can expect payment within 30 days of receipt of their invoice. Credit card payments are made upon receipt of their invoice. A bill of lading or detailed invoice should be provided upon delivery to the hospital.

Questions about this protocol or exceptions should be directed to: [insert contact name, title, phone and email address]

Needs, Preferences and Requirements		
Sustainability	Beef, bison and lamb must raised without antibiotics or added hormones. Poultry must be raised without antibiotics. May prefer meat and poultry that is American Grassfed Certified, Animal Welfare Approved, Certified Humane Raised & Handled, Certified Naturally Grown, Certified Organic, Food Alliance Certified, Food Justice Certified, Salmon Safe, USDA Grassfed, USDA Process Verified Grassfed, or USDA Process Verified Never Ever 3, if available.	
Pricing	Will pay wholesale market prices at a minimum. Prefer cost of delivery be included in price. Also prefer pricing by the pound.	
USDA Grade	USDA Prime, Choice or Select	
Packaging	No pack size requirements. Preference for pack sizes will vary by type of produce.	
Product labeling	Name of farmer/producer or group of farmers/producers must be listed on purchasing documents (order forms, invoices, etc.). Prefer clear identification on product and/or product packaging as well.	
Processing	Meat/poultry must be processed in a state-inspected or USDA inspected facility depending on whether the products cross state lines to be sold.	
Delivery	A temperatures must be maintained during transport of products.	
Product liability insurance	Require \$1 million policy coverage.	
Product recall, reporting and return	Farmers/producers must provide a written copy of their product recall and return procedures, a description of who is responsible for the animals/product at each step of the process, and information on any food borne illness issues they have dealt with in the last year including the present.	
Farm visits	A hospital food service representative must conduct an on-site visit to the farm at least once during the growing season.	
Communication	Hospital will make time to provide farmer/producer with feedback, both positive and negative, on both product and service.	